

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

Vol. II Annexes

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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

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THE KONTERRA GROUP

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Evaluation Management

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

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Annex A: Terms of Reference



EVALUATION QUALITY ASSURANCE SYSTEM

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TERMS OF REFERENCE

EVALUATION OF THE WFP L3 RESPONSE TO THE EBOLA VIRUS DISEASE CRISIS
(EVD) IN WEST AFRICA
(2014– 2015)

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1. Background

1.1. Introduction

1. The purpose of the Terms of Reference (TOR) is to provide key information to stakeholders about the proposed evaluation, to guide the evaluation team and specify the expectations that the evaluation team should fulfil. The TOR are structured as follows: Chapter 1 provides information on the context; Chapter 2 presents the rationale, objectives, stakeholders and main users of the evaluation; Chapter 3 presents WFP's response and defines the scope of the evaluation; Chapter 4 identifies the evaluation approach and methodology; Chapter 5 indicates how the evaluation will be organized.

2. The annexes provide additional information including the detailed evaluation timeline, operational map, portfolio overview and activities and bibliography.

1.2. Contextual factors

3. The current outbreak of EVD in parts of West Africa is the largest, longest, most fatal, and most complex in the nearly four-decade history of the disease². According to the World Health Organisation (WHO), it has resulted in over 28,601 people being infected with the virus and over 11,300 deaths³ since the first case was identified in Guinea in March 2014⁴. On 8 August 2014, following successive outbreaks in Sierra Leone and Liberia and the closure of borders, WHO declared the situation a public health emergency of international concern.

4. Several factors make containment challenging. The outbreaks occurred simultaneously in countries emerging from prolonged conflicts and political instability, with weak or disrupted health systems, unprepared and lack of health equipment and trained personnel. Early, rapid containment was also made challenging by the late detection of the virus and the escalation of the virus in urban centres. The EVD contributed to expose the challenges that existed in the region prior to the epidemic such as the limited access/uptake of health services both in rural and urban areas. Due to fear of infection and stigma, people were reluctant to engage in contact tracing; infected persons were hesitant to present themselves for treatment; and health workers were frightened to provide care. Moreover, porous and fluid inter- and cross-border movements as well as longstanding but unsafe practices contributed to the further spread of the virus.

5. From July 2014, the governments of the affected countries adopted Joint Declarations outlining measures to eradicate the virus in the region. The containment efforts disrupted trade and agriculture, two main sources of livelihoods in the affected areas. Traditional cross-border and inter-country supply routes were disturbed as entire geographic areas were cordoned off. The restriction of movements of goods and services, the quarantine of communities that are food baskets of the affected countries, the fear of trading with affected areas, border closure measures (sea, land and air) further affected communities' access to food.

¹ For specific country data (Guinea, Liberia and Sierra Leone) refer to annex 6.

² The Ebola first outbreak ever was reported in the former Zaire (Congo DRC) in 1976.

³ As of 6 January 2016.

⁴ The virus dates to December 2013 in Guinea - though not detected as EVD until March 2014.

6. The broader effects of Ebola, beyond its impact on people's health, have been dramatic, with substantial economic⁵ and social damage affecting more than 20 million people in the three Ebola affected countries and the broader region⁶. Thus, limiting the human costs and economic impacts of the outbreak has required very quick and significant financial resources and coordination.

7. Under the aegis of the United Nations Secretary-General, the Senior Management of the UN system has been actively engaged in and committed to the response from its outset. On 19 September 2014, the UN Secretary-General established the United Nations Mission for Ebola Emergency Response (UNMEER). There have also been strong responses from all parts of the UN including all the main agencies (WHO, UNICEF, FAO, UNDP and WFP). The effort has gone beyond the UN system and has been characterized by multi-stakeholder responses, including international Movements, many Non-Governmental Organisations (ONG), the private sector, military groups, and contributions from national governments and regional bodies the world over.

8. To support the affected countries, the UN has designed the UN Operational Framework to provide an integrated UN response specific to the needs of each country while maintaining the centrality of national ownership. To ensure a comprehensive and coordinated response to the epidemic in their respective countries, the Ebola affected countries, supported by WHO and other partners have established national coordination committees and formulated national response plans⁷ and recovery strategies mostly focusing on three phases⁸ 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).

2. Reasons for the Evaluation

2.1. Rationale

9. On 13 August 2014, in accordance with the provisions of the WFP Emergency Response Activation Protocol⁹, WFP's emergency operation in response to the EVD Crisis in West Africa was categorized as a WFP Level 3 Emergency Response. As agreed with WFP's Executive Board (EB), the Office of Evaluation (OEV)'s workplan commits to the evaluation of L3 emergency responses – either through evaluation of WFP's response alone, or through participation in inter-agency evaluation of the collective response. Since in this case, an inter-agency evaluation is not planned, the evaluation of WFP's regional response to the Ebola Virus Disease (EVD) Crisis in West Africa was included in OEV's workplan 2016, approved by the Executive Board in November 2015.

10. Given the unique character and complexity of this emergency, the evaluation offers enormous and fertile grounds for learning from the organizational adaptation and innovations that may be relevant for future emergency responses. It also provides

⁵ The World Bank estimates that economic growth in 2014 has dropped from 4.5% to 2.4% in Guinea, from 5.9% to 2.5% in Liberia and from 11.3% to 8.0% in Sierra Leone.

⁶ World Bank report on economic impact in West Africa, 2014.

⁷ Planned response to the Ebola Virus Disease Epidemic in Guinea, 2014; Liberia's National Ebola Response Strategy, 1014; Sierra Leone's Accelerated Ebola Virus Disease Outbreak Response Plan, 2014

⁸ As per WHO roadmaps.

⁹ WFP ED Circular OED2012/012

an opportunity to assess the effectiveness of the IASC’s protocols for improved collective action in one of the largest and most complex public health crisis.

2.2. Objectives

11. Evaluations serve the dual objectives of accountability and learning. For this evaluation, the emphasis will be mainly on organisational learning considering that it represents an opportunity to assess WFP’s strategies, systems, tools, procedures and actions in response to the unique demands of the EVD outbreak.
12. As such, the evaluation will:
 - i. Assess and report on the relevance, coherence (internal and external), coverage, coordination, effectiveness, efficiency, and connectedness¹⁰ as well as on the performance and results of WFP’s regional response to the Ebola outbreak (accountability).
 - ii. Determine the reasons for observed results and draw lessons to inform WFP’s management decisions with respect (a) to positioning, partnerships, innovations and programme strategy and (b) to WFP’s response to possible future emergencies of a similar nature that demand WFP to provide more than food assistance (learning).

2.3. Stakeholders and Users of the Evaluation

13. Stakeholders are listed in annex 4 and their interest in the evaluation is summarised in the following table. The evaluation team will do further analysis through discussions with stakeholders at the inception phase and will refine and finalize it in the Inception Report.

Table 1: Stakeholders and their interest in the evaluation

Primary stakeholders	Role and interest in the evaluation
Regional Bureau West Africa	The RB was responsible for regional planning and coordination of the EVD response. As primary user, the evaluation results will be useful for coordination of future similar emergencies.
Country Offices (Guinea, Liberia, Sierra Leone)	CO staff were directly involved in the response. They have an interest in the evaluation particularly with regards to lessons to be learned for emergency preparedness and future implementation of similar emergencies.
WFP HQ Divisions/Technical Units	The evaluation results will provide evidence of new approaches to implementation and coordination of emergency responses (especially those requiring extensive common services). They will help analytical work, programming and implementation as appropriate. They will also help in improving and adapting WFP’s guidance and capturing innovations in this field.
WFP HQ Senior management	As direct stakeholders, WFP Senior Management can use the lessons learned from the evaluation to improve corporate guidance and mechanisms for future WFP emergency responses.
The UN Secretariat and agencies, particularly UNICEF and WHO	WFP has partnered with UNMEER and other UN Agencies at country, regional and global levels. These agencies have a direct interest in the findings of the evaluation, particularly for preparedness, and concerted planning and implementation of future health responses. UNICEF and

¹⁰ Criteria are drawn from UNEG norms and guidance, OECD/DAC, and the ALNAP criteria for the evaluation of humanitarian action.

	WHO have made collaborative arrangements with WFP during the EVD crisis. The two agencies have a direct interest in the findings of the evaluation to learn how effective these partnerships were and to draw lessons to improve their respective corporate guidance for future health responses.
Secondary stakeholders	
Beneficiaries (women, men, boys and girls)	As the ultimate recipients of WFP assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. They will be consulted during the field work.
National Governments of Ebola Affected Countries (particularly the Ministries involved in the response)	As directly concerned by the EVD crisis, governments are interested to know whether WFP's response was effective, aligned with their priorities and well-coordinated with the responses of other UN agencies, NGOs and other partners.
Other stakeholders including NGOs, civil societies, the private sector, regional Governments and entities, and local organisations.	These organisations and entities were involved in different types of interventions to respond to the outbreak. The evaluation of WFP's response will provide lessons in terms of coordination, partnerships, performance and strategic orientation for future response.
Donors	WFP activities are supported by a large group of donors. They all have an interest in knowing whether their contributions have been spent efficiently and if WFP's response was effective.
IASC Principals and Directors	The assessment of WFP's response, notably in terms of partnerships and coordination, as well as issues pertaining to UN concerted efforts, may have relevant learning implications to this audience for system-wide L3 emergencies.
WFP Executive Board members	As the governing body of the organisation, the EB has an interest in being informed about the relevance, effectiveness and results of WFP operations in the region.

14. Two advisory panels will be established for the evaluation in order to ensure appropriate technical and strategic input, review and follow-up:

- An **internal reference group** with key representatives from WFP HQ technical units (including but not limited to: OSE, OSZPH, OSLA, OSLT, OSLHRD, OSN, OSZAF, OSP, FITTEST, RMB, RMT, RMMI, RMP, GEN, PGC, PGG, PGP, HRM) and regional and country-based teams involved in the response.
- An **internal advisory group** with executive managers of relevant divisions and offices, in the management of L3 responses (including stakeholders of the EMG, OED, OSE, PG, RM and the RB Dakar).

3. Subject of the Evaluation

3.1. WFP's Response to the Ebola Virus Crisis

15. WFP's response¹¹ to the Ebola Outbreak can be considered under the following interventions/pillars: Delivering food and nutrition support alongside the health response; mitigating the impact of the health emergency on food security¹²; ensuring the movement of partner staff and materials; and providing common services and infrastructure support for health partners. Activities under each specific intervention

¹¹ Refer to operational map for WFP's response (annex 2).

¹² This pillar was added after the 3rd budget revision of regional EMOP 200761.

evolved significantly over time given the unprecedented nature of the emergency. Annex 3 outlines the key events during the evaluation period (2014-2015) and gives an overview of WFP's Ebola response. Annex 4 provides an overview of the activities implemented under each operation and their progress during the response¹³.

16. WFP's first response to the outbreak of Ebola epidemic started with three country-specific immediate response emergency operations (IR-EMOP 200698, IR-EMOP 200749, IR-EMOP 200758) to provide emergency food assistance to Ebola affected communities in Guinea, Liberia and Sierra Leone. WFP planned to provide food assistance to almost 85,000 people including 39,737 women (with 3,471 MT of food), and finally reached almost 221,300 including 97,874 women (with 4,378 MT).

17. WFP's regional EMOP 200761 'Support to Populations in Areas Affected by the Ebola Outbreak in Guinea, Liberia, and Sierra Leone' was launched in direct response to a request from WHO in support of governments. Its objectives were to assist patients in Ebola Treatment Units, contact cases and communities with intense and widespread transmission of EVD. Starting in August 2014, it quickly scaled-up coverage to support the needs of almost 2.06 million beneficiaries in 2014, of which 1.13 million women (against 1.97 million planned, of which 1.1 million women)¹⁴.

18. The EVD outbreak also required a response where enhanced common services for logistics, procurement, air services, engineering and information and communication technology (ICT) support were needed. As the lead logistics agency, WFP launched three successive special operations (SO) to support the response.

19. In mid-August 2014, SO 200760 'Provision of Humanitarian Air Services in response to the Ebola Virus Disease Outbreak in West Africa' was launched to fill the widening air transport gap. As international airlines were increasingly suspending flights in and out of the affected countries and at the same time, the humanitarian community was scaling up its presence, an urgent deployment of the United Nations Humanitarian Air Service (UNHAS) was required.

20. Early September 2014, SO 200767 'Logistics and Emergency Telecommunications Support of the Humanitarian to the Ebola Virus Disease Outbreak in West Africa' was established as the international community began to scale up its relief response, requiring the movement of substantial amounts of necessary life-saving relief items; rapid and timely sharing of a high volume of information; and ICT support.

21. Upon the establishment of UNMEER in September 2014, WFP was requested to provide logistics support to the EVD response as a partner of UNMEER. To ensure a coherent and harmonized service provision to support the response, WFP launched the regional SO 200773 'Logistics Common Services for the Humanitarian Community's Response to the Ebola Virus Disease Outbreak in West Africa', for an initial duration of 4.5 months, from 15 October 2014 to 28 February 2015¹⁵. SO 200773 superseded SO 200767 and SO 200760. SO 200773 represents the first time WFP has

¹³ Also refer to '*WFP Ebola Response: from Crisis to recovery*', July 2015.

¹⁴ WFP carried out six budget revisions to this operation to: (a) align the operation with the UN Mission for Emergency Ebola Response (UNMEER) and with the WHO Ebola Response Roadmap; (b) extend the EMOP in time; (c) scale-up assistance to address increased needs, caseloads and refined beneficiary groups; (d) and to revise the logistics costs. BR 6 estimates a total of 3,376,099 beneficiaries for 2015.

¹⁵ Three subsequent 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). Budget revisions made beyond December 2015 or new special operations for Guinea (SO 200923) and Sierra Leone (SO 200927) are not in the scope of this evaluation, but might be used as contextual information within the team's analysis.

deployed a common service platform of such a scale, making it the logistics backbone of the entire global response.

22. As noted formerly, the EVD outbreak was uncommon and given the rapid and unpredictable spread of the disease, WFP had to continuously adapt and adjust its priorities, strategies, internal systems and tools to support the coordination of the response; human resource management and deployment; partnerships and coordination; collaboration with the Ebola Affected Countries' government counterparts, information, communication and reporting; and resource mobilization.

23. At corporate level, there were modifications in reporting lines and delegations of authority, including the designation of the Regional Director of West Africa as Corporate Response Director. This moved the focus of management and oversight of WFP's response to the Regional level. A dedicated emergency structure was also deployed to the Country Offices and Regional Bureau to manage the evolving emergency response as well as the risks¹⁶ associated to deploying and managing numerous staff in a challenging context.

24. While the outbreak was not a traditional food-based emergency, the "Ebola effect" had induced impact channels (social behaviour, market disruptions, and impediments to livelihoods) with direct and indirect consequences on household food security. Thus WFP had to adapt its usual programmatic response to a non-food emergency.

25. There was a need to capture in real-time what impact EVD-induced channels were actually having on the livelihoods and coping capacity of the affected communities so as to prepare for an eventual shift to support markets and livelihood recovery once the EVD situation was controlled. Therefore strategies had to be adjusted and re-prioritised while standard tools and modalities such as Vulnerability Assessment and Mapping (VAM), Monitoring and Reporting, local procurement, and cash based transfers had to be adapted to a rapidly evolving context.

26. In order to leverage the capacities of the different actors so as to maximize impact in a context of restricted mobility and major safety concerns, collaboration with community leaders, government partners as well as international and national stakeholders had to be flexible and dynamic to roll-out the response. WFP thus established several strategic and operational partnerships, most importantly with UNMEER¹⁷, WHO¹⁸, UNICEF¹⁹ and Medecins sans Frontieres –MSF (also refer to annex 4).

27. In a context of multiple high-level emergencies (e.g. the Central African Republic, Nepal, South Sudan, Syria, and Yemen), WFP also had to make additional efforts to mobilise financial resources and to take deliberate risks to extend its capacity to respond²⁰. Thus internal advance financial mechanisms (e.g. IRA funds and the Forward Purchase Facility) as well as mobilization strategies had to be used by WFP to be in a position to deliver as per its commitments.

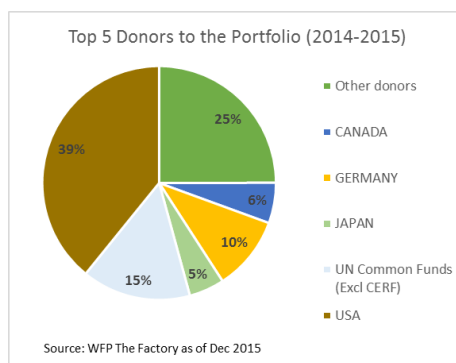
¹⁶ Refer to WFP's Risk Appetite Statement and related documents included in the evaluation e-library.

¹⁷ The Report of the Secretary-General on UNMEER and the Office of the Special Envoy on Ebola (A/69/404), issued on 24 September 2014, details UNMEER's proposed mission, budget, and structure.

¹⁸ Framework Agreement for Joint Collaboration between WHO and WFP for Ebola response in West Africa.

¹⁹ UNICEF/WFP Joint Nutrition Strategy in Response to the Ebola crisis in West Africa.

²⁰ Refer to WFP's Risk Appetite Statement and related documents.



28. So far, total contributions received for the entire WFP response amount to US\$ 351 million against total requirements of US\$ 449 million (78 %). Annex 3 provides funding details per operation. Up to December 2015, 48 % of the resources received for this response are allocated to emergency operations and 52 % to special operations²¹. The graph shows the top 5 donors for WFP’s response. Other main donors are the European Commission and the Republic of Guinea.

3.2. Scope of the Evaluation

29. The evaluation will have a regional focus with specific attention to WFP’s response in the three Ebola affected countries: Guinea, Liberia and Sierra Leone. The period under review covers is 2 years (from 01st January 2014 to 31st December 2015) corresponding to the main implementation period of WFP’s response²².

30. The evaluation will cover all WFP operations implemented during the above timeframe: IR-EMOPs²³ (200698, 200749 and 200758), the regional EMOP 200761 (Guinea, Liberia and Sierra Leone) and regional SOs (200760, 200767 and 200773). It will focus on WFP’s interventions/pillars as described in section 3.1.

31. The evaluation is also expected to consider the operational and functional areas outlined in section 3.1 to determine what and how far achievements were supported or inhibited by operational factors and to identify best practices that can feed organizational learning.

32. For this evaluation, the focus shall not be on assessing individual operations but rather to evaluate WFP’s response to the EVD outbreak as a whole, its evolution over time, its partnerships, innovations, performance and results, and the strategic role played by WFP during the response. Attention will be given to the learning opportunities for the organisation in terms of implementation of WFP activation protocols at HQ, regional and country levels and to innovations and adaptations due to the unique and complex nature of the crisis and WFP’s response.

²¹ Resource Updates: As at November 2015.

²² The team will evaluate two years of implementation 2014 and 2015 based on formal corporate reporting systems (i.e. Standard. Project Reports which are available end of March 2016). Relevant contextual/operational information available beyond the end of 2015 will also be used to respond to some key evaluation questions.

²³ Although examine the IR-EMOPs is important as they will provide information on the evolution of events and responses, the main focus will however be on the regional SO’s 200760, 200767 and 200773 and the regional EMOP 200761.

4. Evaluation Questions, Approach and Methodology

4.1. Evaluation Questions

33. Three areas of enquiry have been defined based on initial consultations with internal stakeholders. They focus on (1) Partnership and Coordination; (2) Learning, Adaptation and Innovation; and (3) Performance and Results, which will be reflected in the three key evaluation questions and related sub-questions below:

Question 1 - Partnerships and Coordination: To what extent did WFP develop an integrated response and position itself to add value to the global EVD response?

- i. Was WFP's response coherent with national priorities and effectively and efficiently coordinated with the governments of Ebola affected countries?
- ii. 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?
- iii. Was WFP's response coherent and aligned with the priorities of other partners (including UN and bilateral agencies, NGOs, private sector, civil societies, etc.), enabling synergies at operations levels?
- iv. To what extent a transition strategy (scale-up/scale-down of the response) has been developed and integrated in implementation, namely in terms of partnerships and (national and local) stakeholders' involvement and their capacities strengthened through WFP's response?

Question 2 - Learning, adaptation and innovation: How did WFP use and adapt the internal procedures, systems and tools during the response to inform decision-making?

- i. Were WFP's corporate systems (e.g. logistics, procurement, ICT, information/reporting, financial, human resources (HR), etc.), 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?
- ii. 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?
- iii. How WFP's traditional tools such as VAM, monitoring, reporting, protection, gender, Accountability to Affected Populations (AAP) including complaints and feedback mechanisms²⁴ 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?
- iv. Was WFP's response aligned to UN standards²⁵ and Humanitarian Principles?
- v. How WFP managed risks in the Ebola context, including if/how the organization's risk appetite has evolved?
- vi. Were WFP's L3 activation protocols timely and to what degree have they impacted the effectiveness and efficiency of the response? How effective,

²⁴ The extent to which WFP was able to receive complaints and concerns from beneficiary communities, and what feedback mechanism put in place to gather any concerns / issues raised by some communities.

²⁵ The Sphere Standards introduce considerations of quality and accountability to emergency responses.

- efficient and timely has been the coordination between the various WFP's levels (including the Regional Ebola coordination cell), in the light of the Level 3 requirements?
- vii. Assess staffing and human resources issues including skills but also pre-deployment training, and safeguarding of staff's well-being, given that this emergency was a non-traditional response.
 - viii. Assess the potential for sustainability and replication in future emergencies, of structures and institutional arrangements.

Question 3 - Performance and results: What were the performance and results of WFP's response to the EVD outbreak?

- i. 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? Explain what internal and external factors contributed to the successes and what factors inhibited WFP's efforts (including the factors beyond WFP's control).
- ii. 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?
- iii. 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 access²⁶)? Explain the level of synergy and multiplying effect between the various activities regardless of the WFP operations.
- iv. To what extent were stakeholders/users "satisfied" and were their needs efficiently or effectively met?
- v. 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?

4.2. Evaluability Assessment

Evaluability is the extent to which an activity or a programme can be evaluated in a reliable and credible fashion. It necessitates that a policy, intervention or operation provides: (a) a clear description of the situation before or at its start that can be used as reference point to determine or measure change; (b) a clear statement of intended outcomes, i.e. the desired changes that should be observable once implementation is under way or completed; (c) a set of clearly defined and appropriate indicators with which to measure changes; and (d) a defined timeframe by which outcomes should be occurring.

34. Evaluability was assessed during the TOR development through consultations with key stakeholders and preliminary data and document gathering and review. OEV will share with the evaluation team an extensive online library (annex 7) made of relevant WFP's policy documents as well as those dealing directly with key aspects of WFP's response, particularly project documents, budget revisions (see section 3.1), briefs and Standard Project Reports (SPRs). The library also includes documents and reports - such as assessments, national Ebola recovery plans and post-Ebola recovery plans - from various external sources (including governments, partners, regional entities and UN agencies).

²⁶ WFP did not always control all steps, e.g. WFP was tributary to the Health authorities/partners for the targeting/identification of the beneficiaries of the earlier response (food assistance to patients, survivors or quarantined households).

35. The regional EMOP has a logical framework with defined indicators. The special operations also have key performance indicators. Country Offices and cooperating partners regularly conduct project monitoring for output and some outcome indicators. Besides the corporate reporting system through the SPR, WFP at different levels (concerned Country Offices, RB Dakar and HQ) has internal information systems (programmatic, common services, logistics, human resources and others) that document internal processes and performance.

36. Given the nature of the crisis, reference points or baselines are either non-existent or inadequate. Pre-assistance baselines exercises were not conducted. Therefore the evaluation team will carefully review the SPRs for these operations as well as monthly briefs, assessment reports, situation reports and other relevant documents available in-country and at regional levels.

37. In 2014, WFP has carried out a Management Review²⁷ of its response to the EVD outbreak and its development over time in a context of changing dynamics. This Review documents the historical events prior and during the response as well as the challenges, risks and opportunities. An external audit of WFP's Aviation was conducted in July-August 2015²⁸. An internal audit of WFP's response to the EVD crisis was completed in November 2015²⁹. The results of these processes will inform this evaluation. A joint lessons learning exercise (LLE) which focuses on WFP and WHO collaboration was planned in 2015 (but postponed to early 2016). If available before the evaluation, the results of this exercise will inform the process.

38. The evaluation will also use evidence available from other UN evaluations or reviews such as the evaluation of UNICEF's response to the EVD outbreak and the independent panel review of WHO's response to the Ebola pandemic³⁰. The evaluation will also consider the evidence available from other sources such as governments, NGOs, international organisations and research organisations (see list in annex 5).

39. There are challenges due to the complexity of assessing a health emergency response, particularly in a context where the entry point for WFP's food assistance response was not based on the traditional food insecurity indicators. An outcome monitoring strategy for the Ebola affected countries was prepared by WFP in October 2014. Special attention will be required to determine criteria for measuring successful implementation of the overall response as well as the contribution of innovative systems/tools established to enhance the programmatic response as well as to support analysis of the results. During the inception mission, the evaluation team must make a careful document review of m-VAM and m-PDM reports as well as other VAM and monitoring reports to inform the evaluation. The RB Dakar organized a lessons learnt workshop on monitoring during the Ebola outbreak together with the M&E officers from the affected countries. A consolidated report³¹ is available and could serve as a useful source of information.

40. The organizations and people who have participated in the response activities as stakeholders are numerous and highly dispersed and therefore will need to be reached by phone or survey to address information gaps. In addition, feedback from

²⁷ WFP Regional Bureau Management Review, WFP's Response to the Ebola Crisis in West Africa, 2015.

²⁸ External Audit of WFP's Aviation for period 01/01/2013 – 30/06/2015: the final report is expected during 1stQ 2016.

²⁹ Internal Audit of WFP's Ebola Virus Disease Response, AR/15/12.

³⁰ WHO Final Report of the Ebola Interim Assessment Panel, July 2015

³¹ Ebola Affected Countries Emergency Response: Challenges, Lessons learnt and Best practices in Monitoring, RBD Monitoring Unit, October 2015.

affected communities and groups may be constrained due to social stigma and trauma as well as the more usual access challenges in humanitarian emergency contexts.

41. Considering the regional scope of the response and the fact that some activities will have come to an end by the time the evaluation is conducted, field visits (duration and timing) to the countries concerned by the EVD response will be carefully planned during the inception phase³².

4.3 Methodology

42. As underscored earlier, the evaluation will employ relevant internationally agreed evaluation criteria³³ – relative importance of each will be confirmed at inception as per the evaluation questions – including: relevance, coherence (internal and external), coverage, coordination, effectiveness, efficiency, connectedness. The evaluation will give attention to gender, protection and AAP of WFP’s response, and on differential effects on men, women, girls, boys and other relevant socio-economic groups.

43. As much as possible, the evaluation will build on existing information and analysis available on the Ebola response. It will use consultative and participatory approaches to gather stakeholders perspectives (internal and external) on the assistance provided, including as feasible, the views of affected communities. All key stakeholders will be consulted to ensure a complete consideration of the diverse opinions on the issues being evaluated.

44. Where possible, the evaluation team will use secondary qualitative and quantitative data complemented with primary data collection. The methodology should demonstrate impartiality and lack of biases by relying on a cross-section of information sources (e.g. gendered stakeholder groups, including beneficiaries, etc.) and using a mixed methodological approach (e.g. outcome harvesting, quantitative and qualitative) to ensure triangulation of information through a variety of means. The quality assurance process will ensure that all findings are based on systematic evidence collection and analysis.

45. It is expected that there will be a balance of both documentary evidence and perceptual evidence. Timeline exercises will be used to illustrate the changes of the response over time and to clarify the different roles and functions at country level during the different phases of the emergency.

46. As this evaluation represents an opportunity for institutional learning, it will be aim to generate materials that are user-friendly.

47. The evaluation team will design a complete evaluation methodology with annexes covering data collection instruments to be presented in the inception report.

48. The methodology will:

- Examine the logic of the *portfolio* based on the common objectives arising across operations. A model looking at groups of “main activities” rather than at country-specific operations should be adopted;

³² Regarding proposed timeframe for field research, the evaluation team should be fully aware that much of the staff involved in response will have rotated (large number of TDYers; large scale-up of offices; as well as regular rotation), many of the coordination bodies set up (including UNMEER for e.g. but also government) which were primary WFP stakeholders for response may no longer function, and much of the sites (Ebola treatment centres) and distribution points will no longer exist.

³³ from UNEG norms and guidance, OECD/DAC, and the ALNAP criteria for the evaluation of humanitarian action.

- Utilise a thorough gender responsive *stakeholders analysis* conducted at the inception phase, including a beneficiary typology;
- While recognizing time and resources limitations, the evaluation process will be geared towards addressing (and refining as necessary) the evaluation questions / sub-questions presented in section 4.3. The evaluation matrix, presented as part of the inception report, will expand on the key questions and articulates sub-questions, verifiable indicators to respond to these, and means of verification/data collection.
- Specify how gender, protection, and accountability to affected populations issues will be addressed (including for survivors - individual, survivor household, survivor community - and ebola-affected orphans, EVD center workers, as particularly vulnerable groups in a context of stigma).
- Take into account the limitations pointed out in section 4.2. As well as budget and timing framework.

49. Proposed methods are likely to include:

- ***Outcome harvesting approach:*** Overall, the evaluators will use a mixed method approach to collect information from reports, personal interviews, and other sources to document how WFP's response has contributed to collective and specific response outcomes and achievements. This method will help answer the questions: *What happened? Who contributed to it? How do we know this? Is there corroborating evidence? Why is this important? What do we do with what we found out?* This method will be combined with other evaluation tools.
- ***Orientation briefing:*** the evaluation team will participate to an orientation briefing in HQ during which the team will discuss with key WFP staff to have a broad overview of WFP's existing guidelines and systems, WFP's response to the EVD from different angles, internal processes as well as priority issues and questions for further analysis.
- ***Desk reviews:*** Emphasis will be made on comprehensive desk reviews throughout the process. During the inception phase, the evaluation team will conduct a desk review of key qualitative and quantitative data and critical information (see section 4.2) available at Country Office, Regional Bureau and corporate levels as well as documents from other sources. Another formal desk review will be done after the field visits prior to final analysis and reporting.
- ***Key informant interviews:*** The evaluation will conduct semi-structured interviews with key internal and external stakeholders at HQ, the Regional Bureau Dakar and in the concerned Country Offices (staff, national agencies, donors, etc.) as relevant, as well as focus group discussions with the affected populations as identified during inception.
- ***Online survey(s):*** the team will conduct online survey(s) of relevant stakeholders groups, when appropriate. The sampling technique to impartially select stakeholders to be surveyed or interviewed will be specified in the Inception Report.
- An analysis of the ***costs and benefits*** will be used.

- **Field visits:** The evaluation is not a real-time evaluation as some Ebola affected countries will already be free of the EVD at the time of the process. Due to the high number of WFP staff deployed, the high turnover of these staff as well as those of WFP's partners, country field visits will be carefully planned and balanced by comprehensive document review (see above) and telephone interviews.
- **Stakeholders' workshop:** a regional workshop may be planned with the stakeholders at the reporting phase to present and receive feedback on findings, conclusions and initial recommendations prior to consolidation of the final report.

4.4. Quality Assurance

50. WFP's evaluation quality assurance system (EQAS) is based on the UNEG norms and standards and good practice of the international evaluation community (ALNAP and DAC). It sets out processes with in-built steps for quality assurance and templates for evaluation products. EQAS will be systematically applied and relevant documents and formats will be provided to the evaluation team. The evaluation manager will conduct the first level quality assurance, while the second level review will be provided by Elise Benoit, OEV's Coordinator for Level 3 Emergencies and Inter Agency Humanitarian Evaluations. This quality assurance process does not interfere with the views and independence of the evaluation team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.

51. The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases.

52. In addition, a reference group comprising a cross-section of key technical stakeholders will provide further quality assurance to the process and will comment on the evaluation report.

5. Organization of the Evaluation

5.1. Phases and Deliverables

53. The evaluation process will use a flexible and constructive learning approach (see sections 4.3 and 5.3). The specific steps of this process are highlighted in the below table and in the detailed proposed timeline in annex 1.

Table 2: Proposed Preliminary evaluation timeline and main evaluation deliverables

Milestone	Timing	Responsible
Terms of Reference	January 2016	OEV
Contracting of external team	February 2016	OEV
Team preparation + Inception Brief at HQ	Feb./early March 2016	OEV
Inception Mission in RB, Dakar	From mid-March 2016	TL/OEV
Final Inception Report	May 2016	Evaluation Team
Evaluation field work	May and June 2016	Evaluation Team

Milestone	Timing	Responsible
Desk review and Analytical process	June 2016	Evaluation Team
Evaluation Report Drafting and Review	July to November 2016	Evaluation Team/OEV
Stakeholders' workshop after analysis	End September 2016	Evaluation Team
Presentation to EB	February 2017	OEV

5.2. Evaluation Team composition

54. The evaluation will be conducted by an independent evaluation firm. This firm will propose an evaluation team that is gender-balanced, geographically and culturally diverse with the appropriate skills to assess the gender and other dimensions of the evaluand as specified in the scope, approach and methodology of sections of the TOR. All members of the evaluation team will abide by the Code of Conduct for evaluators ensuring they maintain impartiality and professionalism, with no conflict of interest.

55. The evaluation team leader and members will contribute to the design of the evaluation methodology in their area of expertise. They will conduct a participatory evaluation, including all fieldwork, analysis and reporting. The selected team will be comprised of several experts, including an experienced Team Leader, a Senior Evaluator, one or two other evaluators who will bring together a complementary combination of technical expertise and experience. As support in data analysis is required to support the evaluation, one or two data analyst/research assistant(s) will be added to the team. Skills required include:

- Extensive evaluation experience of emergency response, strategies and programmes in global health contexts;
- Organizational change and change analysis in large-scale international organizations in the humanitarian sector, including expertise in partnership principles;
- Technical knowledge in food and nutrition security, emergency preparedness and response, capacity-development, cash transfers and assistance;
- Technical knowledge in emergency logistics preparedness and response. At least one team member should be very familiar with WFP's logistics work, food procurement, including Supply Chain Management;
- Good understanding of global health issues;
- Good understanding of WFP mandate and processes;
- Cost-benefit analysis using qualitative and quantitative data;
- Experience with and institutional knowledge of humanitarian UN and NGO actors, the inter-agency mechanisms and the IASC;
- Experience in conducting participatory evaluations, including the concepts and approach used in Outcome Harvesting;
- Excellent synthesis and reporting skills (particularly for the Team Leader);
- Excellent communication skills (written, spoken) in English and French;
- Good knowledge of West Africa, and of the regional issues.

5.3. Roles and Responsibilities

56. This evaluation is managed by OEV. Miranda Sende has been appointed as Evaluation Manager (EM), and has not worked on issues associated with the subject of evaluation in the past. The EM is responsible for the evaluation preparation and design, follow-up and quality assurance throughout the process following WFP OEV's evaluation quality assurance system (EQAS). The EM is specifically responsible for organizing the scoping mission, drafting the TOR; selecting and contracting the evaluation team; preparing and managing the budget; setting up the review group; organizing the team briefing in HQ; assisting in the preparation of the field missions; conducting the first level quality assurance of the evaluation products and consolidating comments from stakeholders on the various evaluation products. She will also be the main interlocutor between the evaluation team, represented by the team leader, and WFP stakeholders to ensure a smooth implementation process, as well as for ensuring adequate coordination with other relevant OEV and WFP processes. Mar Guinot, OEV Research Analyst (RA), will provide research support throughout the evaluation.

57. WFP stakeholders (CO, RB Dakar and HQ) are expected to provide information necessary to the evaluation; be available to the evaluation team to discuss the programme, its performance and results; facilitate the evaluation team's contacts with stakeholders in the various countries of the emergency response; set up meetings and field visits, organize for interpretation if required and provide logistic support during the fieldwork. A detailed consultation schedule will be prepared and presented by the evaluation team in the Inception Report.

58. The evaluation team will implement the evaluation, including all fieldwork, analysis and reporting. The OEV EM will accompany the team at the time of the Inception Mission to support the team's acquaintance with WFP's systems and stakeholders. WFP staff will not be part of the evaluation team or participate in meetings where their presence could bias the responses of the stakeholders.

5.4. Communication

59. Several points of interactions with key stakeholders are included in OEV's evaluation processes. Comments and views from the RB and other internal key stakeholders will be sought on the critical outputs and deliverables of the evaluation, namely:

- Comments on the evaluation's TOR (**December 2015**).
- Comments on the draft full evaluation report (**early August 2016**).
- Comments on the draft summary evaluation report (**early November 2016**).

60. Furthermore, to communicate appropriately on the evaluation process and products, the evaluation team will develop and finalize in consultation with OEV, the RB Dakar and WFP's communication division (PGM) a detailed communication strategy which will include a video recording of the process as well as other relevant dissemination products aiming at (i) providing key evaluation messages to selected stakeholders as well as (ii) documenting the process.

61. This communication strategy will:

- Building on the *internal reference* and the *internal advisory groups* for the evaluation referred to in Section 2.3, identify the key stakeholders to be kept abreast of the evaluation

process, namely. This will be led by OEV in coordination with the RB Dakar; (**November 2015/December 2016**).

- Informing region and country-based key stakeholders involved in the emergency response of the evaluation topic, process and timeline during the inception phase. This includes disseminating summary TOR and contact information for the evaluation team and the EM during the inception mission. Responsible: Regional Bureau, with OEV's support; (**March 2016**).
- Informing key corporate and donor stakeholders at the regional and global level of the evaluation topic, process and timeline. This will be done in collaboration between the OEV, and the RB and CO management; (**March/April 2016**).
- Organizing short exit briefs at the end of the inception mission with key stakeholders in Dakar (and in the CO to be visited during the inception mission) to discuss the evaluation field mission's approach and organisation and agree on next steps; (**March 2016**).
- Organising short exit briefs at the end of the field evaluation mission with the key stakeholders in the countries visited and in Dakar, to discuss the team's first impressions and preliminary findings, clarify any issues as relevant, identify actions for follow-up as needed. This will be done by the evaluation team, in coordination with OEV and the RB Dakar; (**June 2016**).
- Organising a stakeholders' workshop in Dakar (or another appropriate location) with key stakeholders from the COs and the region, during the evaluation reporting phase. This will provide information on the team's findings, preliminary conclusions and potential areas for recommendations and provide an opportunity for discussion with the CO and RB management and emergency response team. To be done in collaboration between the OEV, and the RB Dakar; (**September 2016**).
- The key messages would also build upon the evaluation final report, which will be posted publically on the WFP internet; (**post EB.1/2017**).

62. In order for the evaluation process to be an effective learning process, the evaluation team will emphasize transparent and open communication with evaluation stakeholders.

63. OEV will make use of data sharing software to assist in communication and file transfer with the evaluation team and the concerned offices, and with other relevant HQ units. Regular tele-conference and telephone discussions between the evaluation team, the evaluation manager, and the Regional Bureau/country focal points will be done to discuss specific issues.

64. As indicated, the evaluation inception report and final reports will be prepared in English. It is expected that, with the team leader (and Long-Term Agreement firm if relevant) providing quality control, the evaluation team will produce written work that is of very high standard, evidence-based, and free of errors. While the final evaluation report is the responsibility of the evaluation team, it will be approved by the Director of OEV, upon satisfactory meeting of OEV's quality standards.

65. The final evaluation will be presented to WFP's Executive Board, along with the official management response to key recommendations. Thereafter it will be posted on WFP's internet, both internally and externally, and incorporated into OEV's annual report.

Acronyms

EB:	Executive Board
EM:	Evaluation manager
EMOP:	Emergency operation
EQAS:	Evaluation quality assurance system
EVD:	Ebola virus disease
FAO:	The Food and Agriculture Organization of the United Nations
IASC:	The Inter-Agency Standing Committee
IR-EMOP:	Immediate response emergency operation
ICT:	Information and communication technology
IRA:	Immediate Response Account
LLE:	Lessons learning Exercise
m-PDM:	mobile Post-distribution Monitoring
MSF:	Medecins sans Frontieres
m-VAM:	mobile Vulnerability Assessment and Mapping
NGO:	Non-Governmental Organisation
OEV:	WFP's Office of Evaluation
PDM:	Post-Distribution Monitoring;
RB:	Regional Bureau
RA:	Research analyst
SPR:	Standard Project Reports
SO:	Special operation
TOR:	Terms of reference
UN:	United Nations
UNHAS:	United Nations Humanitarian Air Services
UNDP:	United Nations Development Programme
UNMEER:	United Nations Mission for Ebola Emergency Response
UNICEF:	United Nations Children's Fund
VAM:	Vulnerability Assessment and Mapping
WFP:	World Food Programme
WHO:	World Health Organization

Annex B: Internal and External Stakeholder List

	Stakeholder Category	Interest in the Operation and Potential Influence	Involvement in Evaluation	Who
1. Internal (WFP) stakeholders				
Directly affected and consulted				
1	WFP HQ Senior Management	Direct interest WFP senior management has an interest in an independent account of the operational performance as well as in learning from the evaluation findings alongside the internal audit and lessons learning with WHO so as to steer future decisions on WFP's role in responding to health crises and applying learning to future emergency situations.	Providing global overview and briefing Providing and facilitating Key Informant contacts Participating in Interviews and Outcome harvesting processes.	Senior Management
2	WFP HQ Divisions / Technical Units	Direct interest WFP HQ and Technical units have an interest in an independent account of the operational performance as well as in learning from the evaluation findings alongside the internal audit and lessons learning with WHO so as to apply lessons to future emergency situations.	Providing global overview and briefing Providing and facilitating Key Informant contacts Participating in Interviews and Outcome harvesting processes.	Operations Service Department (OS); OSLHRD United Nations Humanitarian Response Depot; OSLA Supply Chain Division and Aviation Service; OSC Supply Chain Division; OSE, Emergency Preparedness and Support Response Division; OSLS Shipping Service; OSLT Logistics and Transport Service; OSZPH Humanitarian Crises and Transitions Unit; OSP Procurement Division; OSZ, Policy and Programme Division; OSZAF Vulnerability Analysis Unit; OSZA, Analysis and Trends Service Resource Management Department (RM) Partnership and Governance Services Department (PG)
3	WFP OEV	Direct interest OEV is responsible for commissioning the evaluation. As this evaluation involves use of a new approach, OEV has a stake in ensuring that this approach is	Responsible for the evaluation preparation, design and follow-up and quality assurance throughout the process using EQAS. Organising the scoping mission, TORs, team briefing in HQ, and	OEV Director: Helen Wedgwood OEV Evaluation Manager: Miranda Sende OEV 2 nd QA: Elise Benoit OEV Research Analyst: Mar Guinot

		effective in delivering quality, useful and credible evaluations.	facilitating the Inception phase in Dakar. Providing comments on the evaluation deliverables (inception package, draft evaluation report). Approving the final evaluation report.	
4	WFP Regional Bureau Dakar	Direct interest Responsible for both design and management of the Ebola response and oversight of COs and providing technical guidance and support, RB management has an interest in an independent account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. The RB is the primary stakeholder of this evaluation to account internally as well as to its beneficiaries, partners for the performance and results of its operation.	Providing regional overview Providing secondary data Providing and facilitating Key Informant contacts Participating in Interviews and Outcome Harvesting processes. Providing comments on the evaluation deliverables (TOR, Inception Package, Draft Evaluation Report and Management Response). Implementing evaluation recommendations accepted and partially accepted and supporting CO to do so as well.	RB Director (during response): Denise Brown and new RB Director: Abdou Dieng EB Deputy Director; Ebola Focal Point: Maria Santamarina Councillor: Marieme Ndiaye ECT : Haidar Baqir Logistics : Jean-Pierre Leroy / Henrik Hansen HR : Franclin Tomtebeye M&E : Aboubacar Koisha Procurement : Nacer Benalleg / Denis Sydiane Programme : Natasha Nadazdin Resource Mobilisation : Miailin Fauchon Security : Willy Nyeko VAM : Simon Renk UNHRD: Jean-Francois Milhaud
5	WFP EAC Country Offices and Sub-offices	Direct interest Responsible for the country level execution of the regional response, planning and implementing operations. CO have a direct stake in the evaluation and an interest in learning from experience to inform decision-making and future emergency preparedness.	Providing context analysis and documents Providing and facilitating key informant contacts Participating in Interviews and Outcome Harvesting processes. Setting up group meetings with SO and EMOP partners in country Setting up interviews with key stakeholders in county Setting up field visit to Sub Office Providing comments on the evaluation deliverables (TOR, Inception Package, and Draft Evaluation Report).	Country Directors: Guinea: Elisabeth Faure; Adama Diop-Faye; Sony Ouane, Liberia: Gon Myers, Peter Scott-Bowden Deputy Country Directors: Guinea: Luca Lodi; Liberia: Wurie Alghassim; Sierral Leone: Naoe Yakika, Kinday Samba Sub-Office Staff, Technical and support service staff
6	WFP EAC surge deployed staff	Direct interest Responsible for the implementation of the response at regional or EAC level, the staff deployed as surge have an interest	Providing context analysis and documents Providing and facilitating key informant contacts	Emergency Coordinators; Special Operations Logistics Officers (SOLOS); WFP-WHO Focal points

		in understanding their contribution to the response and learning from experience to enhance institutional learning.	Participating in Interviews and Outcome Harvesting processes.	
7	WFP Executive Board	Indirect interest The WFP governing body has an interest in being informed about the effectiveness of WFP operations. This evaluation will be presented to the EB in its February 2017 session.	None	Not applicable
2 External stakeholders				
2.1 Directly affected and consulted				
1	EAC Government	Direct interest The EAC Governments have a direct interest in knowing whether WFP activities in country were aligned with their priorities, harmonized with the action of other partners and meet the expected results in terms of the overall health crisis and associated risk factors.	Providing context analysis Providing and facilitating key informant contacts Participating in Interviews and Outcome Harvesting pre-interview questionnaire processes.	Ebola specific Task Forces and Bodies in EAC Ministry of Health and relevant ministries
2	UN Mission for Ebola Emergency (UNMEER)	Direct interest As the operation is managed with the framework of the UNMEER, the perspective of WFP's contributions will be sought from representatives specifically tasked to focus on the Ebola response.	Providing context analysis Providing and facilitating key informant contacts Participating in Interviews. Substantiating Outcome Harvest Statements	UNMEER Head of Mission: Dr. David Nabarro (now Special Adviser on the 2030 Agenda for Sustainable Development and Climate Change: United Nations) UN Ebola Response Manager for Guinea: Abdou Dieng (now WFP Dakar): UN Ebola Response Manager for Liberia: Peter Graff UN Ebola Response Manager for Sierra Leone: Amadu Kamara Global UNMEER: Tom Banburry Regional UNMEER Director of Operations: Amer Daoudi
3	WHO and UNICEF	Direct Interest As WFP's principal partners for the response, operating within their mandate and areas of expertise, WHO and UNICEF have an interest in ensuring that the operation was effective in	Provide context analysis and documents Providing strategic planning and targeting information Providing and facilitating key informant contacts	WHO Director Emergency Risk Management and Humanitarian Response: Rick Brennan WHO regional common project focal point: Michael Fotiadis

		contributing to the UN concerted efforts and learning from this out of the ordinary experience for future decision making.	Participating in Interviews. Substantiating Outcome Harvest Statements	WHO DDG Ebola response: Bruce Aylward WHO Country Focal points Guinea: Jerome Souquet Liberia: Jonathan O'Connor Sierra Leone: Daniel Kertes WHO WR Guinea: Jean-Marie Dangou; Liberia: Alex Gasasira; Sierra Leone: Geoffroy Larde UNICEF Global Ebola Emergency Coordinator (now in the Middle East): Peter Salama UNICEF Regional Director: Manuel Lafontaine
4	EMOP Cooperating partners (NGOs / Community based organizations/ Red Cross Red Crescent) and SO Users	Direct interest As WFP's Cooperating partners for implementation of the EMOP and users of WFP's Common Services in EAC, this multiple range of stakeholders has an interest in the evaluation findings in determining whether its assistance was appropriate and effective as well as lesson learning for future responses.	Provide context analysis Providing and facilitating key informant contacts Participating in Interviews Participate in face to face Group Discussions in EAC	Selected CPs and SO users present in EAC identified in project documents and during country visits including MSF, Red Cross/Crescent Movement, International Medical Corps, Samaritan's Purse, Association Espoir Sante, Organisation pour la Promotion Humaine, Action for Community Transformation and Sponsorships (ACTS), ADRA, Aspen Medical CARE, Caritas (Gbargna, Cape & Monrovia LIB), Catholic Relief Services, Community Action for the Welfare of Children, Community Integrated and Development Organisation (CIDO), COOPI, Development Initiative Project, Danish Refugee Council, Kadro, LACE, LIACD, LIURD, Plan (G) ; Plan International, Pure Heart Foundation, Sierra Leone poverty alleviation agency, World Vision International, Welt Hunger Hilfe, plus other users of SO common services
5	Affected populations (based on BR1 3 pillars and on BR4 3 pillars)	Direct interest As the ultimate recipients of food assistance, WFP beneficiaries including EVD survivors, caregivers, orphans and EVD affected communities (hot spots),	Key Informant Interviews with nationally recruited consultants operating independently.	Selected beneficiaries in communities as identified in Annex D

	/WFP beneficiaries	have a stake in WFP determining whether its assistance was appropriate and effective.		
2.2 Directly affected and consulted (on-line user satisfaction survey)				
6	REG SO Common Services users (Non EMOP)	Direct interest. As the ultimate users of WFP common services, the perspectives of the many agencies served by the WFP SO will be sought to capture satisfaction levels and recommendations for future decision-making.	Participate in on-line satisfaction level feedback on WFP SO common services activities	All SO user agencies listed in SO 200760 (39 agencies mentioned): SO users from all types of agencies including UN, INGO, government and some EMOP CPs including INGO, government and UN
2.3 Indirectly affected and consulted (On-line external survey with UN, regional bodies and NGO stakeholders)				
7	Other UN agencies Humanitarian Country teams Guinea, Liberia, Sierra Leone	Indirect interest. As the WFP operation was managed with the framework of the UN humanitarian coordination mechanisms, the perspectives of representatives of other UN agencies will be sought. The Humanitarian Country Team has an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts.	Participate in on-line survey	Selected representatives from FAO, IOM, UNAIDS, UNFPA, UNDP, UNMIL, UN Women, Resident Coordinators or OCHA specific staff if appropriate
8	Non-UN actors involved in Ebola response	Indirect interest. As the WFP operation was implemented within a general health response, NGO actors not directly partnering with WFP will be consulted as they have an interest in the wider Ebola response success and learning.	Participate in on-line survey or Participate in Key informant interviews	Selected representatives from ACF, Concern, ICRC, IRC, Global Community
9	Regional bodies	Indirect interest. As the WFP operation was managed within the framework of operational regional bodies, these have an indirect interest in the evaluation results.	Participate in on-line survey	CILSS, ECOWAS, Mano River Commission
2.3 Directly affected and not consulted				
10	Other Governments in West Africa (Senegal, Mali)	Indirect interest. Governments directly affected by overall humanitarian regional response and Emergency preparedness plans for Ebola	None	Not applicable

		outbreaks have an interest in knowing how WFP operations contributed to their own country strategies to deal with the crisis and its risk factors.		
11	30-35 Donors funding WFP EMOP and SO	Direct interest Donors funding the WFP EMOP and SO operations have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes.	None	Not applicable
2.4 Indirectly affected and not consulted				
12	Other international government actors e.g. Military involved in EVD response; Centers for Disease control; World Bank; Donors not funding WFP but funding response	Indirect interest. As key players in the Ebola response, these agencies have a limited interest in the evaluation results.	None	Not applicable
13	Humanitarian Community of Practice (e.g. ALNAP, ODI)	Indirect interest. As humanitarian actors not directly involved but contributing to global community of practice learning processes for humanitarian action, these actors have an indirect interest in the evaluation results and learning processes.	None	Not applicable

Annex C: Evaluation Team

Mark Shepherd – Team Leader

Dr. Mark Shepherd has extensive experience conducting evaluations and reviews, leading organizational development and capacity building initiatives, supporting partnership enhancement processes, advising on program development and design, providing strategic analysis, planning, and reviews, and designing monitoring and evaluation systems. He has a PhD in Management Development and an MA in Change Management. Dr. Shepherd has worked in a broad range of countries in Asia, Africa, and the Middle East—including Zimbabwe, Ethiopia, Uganda, and Kenya. He recently conducted a project and partnership review for the Canadian Red Cross and Afghan Red Crescent Society, and a partnership review process for the Danish Red Cross and Palestine Red Crescent Society. He was the Team Leader for the 2015 review of the International Federation of Red Cross Red Crescent (IFRC) support to the Level 3 Typhoon Haiyan response operation in the Philippines.

Jacqueline Frize – Senior Evaluator

Jacqueline Frize is a nutrition, food security and livelihoods expert with 20 years' experience across a range of humanitarian and developing programming contexts. She has participated in evaluations for the WFP, the British Red Cross, the ICRC and a number of INGOs. Her research work includes moderate acute malnutrition, resilience, refugee vulnerability analysis, cash programming, food security and food access. Her Cash transfer specific work includes assessments, writing guidelines, training and publishing for the Cash Learning Partnership. She has participated in five WFP evaluations, including a WFP strategic evaluation (Ending Long-term hunger) contracted to KonTerra. She has conducted assignments in the region. Jacqueline has recently completed a review of the technical role of the Global Nutrition Cluster and research on Building Resilience and Adaptation in Chad and is involved in a number of training initiatives.

François De Meulder – Evaluator

Francois de Meulder has over 40 years of international experience in logistics management. 25 of these years were spent actively involved with WFP programming—recently having conducted CPEs in Zimbabwe, Haiti, and Chad—and WFP's EMOP in Niger. As a consultant on transport and logistics for WFP, he conducted a comprehensive survey of all transport corridors and transport facilities in the Ivory Coast with a review of the transport corridors from the ports of Abidjan and San Pedro into Guinea, Mali, and Upper Volta. This in-depth knowledge of the region and of WFP systems equips him well to take on an evaluator role in this evaluation.

Mariangela Bizzarri – Evaluator

Mariangela Bizzarri is a gender and protection expert with deep experience in emergency preparedness and response programming. She recently led WFP's Sudan Comparative Evaluation of cash-based voucher and in-kind transfers in IDP camps and markets in North and West Darfur; pilot testing the ODI's Guidance on Evaluating the Choice of Transfer Modality in food assistance programs. Her 15 years of specialized experience includes leading a multi-country assessment of gender and

protection issues related to safe access to cooking fuel in humanitarian settings in Sudan (North Darfur), Uganda, Sri Lanka, Ethiopia, and Kenya.

Isabelle Lemaire – Evaluator

Isabelle Lemaire has experience working on issues related to social justice, peace building, and sustainable development. She has worked in multiple contexts across five continents—including three years in Rwanda. In her work she has engaged with local community based initiatives, international development, and multi-national business. Lemaire is an expert in participatory and visual facilitation, has developed innovative methodologies for using media in participatory qualitative evaluation, and has directed and facilitated the creation of over 40 short films. She has experience in design, development, and implementation of trainings. Most recently, she completed an evaluation in Burundi for Care Canada/Insight Share using an appreciative inquiry lens and participatory video to assess a micro-finance program with young rural women. In Côte d’Ivoire she recently conducted non-violent communications and empathy training using participatory video with street gangs for UNICEF/Search for Common Ground.

Lara Ressler Horst – Data Analyst

Lara Ressler Horst draws her evaluation quality assurance expertise from eight years of experience as an evaluator in post-conflict settings. She has experience in developing, managing, and improving monitoring and evaluation systems in Central Africa and South Asia, including: providing technical support for use of participatory evaluation methodologies in Burundi, conducting evaluations of psychosocial support projects (Nepal, the Maldives, Rwanda, Burundi, Lesotho, and Zimbabwe), and most recently, providing support to humanitarian response evaluations in Central African Republic (Inter-Agency Humanitarian Evaluation, Common Humanitarian Fund, and World Food Program). Her graduate qualification focused on participatory methodologies for inclusion of children and youth in research.

Seth Chase – Media Producer

Seth Chase produces and directs independent short and feature-length documentaries and marketing films for a range of clients, mainly in the humanitarian and development sector. He coordinates all phases of production, including relations with clients, logistics, and maintenance of equipment and systems. Seth is based in Liberia and is currently completing a feature length documentary for the Swiss Foreign Affairs Department on conflict minerals in Eastern DRC.

Patrick Zombo – National Evaluator (Sierra Leone)

Patrick Zombo has strong coordination and problem solving abilities having extensive experience working in Sierra Leone at central and district levels on a series of recovery projects after the war, specifically: capacity building of local councils and communities; peace building and livelihoods programmes for communities; women's empowerment, political participation and leadership in all the 14 districts of Sierra Leone.

Zinnah Kamah – National Evaluator (Liberia)

Zinnah Kamah has managed and evaluated humanitarian programming in various locations across the Middle East and Africa, with special emphasis on livelihoods. His most recent assignment was with the Danish Refugee Council, evaluating livelihoods and resilience interventions for Somali and Yemeni refugees in Djibouti. He was a team member on the evaluation of WFP Liberia's PRRO 200550 conducted in 2016 by KonTerra.

Binta Ann – National Evaluator (Guinea)

Binta Ann is a creative professional with vast experience in project design and management. Her expertise is in the domains of education and community engagement; she is also a communications expert with experience navigating UN and US Mission professional environments. She has experience engaging communities on Ebola-related topics and speaks five local languages in addition to her fluent English and French.

Yvette Essou – Regional Evaluator (Senegal-based) Logistician

Yvette Essou is a highly experienced maritime logistician with expertise in shipping/supply, maritime traffic planning, port operations, and contracts. She has worked with the Senegalese government and extensively in the private sector as a logistics expert. Yvette will travel with Evaluator François De Meulder, in order to conduct a cross-cutting analysis of logistical issues across the response portfolio. Since she is based in Dakar, she will also be a valuable resource for the team in terms of liaising with the RB.

Annex D: Evaluation Itinerary

Note: See also Inception Report for Inception Mission field trip.

Sierra Leone: Mark Shepherd, Mariangela Bizzari* and Patrick Zombo			
* Arrived Sierra Leone 24 May 2016.			
Dates 2016	Meeting group/individual	Format	Agency
17 May	Arrive Freetown		
18 May	Introduction to CD and country office (13 staff) WFP change agents/key informants CO dept./units	Full briefing with country team (Timeline exercise)	WFP: <ul style="list-style-type: none"> • DCD • Programme • Logistics/Pipeline • Procurement • HR • Administration • M&E/VAM
19 May	Working meeting, gathering of documents and data		WFP CO M&E office
20 May	Oliver Behn Dr. Anders Nordstrom Mervyn Chiumia Zainab Mansaray	Individual meetings	WHO Districts Coordinator WHO Representative WFP Programme Officer WFP Programme Associate-Nutrition
21-22 May	N/A	Consultant individual work	
23 May	EMOP partners meeting (8 individuals attended the meeting from 5 different organisations)	Group meeting Individual meetings	Cooperzione Internazionale Caritas-SL Plan International Welt Hunger Hilfe World Vision International IFRC SLRC
24 May	Individual WFP CO staff meetings (6 staff) Peter Sinnah & Solade Pyne-Bailey Dr. Emmanuel Conte	Individual meetings	M&E Officer, Logistic associate pipeline, Senior HR Associate, Logistic officer, Communication and Reporting associate, Security Associate Ministry of Social Welfare - Deputy Programme Manager Nutrition Project DERC - Coordinator for Bombali
25 May	Aminata Shamit Koroma Geoff Wiffin Jerome Kouachi	Individual meetings	Ministry of Health – Director Food and Nutrition UNICEF – Representative UNICEF – Emergency Coordinator

	Joined by Seth Chase 25 May – 1 June		
26 May	Partner meetings Makeni District	Individual meetings with partners	Caritas Makeni Ministry of Health Bombali District Council Concern UNICEF WHO
27 May	Meeting with WFP field office staff (18 individuals) Abu Bakar Karim Kadi Fofanah Meetings with beneficiaries and site visits	Group discussion and timeline exercise Individual meetings with partners Group discussions Observation	WFP Makeni sub-office DERC Ministry of Health - District Nutritionist Field visits to communities in Koinadugu, Tonkolili and Bombali District.
28 May	Meetings with beneficiaries and site visits Dr Francis Moses Foday Sesay Dr Fasineh Sanason Samura	Group discussions Observation Individual meetings	Makeni sub-office and field visits to communities in Koinadugu, Tonkolili and Bombali District. Ministry of Health - District Health Officer, Kabala Ministry of Health - District Nutritionist, Kabala DERC - Coordinator, Koinadugu
29 May	Travel to Freetown		
30 May	CO debrief Sahib Hag Kinday Samba Peter Scott-Bowden	Group meeting Individual meetings	Same participants for the full briefing with country team WFP - VAM officer WFP - Deputy Country Director WFP - Country Director
31 May	Andrea Contenta Paul Sahr Fomba Depart for Dakar	Individual meetings	MSF Holland - Communications and Advocacy Adviser Ministry of Social Welfare Gender and Children's Affairs - Director, Policy Development and Strategic Planning
1 June	Gon Myers	Individual meeting	WFP - (Previous) Country Director for Sierra Leone
1-6 June	Consolidation of findings and preparations for exit briefing	EvT work	
7 June	Exit briefing	EvT Presentation	RB Dakar

Liberia: Jacqueline Frize and Zinnah Kamah

Dates	Meeting	Format	Agency
2016			
17 May	Arrive Monrovia, Briefing with National Consultant		
18 May	WFP CO briefing (13 staff) Joined by Seth Chase from 18-19 23-25 May	Full briefing with country team (Timeline exercise)	WFP CO
19 May	CO department/units	Individual department/unit meetings Individual meetings	Logistics Finance/Admin HR – skype call Procurement ICT Reporting M&E VAM
20 May	WFP Key Informants Alex Gasasira Muhammad Shahid Michael Pollo Desmond Williams Dorbor Jallah	Individual meetings Group Meeting Individual meetings	Programme Staff (4 members) WHO – Representative & Logistics CDC – Director IMS – PPC – Head Logistics & food security
21 May	Travel to Lofa (Voinjama)		
22 May	Charles Kokoyah Abn Kamara, Beyan Zeatemah Community Focus Groups	Sub-office visit and field visits Individual/group meetings Group discussions Observation	WFP ex Head of sub-office WFP sub office staff (clerk & driver) Zango town, Johns town, Badeku town
23 May	Country health team meeting (6 staff) Mohamed Momo Joseph Vanye Fatou Sesay Joseph Govo David Denis Community Focus Groups	Group Meeting Group meeting Individual Meetings Group discussions Observation	Voinjama, Lofa County Lofa County council, IOM, Lofa County Liberian National Red Cross, Global Community County Director, Lone Star Mobile, EcoBank, Sarkonedu Town, Voinjaman Town
24 May	Return to Monrovia		
25 May	Zia Uriddin Tewolde Baraki Mark Okingo	Joint meetings with EvT logistics Individual meeting	CO Head of Finance CO Head of Logistics UNICEF, supplies and logistics

26 May	Antonio Vigilante Implementing partners EMOP (10 individuals)	Individual meeting 1/2 day group meeting (Timeline)	UNMIL/RC PAP ADRA, LACE, CARITAS, LACD, LIURD
27 May	Steven Howard M&E office document consolidation	Individual meetings	Ecobank
28 May	Amos Ballayan Kabeh Enders	Individual meeting skype Individual meeting	CO Programme Officer CO programme Officer
29 May	N/A	Consultant individual work	
30 May	CO staff (13 individuals) Tolbert Nyenswah G. Ambullai Perry Wurie Alghassim	Group meeting (Timeline) Individual meetings	CO national Staff MOH/IMS LNRCS CO Deputy Country Director
31 May	Country office/team debriefing (15 individuals) Eric A. Oppku Robert Dorlaine	Group meeting Individual meetings	Same participants for the full briefing with country team (+ 2 new staff) UNDP
1 June	Depart for Dakar		
1-6 June	Consolidation of findings and preparations for exit briefing	EvT work	
7 June	Exit briefing	EvT Presentation	RB Dakar

Guinea: Isabelle Lemaire and Binta Ann			
Dates 2016	Meving	Format	Agency
17 May	Arrival in Conakry		
18 May	Security briefing M&E brief Luca Lodi	Group meeting Individual meeting Individual meeting	WFP-WHO M&E officers WFP - CDC
19 May	Loic-Joel Zaralli Michel Ouendeno Christophe Vial Alseny Barry Mariame Keita, Mohamed Bangoura, Stellina Felici	Individual meetings Group meeting	WFP – Programme Coordinator, Logistics, Programme officer WFP Procurement, Finance, Administration

20 May	Travel to Nzérékoré Meeting with sub-office staff (9 staff) Meeting with local partners (4 individuals) Joined by Seth Chase from 20-22 May	Group meeting Group meeting (Timeline exercise)	UNHAS Director, field agents, Field monitor assistants, logistics Credit Rural, EDG, OCPH
21 May	Saada Bokum Agnès Aimée Theodore Mbainaissem Community Focus Groups	Individual interviews Group discussions Observation	WFP Logistics Field Agent Sub-Office Director Samoé, Guela, Nzérékoré
22 May	ETC visit Logistics base visit Individual consultant work	Visit with Director	Sites near Nzérékoré
23 May	Aboubacar Mbop Camara Travel back to Conakry	Individual	County director (préfet) UNHAS
24 May	Country office team meeting (9 staff)	Timeline exercise	WFP Staff
25 May	M&E office Abou Beckr Gaye Mamoudou Hamoura Djingarey	Document consolidation Individual meeting Individual meeting	WFP M&E WHO – Representative WHO – Deputy Representative
26 May	Mohamed Ag Agoya Sekou Soumaoro		UNICEF – Representative, Logistics officer
27 May	Elisabeth Faure Document consolidation	Individual meeting	WFP CD M&E office
28 May	N/A	Consultant individual work	
29 May	N/A	Consultant individual work	
30 May	Partner meeting (5 individuals)	Timeline exercise	AFA AGIL Credit Rural
31 May	CO debrief Travel to Dakar		Same staff as original timeline exercise, including CD

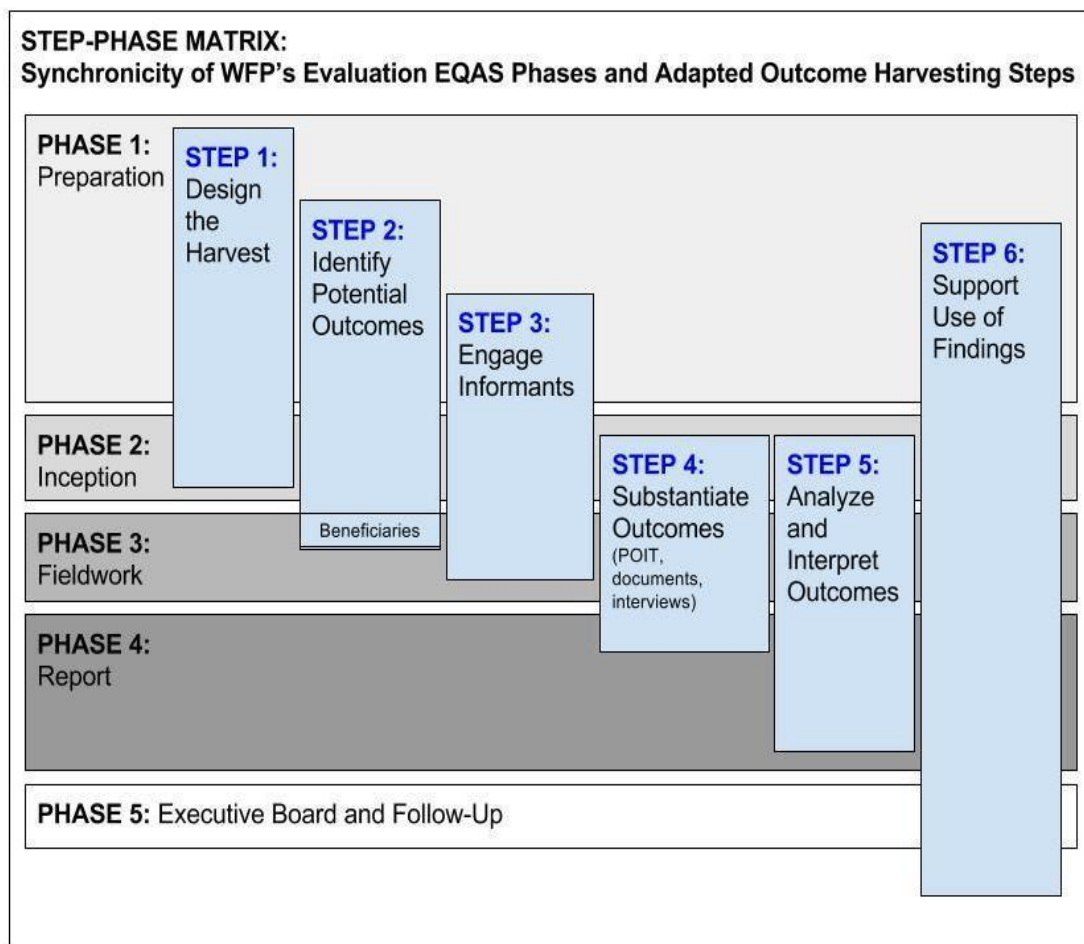
All Countries: François De Meulder and Yvette Essou			
Dates	Meeting	Format	Agency
2016			
16 May	Arrival in Dakar and Preparation for Field Work (RB closed due to national holiday)		
17 May	Dep. Dakar – Arr. Conakry Luca Lodi Fara Michel Quendeno Mbalia Bangoura Christophe Grenier, Bademba Barry Mohamed Toure Mohamed L. Soumah Namory CAMARA Mory KOUYATE Laurent PUERTA Bilguissa Li MASUREL Mamadouba CAMARA	Individual meetings	WFP Deputy CG WFP Head of logistics WFP Logistics Assistant AM Guinea C&F agent AM Guinea C&F agent SGS Gen. Superintendent SGS Gen. Superintendent Bureau Veritas Bureau Beritas Bolloré Africa Logistics Bolloré Africa Logistics Bolloré Africa Logistics
18 May	Guigre Didier Allard Hassatou DALANDA Modeste A. CAMARA	Individual meetings	UNOPS UNDSS Ministry of Health
19 May	Michel Ouendeno Christophe Vial Houssein SYLLA Nfamara SOUMAH Mariame Keita, Mohamed Bangoura, Stellina Felici Yvon SAINT MARTIN	Individual meetings Group meeting	WFP –Logistics, Programme officer, Common services ICT WFP Procurement, Finance, Administration WHO – Logistics officer
20 May	Sory CAMARA Diallo Z. ABIDINE Elh Abdoulaye BARRY Alioune FAYE Thiani Camara	Individual meetings	Port Autonome de Conakry ZATCO GC Transport SoGuit WAKKILARE Tran. WFP - Guinea (UNHAS) Pharmacie Centrale de Guinée
21 May	Travel to Accra		
22 May	Consultant individual work		
23 May	Jean Francois Milhaud Fiifi Yenfi John Jerry Gbadegbe Eugene Penney Mercy Van Lare Kwake Anim Kingsley Zinanu	Individual meetings	UNHRD - Hub Manager, Customer Service Procurement Service Procurement Service Admin/Finance Pharmacist Storekeeper
24 May	Regina Ajavon Benson Bakari Diarra Alghassim Wurie Jame Dorbor Jallah	Individual meetings	Liberia Airport Authority SKD WFP – DCD Public Procurement and Concession Commission

	Michael Pollo Shahid Muhammad		WHO – Logistics
25 May	Zia Uddin Daniel F. Tolbert Bedell W. Sandi Ousman Fofana Tewolde Baraki Mebratu John T. Harris	Individual meetings	WFP – Finance & Admin CAMER SHIPPING LINES EFFICIENT LOGISTIC SERVICES MAWATA TRANSPORT WFP – Head logistics MoH/NDS
26 May	George G. Adjei Saah Jboroi Elharouni Theresa M. Dougba	Individual meetings	APM Terminals SAGK Construction Company ADI Building Contractors Seatrans Shipping & Stevedoring Corporation (casual lab.)
27 May	Travel to Gbanga Emmanuel Thomas Patrick Lloyd	Individual meetings	WFP Forward Logistic Base WFP Sub-office Gbanga
28 May	Dep. Monrovia – Arr. Freetown		
29 May	NA		Consultant individual work
30 May	Peter Scott Bowden Lilian Senessie Mabel Mbangura Idrissa Seoni Dominic M. Sesay Jonathan Bob Lewis Rune E Hansen Darell COKER	Individual meetings	WFP – CDC WFP – Procurement WFP – Port operations ACE (AUDIT CONTROL & EXPERTISE) Bolloré Logistics Bolloré Logistics MSC Bolloré Logistics
31 May	Rami al Zain Assam Fackih Jonathan D'Connor John Hamilton Tom Ziraguma Toby Hudson Catherine Mupinda Beatrice Ngugi		Speedway General Supplies (road haulier) Fackban Construction and General Services World Health Organisation WFP – UNHAS UNICEF UNICEF Port loko FLB WFP Sub office Port loko
1 June	Duncan Hill Andy Garrow Mark Wiggins		International Security Advisory Team DFID - Sierra Leone
2 June	Dep. Freetown via Lagos		
3 June	Arrival Dakar Debriefing with team Racky Diallo Fall Jeannot Monyoko Jean-Pierre Leroy Henrik Hansen Aaron Safuli Sharghi		WFP RBD – Sr. Regional Finance Officer Junior Regional Finance Officer Sr. Regional logistic officer Reg. Logistic Supply officer Regional Pipeline Officer
4-6 June	Consolidation of findings and preparations for exit briefing		
7 June	Exit Briefing with RB		

Annex E: Evaluation Methodology

The EvT used Outcome Harvesting (OH) as an overall methodological approach and conceptual framework. An adapted OH methodology was developed to ensure a thorough and credible synchronicity between OH Steps and the Evaluation Phases articulated in WFP’s Evaluation Quality Assurance System (EQAS). This conceptual alignment is illustrated in the Step-Phase Matrix below (Figure 1). Issues related to how the EvT achieved synchronicity with EQAS are considered further below.

Figure 1: Matrix of OH Steps and EQAS Evaluation Phases



Within this framework the EvT used mixed-method participatory approaches that focused on learning from the outcomes of WFP’s regional response. Aligning the OH method with traditional WFP evaluation architecture presented methodological challenges; the evaluation team secured alignment by conceptualising the evaluation sub-questions as potential outcome statements. The logic of the alignment is clearly illustrated in the Evaluation Matrix, specifically in the instruments column where complementary methodologies were inserted to palliate for the limitations outlined here. The use of OH as an Overall Evaluation Approach warrants clarification. The evaluation’s ToR suggests using OH as a mixed methodological approach³⁴, but makes only ambiguous distinctions between the terms ‘approach’ and ‘method’ (e.g.,

³⁴ ToR, para. 44.

paragraph 49 describes OH as *both* ‘overall approach’ and ‘method’).³⁵ This flexible use of terminology may reflect the evolving use of these terms in OH discourse (progressing from method to approach).³⁶ The EvT found clarity by using the term ‘mixed methodological approach’. The OH mixed methodological approach included multi-level analytics, a range of tools, a mix of methods, and process adaptations to ensure a good design-context-user fit; it is presented below in Figure 2:

³⁵ “Outcome harvesting approach: Overall, the evaluators will use a mixed method approach . . . This method will be combined with other evaluation tools.” (ToR, para. 49).

³⁶ For example, Wilson-Grau’s 2013 paper for the Ford Foundation states that “OH is a method”, while the description he authored two years later in 2015 for Better Evaluation clearly describes OH as an “evaluation approach”.

Figure 2: Overall Evaluation Approach: Outcome Harvesting

Overall Evaluation Approach: Outcome Harvesting		
EVALUATION QUESTIONS	LEVELS OF INQUIRY	MIX OF MEvTHODS & PROCESS ADAPTATIONS
<p>1</p> <p>PARTNERSHIPS & COORDINATION</p> <p>To what extent did WFP develop an integrated response and position itself to add value to the global EVD response?</p>	<p>Design Outcomes: How have design aspects of WFP’s response contributed to ensuring its relevance, complementarity, value-addition, and adaptability? Are there outcomes that can be linked to the positioning of the response? What key partnership factors influenced outcomes?</p>	<p>The evaluation’s OH approach included:</p> <ul style="list-style-type: none"> ● In-depth preparatory stakeholder consultation process;¹ ● Secondary data review²; ● Interviews with Key Informants in EAC government line ministries, WFP regional and CO staff in EAC, UNMEER, WHO, and other UN actors, Resident Coordinators, Sector/cluster leads in the region and EAC, and other actors at national and sub-national level; ● Interviews with Ebola affected populations in EAC; ● Pre-interview questionnaires; ● Interviews with identified Change Agents; ● On-line survey to external UN, regional bodies and NGO stakeholders; ● Group Discussions with EMOP partners and SO users in EAC; ● Timeline/phasing exercises; ● Group debrief with CO and RB; ● On-line survey on satisfaction levels with SO users; ● On-line survey for WFP national and international staff; ● Use of multimedia to document the evaluation process, substantiate outcomes, and enrich learning opportunities; ● Outcome Dimension Analysis;³ ● Substantiability Factor Analysis;⁴ ● Data analysis synthesis utilising computer-assisted qualitative and quantitative data analysis tools.
<p>2</p> <p>LEARNING, ADAPTATION & INNOVATION</p> <p>How did WFP use and adapt the internal procedures, systems and tools during the response to inform decision-making?</p>	<p>Process Outcomes: What kinds of adaptive management outcomes are observable? How have WFP’s change management capabilities been able to cope with the complex adaptive demands of the response? What types of outcomes were experienced by different stakeholder groups?</p>	
<p>3</p> <p>PERFORMANCE, RESULTS & IMPACT</p> <p>What were the performance and results of WFP’s response to the EVD outbreak?</p>	<p>Performance Outcomes: How can we understand the factors that contributed to outcomes at different levels and points-in-time throughout the response? What evidence substantiates the contribution of WFP’s response to observed outcomes/impact?</p>	

¹ This is a unique evaluation by all accounts and involved an in-depth stakeholder consultation process during the preparation phase to develop evaluation sub-questions tailored to the nuances of the response and interests of key stakeholders; though there was heavy involvement and leadership of OEI in this process, it is conceptualized as an important aspect of this evaluation’s approach to identifying potential outcomes, crafting outcome statements, and assessing substantiability.

² For details of anticipated data sources, please refer to the annexed Evaluation Matrix.

³ The evaluation analyzed outcomes along three dimensions including: 1. Outcome per se; 2. Significance; and 3. Contribution (proposal p.7).

⁴ As described in the evaluation proposal, the team will consider how compelling the evidence is for each outcome in terms of: Quality of data and source data systems; ‘Thickness’ (depth and diversity) of data; Process documentation; Gender analysis in the evidence; Communicability of the outcome story; and Usefulness for key stakeholder learning.

Methodological Approach

OH is an approach that enables evaluators to identify, formulate, verify, and make sense of outcomes. OH does not measure progress towards predetermined outcomes or objectives, but rather collects evidence of what has been achieved, and works backward to determine whether and how the intervention contributed to the change.¹ Thus, OH was a particularly appropriate approach in this evaluation, given the rapid evolution and dynamic nature of WFP's response to the EVD crisis.

It is important to clarify that the evaluation's methodological approach was an adaptation of the OH² approach, which responded to three key contextual factors that framed the evaluation; the EvT needed to account for: (i) potential limitations of CA engagement; (ii) WFP architecture for an evaluation using an OH approach; and (iii) adhering to EQAS 'Guidance for Process and Content'. High levels of evaluation fatigue among stakeholders also led to a primary focus on internal stakeholders.

The OH approach was intended to be a highly participatory process whereby evaluators and key WFP individuals/informants (referred to as Change Agents) worked together to generate answers about what was achieved and how it was achieved (see however 'Limitations' end of this Annex). The process began with the EvT identifying and ultimately selecting³ 30 CAs with senior and critical functions in the Ebola response, engaging with CAs⁴ to develop 'outcome statements/descriptions' (OS)⁵, and collaborating to create a narrative that identified WFP's contributions towards those outcomes/achievements.⁶ As the OH approach used multi-level analytics, a range of tools, and mix of methods, the EvT was able to ensure that CAs' relative subjectivity did not impinge the independence of the evaluation.⁷

This adaptive approach was reflected in the EvT CA selection process, which was purposive—primarily using a snowball approach relying on key staff to identify other key staff that have extensive knowledge of the evaluation inquiry areas. The reality of WFP's operational theatre, meant that many people identified as CAs had been assigned to new positions or had left WFP.

The inception phase also highlighted a number of limitations related to WFP staff engaging fully in the evaluation process. All scheduled HQ, RB and CO interviews were preceded by a request to complete a pre-interview questionnaire (PIQ). This effectively expanded the scope of the interview, allowing the EvT to better prepare—quantitative analysis of PIQ responses generated findings that the EvT used to triangulate evidence.

With a spirit of adaptability and pragmatism, the EvT successfully adapted the OH approach to fit with EQAS guidance. OH was not applied in its purest sense, and it is anticipated that methodological adaptations and creative turns described here may set a useful benchmark for conducting future evaluations of this type within WFP.

¹ As such, the requirement for a logic model or Theory of Change for this evaluation is non-applicable.

² As developed by Ricardo Wilson-Grau and Heather Britt. Ford Foundation, 2012.

³ The process of identifying CAs was an ongoing process beginning March 2016 during the initial HQ briefing and concluding in June 2016 with the final identification of CAs following completion of the fieldwork.

⁴ Ongoing engagement with some CAs was possible which largely permitted through inception missions and fieldwork. All CAs were requested to participate in a structured OS contribution process that took place between 22-27 June 2016.

⁵ An outcome statement/description depicts the organisation's (i.e. WFP's) contributions towards a significant outcome. OS are brief, but include sufficient detail to communicate the significance of the achievement.

⁶ The EvT implemented a process adaptation to accommodate the limited availability of change agents and the time constraints of the evaluation; this entailed a relatively minimal involvement of CAs in OS drafting which was supported by the development of a simple tool (see end of this Annex) to collect CA contributions on specific points after consulting with CAs during the week of 22 to 27 June.

⁷ Most CAs were directly involved in the response—requiring a careful balancing of the value they add through participation with the possible threat to the evaluation's independence that their participation also represents.

Answers to evaluation questions are presented in the report through a narrative for each evaluation sub-question.⁸ The evaluation questions were answered through an interpretive lens assessed by the EvT to be able to report on the relevance, coherence, coverage, coordination, effectiveness, efficiency, and connectedness of the various initiatives and aspects of the response (as relevant to each evaluation question) and reflected in the conclusions section of the report (3.1). The resultant product is a narrative for each of the evaluation sub-questions of approximately one-two pages in length.⁹

Outcome statements and descriptions are embedded into narrative throughout the report (including in the conclusions section). An iterative approach was used to develop outcome descriptions, per OH principles.¹⁰ Initially, OS/ narratives corresponding to relevant sub-questions were developed at each country-level and pre-interview questionnaires (PIQ) were used to facilitate meaningful engagement with key informants and eventual CAs. These descriptions were then further consolidated into an overall narrative (sub-question specific) by the EvT for reporting. The narratives corresponding to sub-questions were analysed at the portfolio level. With regard to Evaluation Question 3 and its sub-questions, the evaluation assessed the adequacy of implementation in terms of design fidelity, duration, and intensity of WFP's EVD outbreak response as a portfolio.¹¹

During the IM debrief session in Dakar, a participatory exercise was carried out with the RB to identify potential indicators and benchmarks to measure performance. This preliminary exercise allowed the EvT to identify the key qualifiers such as *adaptation, agility, no regrets approach* and *reactive* were elicited and conform to the more traditional parameters of success. These parameters have been implicitly woven into the report.

The mixed method approach enabled integration of gender and protection aspects in the evaluation process—at each step of the OH approach—through the use of both qualitative and quantitative methods, ensuring participation of a wide range of stakeholders, and including the perspectives of vulnerable populations.

The EvT had specific expertise on gender, protection and participatory methods; was gender balanced and culturally diverse; and relied on a combination of national and international evaluators—particularly during fieldwork. The approach to key cross-cutting issues is described below

⁸ Informed by online surveys, pre-interview questionnaires, interviews, group discussions and timeline exercises.

⁹ The nature of evaluation sub-question 3.4 required interpreting on-line survey results and therefore does not contain an accompanying change narrative.

¹⁰ Employing where relevant the tools/approaches detailed in the mixed methods approach including the orientation briefing, desk reviews, key informant interviews (KII), online surveys, field visits and a stakeholders' workshop.

¹¹ In keeping with the TOR requirement in para. 32.

Figure 3: Approaches to Key Cross-Cutting Issues

Accountability to Affected Populations (AAP): This evaluation directly consulted selected groups within populations in each EAC, and reflected their views in the final report. Specific questions guided group discussions with affected populations about the aid they received, including: targeting, assistance entitlements, and knowledge of/access to information and complaints and feedback mechanisms. Attention to diversity and inclusion (for e.g. sex, age, ethnicity, location, etc.) ensured that the evaluation captured experiences of a range of groups.

Humanitarian Principles: The team assessed WFP's adherence to the core humanitarian principles of neutrality, impartiality and humanity through the combined analysis of existing documentation, responses to online surveys (external stakeholders), and results from groups discussions. Special attention was paid to targeting decisions and practices—and exclusion/inclusion practices therein (more information on data sources and collection methods is in the evaluation matrix).

Protection: The team integrated a protection lens through review of protection issues in-country (including analysis provided by protection-mandated agencies, as well as the secondary data review on child protection issues by the Global Protection Working Group); listening to the concerns and experiences of affected populations; gathering the views of partner agencies and others; and engagement with the WFP protection expert as a CA. Emphasis was placed on substantiating whether assistance was delivered in safe, accountable, and dignified conditions—without creating further risks to affected populations. The EvT also analysed issues of stigma and reintegration into communities of survivors.

Coherence between methodological approach and the Evaluation Matrix¹² was assured by 'tying' each evaluation sub-question to a specific outcome description. The result is a series of narratives that provide substantive, validated, and triangulated answers to evaluation sub-questions. This is clearly illustrated in the logical flow of the Evaluation Matrix, which shows the relationship between the evaluation question(s) and the intended outcome description product (final column).

The **communication strategy** for this evaluation was comprised of several key principles, steps, and milestones. To support the evaluation's emphasis on learning, the EvT ensured that methods and deliverables foster shared learning and are user-friendly. To enhance communicability of the evaluation, multi-media products were produced including: a video about the evaluation process, videos providing a glimpse of results under each evaluation question, and an interactive platform where stakeholders can explore additional content related to the evaluation. The key steps and milestones in the communication strategy included:

- Building on the evaluation's internal reference and internal advisory groups to identify key stakeholders that needed to be kept abreast of the evaluation process. This was led by OEV in coordination with the RB and took place in November 2015/December 2016. As a number of individuals in these groups were identified as CAs, there was ongoing engagement to keep them abreast of the evaluation process.
- Informing region and country-based key stakeholders involved in the emergency response of the evaluation topic, process, and timeline during the inception phase. This included disseminating summary TOR and contact information for the evaluation team and the EM during the inception mission. This was undertaken by the RB with OEV's support in March 2016.

¹² The Evaluation Matrix may be found at Annex F.

- Informing key corporate and donor stakeholders at the regional and global level of the evaluation topic, process, and timeline. This was done in collaboration between the OEV, RB, and CO management during March and April 2016.
- Organising a short exit briefing at the end of the inception mission with WFP key stakeholders in Dakar to discuss the evaluation field mission’s method, approach, organisation, and next steps. This process was undertaken on 17 March 2016.
- Organising short exit briefs at the end of the field evaluation mission with the key stakeholders in the countries visited (30/31 May 2016) and in Dakar on 7 June 2016. The purpose of the exit brief was to discuss the team’s first impressions and preliminary findings, clarify any issues as relevant, and identify actions for follow-up as needed. This was to be done by the EvT in coordination with OEV and the RB.
- Organising a stakeholders’ workshop in Dakar with key stakeholders from the RB/COs and the region during the evaluation reporting phase. The location of this workshop was changed to Rome to facilitate higher levels of participation. This was intended to provide information on the team’s findings, preliminary conclusions, and potential areas for recommendations—and to provide an opportunity for discussion with the CO and RB management and emergency response team. This will be done in collaboration between the OEV and RB and is scheduled for September 2016.
- The key messages will also build upon the evaluation final report, which will be posted publicly on the WFP internet (post EB.1/2017).

Figure 4: Communications schedule, steps and deliverables

3EQs VIDEOS	PROCESS VIDEO (PV)	MICROSITE (MS)	Video Deadline	Process video Deadlines	MS deadline
Submit assembly draft to TL	Submit script draft to TL	Submit MS draft to TL	Mon-18-Jul	Mon-18-Jul	Mon-18-Jul
TL Feedback to media team	TL Feedback to media team	TL Feedback to media team	Wed-20-Jul	Wed-20-Jul	Wed-20-Jul
Submit 3EQ assemblies to OEV	Submit PV script to OEV	Submit D1 MS to OEV	Mon-25-Jul	Mon-25-Jul	Mon-25-Jul
OEV select best of from 3EQ assemblies	OEV provides feedback on proposed script	OEV provides comments on microsite draft	Wed-27-Jul	Wed-27-Jul	Wed-27-Jul
Editing of videos	Editing of process video	Media team integrates comments			
Submit D2 to OEV	Submit D1 to OEV	Submit D2 MS to OEV	Mon-01-Aug	Mon-01-Aug	Mon-01-Aug
OEV comments sent to media team	OEV comments sent to media team	OEV comments sent to media team	5 Aug	5 Aug	5 Aug
Media team integrates comments	Media team integrates comments	Media team integrates comments	6-11 Aug	6-11 Aug	6-11 Aug
Submit D3 (noon)	Submit D2 (noon)	Submit D3 MS (noon)	Fri-12-Aug	Fri-12-Aug	Fri-12-Aug
OEV sends MS to wider stakeholder	OEV sends MS to wider stakeholder	OEV sends MS to wider stakeholder	Fri-1-Sept	Fri-1-Sept	Fri-1-Sept
Comments from stakeholders	Comments from stakeholders	Comments from stakeholders	15 Sept	15 Sept	15 Sept
Comments by OEV & Stakeholders (on report and MS)	Comments by OEV & Stakeholders (on report and MS)	Comments by OEV & Stakeholders (on report and MS)	16 Sept	16 Sept	16 Sept
Media team integrates comments	Media team integrates comments	Media team integrates comments	19 Sept	19 Sept	19 Sept
Submit D4 videos to OEV	Submit D3 PV to OEV	Submit D4 MS to OEV	20 Sept	20 Sept	20 Sept
Workshop Sept (videos presented)			22 Sept	22 Sept	22 Sept
Final comments by all stakeholders	Final comments by all stakeholders	Final comments by all stakeholders	30 Sept	30 Sept	30 Sept
Integration of comments	Integration of comments	Integration of comments	1-9 Oct	1-9 Oct	1-9 Oct
Submit D5 videos to OEV	Submit D4 PV to OEV	Submit D5 MS to OEV	10 Oct	10 Oct	10 Oct
Integration of comments	Integration of comments	Integration of comments	11-14 Nov	11-14 Nov	11-14 Nov
Final version of videos	Final version of PV	Final version of MS	15 Nov	15 Nov	15 Nov
Meeting GEM			7-8-9 Nov		
Presentation to the board			Feb 2017		

Evaluation Matrix

The Evaluation Matrix outlines the three evaluation Areas of Inquiry and associated evaluation sub-questions that this evaluation addressed. All sub-questions are accompanied by indicators as well as a description of the intended qualitative and quantitative analysis.⁵³

Secondary data sources were specified for each sub-question along with the intended data collection methods/instruments developed by the EvT to collect primary data. Narratives in the form of OS were developed for each evaluation sub-question, substantiated by the primary and secondary data collection methods. CAs were interviewed to feed into the narrative creation for all sub-questions except for 3.4 and 3.5 which required an emphasis on analysis of secondary and primary data collected through interviews and an on-line survey and secondary data analysis respectively.

The intended triangulation method were specified, and additional information has been provided on the EvT's perception of how strong the quality of the evidence is likely to be to be able to answer the evaluation sub questions. Triangulation was based on substantiated OS, which directly link to each sub-question—in line with the evaluation methodology. The latter acted as a framework to support the results yielded through OH.

Data Collection Methods

In accordance with the methodological approach described above and the Evaluation Matrix, the EvT conducted a thorough review of documents relevant to this evaluation. In addition, the team collected primary (largely qualitative) information through online survey tools, pre-interview questionnaires, interviews with key internal and external stakeholders (in person and by phone), discussions with beneficiaries and in-country debriefing meetings. Some 301 persons were interviewed for the evaluation (this figure does not include individuals in beneficiary group discussions). Throughout, specific efforts were made to ensure diversity, inclusiveness and a high level of participation of informants and stakeholders. These data collection methods are described further in Table 1 below:

Table 1: Data Collection Methods

Method	Description	Target groups
Analysis of secondary data	The e-library includes a comprehensive collection of WFP's internal data, including SPRs and annual work plans, together with country-level data on performance in the various sectors in which WFP is engaged and material from the UN 'Delivering As One'. ⁵⁴ The e-library also contains information on cross-cutting issues such as gender, protection and accountability to affected populations.	Not applicable
Orientation Briefings	OEV led briefings in Rome (1-4 March, 2016) and Dakar (14-18 March, 2016) to meet with WFP HQ and RB actors to identify key documents and key informants, which is considered to be part of the data collection methodology,	WFP HQ and RB staff

⁵³ The standard outcome and impact indicators used in WFP logic models/logical frameworks to measure performance (efficiency and effectiveness) do not apply to the Evaluation Matrix for this evaluation.

⁵⁴ i.e. the coordinated delivery of assistance within the EVD response in West Africa.

Method	Description	Target groups
	<p>allowing the EvT to begin their line of inquiry.</p> <p>58 persons interviewed/met.</p>	
Pre-interview questionnaire	<p>A pre-interview questionnaire (using a Likert scale rating designed along the Evaluation sub questions) was used: (i) as a mechanism for helping internal key informants to consider/focus on pertinent evaluation inquiry issues prior to interview/discussion; and (ii) to help generate preliminary outcome statements from respondents. Administered PIQs to 40 respondents.</p>	WFP Internal (HQ, RB, Country Director (CD), Deputy CD, and WFP CO staff in the 3 EACs)
Key informant interviews (face to face or phone)	<p>Stakeholder interviews adhered to the evaluation's overarching criteria and evaluation questions and sub-questions. Questions to internal/external stakeholders were targeted along relevant inquiry lines, as well as accounting for the stakeholders' expertise and temporal and geographic engagement within the response. The relatively structured nature of these protocols enabled cross-country comparisons (while still reflecting the uniqueness of the WFP's activities in each country). Some 301 persons were interviewed in total including TLIIs.</p>	<p>WFP Internal (HQ, RB, CD, Deputy CD)</p> <p>External:</p> <p>UNMEER, WHO, EAC Gvt. line ministries, NGOs involved in Ebola not WFP partners; UN envoy Ebola, Affected populations</p> <p>(Please note, other external actors not in this group were contacted through an on-line survey.)</p>
Group meetings in the three EAC countries	<p>Group meetings were held with select cooperating partners to gain perspectives on various aspects of WFP's response to the EVD crisis (timeline exercises were used to map coherence and alignment).</p> <p>During the entry briefing and exit debrief meeting the data gathered by the consultants before and while in-country was shared with the WFP staff. These meetings served to feedback the gathered data in the system, validating findings and substantiating outcomes. These meetings were instrumental in increasing the participation in the evaluation process by the country offices.</p> <p>22 individuals from cooperating partners attended group meetings.</p> <p>More than 130 WFP staff⁵⁵ attended the various briefing</p>	<p>Cooperating partners (EMOP CPs) and representatives of INGOs/NGOs</p> <p>WFP RB/COs</p>

⁵⁵ This figure counts people who attended more than one meeting.

Method	Description	Target groups
	and debrief meetings at CO and RB level.	
Online survey with other external stakeholders (not falling into category consulted face to face or phone)	<p>A survey was developed to determine the coherence and alignment of WFP actions with priorities of other partners as well as alignment to humanitarian principles.</p> <p>See Annex S.</p>	<p>External (indirect only):</p> <p>Other UN agencies (i.e. NOT UNMEER, WHO and UNICEF) Humanitarian Country teams Guinea, Liberia, Sierra Leone. Non-UN actors involved in Ebola, Regional bodies</p> <p>(Please note, this group excludes external actors contacted through Key Informant interview processes)</p>
On-line human resource and well-being survey with WFP personnel	<p>A survey was developed to determine perceptions of human resource performance and well-being issues for the Ebola response.</p> <p>See Annex S.</p>	A sample of WFP personnel involved in the Ebola response at HQ, Regional and/or CO level
Online user satisfaction survey	<p>A survey was developed to determine the level of external stakeholder user satisfaction. The UNHAS Passenger Access Satisfaction Surveys conducted in Guinea, Liberia, Sierra Leone and Senegal in May 2015 were used as an analytical reference source.</p> <p>See Annex S.</p>	External: SO users from all types of agencies including UN, INGO, government and some EMOP CPs including INGO, government and UN
Group discussions (GD)	<p>GDs were conducted with beneficiaries.</p> <p>In Liberia: 7 GDs were conducted in 5 communities including Zango town (1), John's town (1) Bakedu town (1), Sarkonedu town (2) and Voinjama town (2). The seven (7) GDs comprised 56 individual participants, 36 females and 20 males. Two of the GDs, one of each in Sarkonedu and Voinjama were all females.</p> <p>In Guinea: 4 GDs were conducted in 3 communities including Nzerekore town (1), Guela village (2) Samoe village (1). The seven (7) GDs comprised 87 individual participants, 46 females and 41 males. All GDs were in mixed groups (male and female, but adults were separated from children in Samoe.</p>	WFP food assistance beneficiaries

Method	Description	Target groups
	<p>In Sierra Leone: 10 GDs were held with males and females assisted by WFP, including a mix male-female control group in one district to better understand relationship with non-targeted individuals and communities. These included 3 GDs in Kumala, Joinadugu District; 4 in Massassabeth, Tonkolili District; and 3 in Robuya, Bombali District. Throughout, discussions were held separately with men and women from the affected communities as well as with survivors, and comprised a total of about 150 individuals.</p> <p>All GDs were relatively unstructured and lasted between one and two hours. The detailed choice and preparation of instruments was done in country in consultation with the national consultants and other field workers.</p>	
Stakeholders' workshop	<p>A learning workshop for stakeholders at the reporting phase, to present and receive feedback on findings, conclusions and further develop the initial recommendations prior to consolidation of the final report was conducted in Rome on 22 September 2016.</p> <p>26 persons attended the workshop. Table 3 at the end of this Annex details the participants.</p>	WFP priority stakeholders

The EvT developed fieldwork tools for each of the methods listed in the table above. Specific tools used during the evaluation may be found in Annexes of the evaluation inception report.

The chosen methods are explicitly linked to the Evaluation Matrix as well as the stakeholder analysis in Section 2.2 of the IR. A detailed analysis of internal stakeholders was undertaken during the IM (with support from OEV and RB) that mapped WFP staff: (i) engaged in the response temporally i.e. within the 6 identified phase of the WFP response and the EVD EMOP/SO intervention; (ii) geographically i.e. the location(s) where the staff member was active during the response; and (iii) by intervention role e.g. Emergency Coordinator, United Nations Humanitarian Air Service (UNHAS) etc. This highly detailed analysis enabled the EvT to select CAs and target evaluation questions toward the most relevant key informant(s). A key informant interview process guide was developed, which also served as a detailed interview work plan for each team member, accounting for EvT allocated evaluation inquiry area as well as EvT allocated country visits.⁵⁶

A similar mapping exercise was undertaken for external stakeholders, which resulted in a geographical and operational (i.e. EMOP/SO intervention) location of each key informant. This analysis further enabled the EvT to highly target evaluation questions toward most relevant key informants.

Following the OH approach, key informant interviews were exploratory in nature, developing lines of enquiry from the evaluation sub-questions. EvT members determined enquiry lines as the interview processes unfolded, focusing on pertinent data yielded by key informants to

⁵⁶ The interview process guide is a complex document not suitable for presentation in an Annex.

further develop outcome statements and descriptions, as well as to substantiate already acquired content. A separate questionnaire/approach was developed for senior/high level key informants (see IR Annex).

The EvT closely monitored data quality (validity, consistency, and accuracy) throughout the evaluation. Where practical, the team contacted key informants who provided missing information and historic perspective. Where data gaps (availability and quality) were known to exist e.g. in relation to WFP CO/RB analytical work and other relevant systems to integrate partners' information in respect of the WFP response; and complete and relevant financial data and costing figures to be able to address evaluation question 3.5; the EvT worked closely with the RB to obtain the aforementioned data.

The EvT triangulated evidence to develop findings. Where feasible, this included source, evaluator and method triangulation.⁵⁷ In addition the team's structured approach to data management helped organise the evaluation issues and facilitate the team's systematic use of evidence in analysis. This in turn informed the findings and ultimately the conclusions. In applying OH method, the EvT adopted a strong critical/insightful questioning approach to the evaluation as a means of understanding and appraising the process aspects of the EVD response, as well as providing rigor in the development and validation of findings and conclusions.

The EvT adapted a portfolio approach to analysis, creating space for participatory analysis in the methods used. As a core tool for organising evidence and conducting analysis, the team utilised a digital platform for computer-assisted mixed-method quantitative and qualitative data analysis. Referred to as the Potential Outcome Identification Tool (POIT), this platform allowed the team to triangulate different types and sources of evidence along common analytical axis. All data was tagged according to a coding rubric based on the evaluation questions and sub-questions; analysis included a review of code-co-occurrence and frequencies within the data set.

The sampling strategy used to determine the selected audiences for online surveys was primarily purposive. The selection approach used to determine the project areas to be visited during the field mission was purposive, orientated to identifying country sub-offices/counties/districts that allowed for maximum understanding of the EVD outbreak response.

Quality Assurance

As expressed in the proposal, The KonTerra Group invests significant energy into assembling well-qualified teams that work well together. KonTerra is well acquainted with WFP's attention to quality standards – through adherence to EQAS as well as from working with thorough evaluation managers. KonTerra as a company holds ultimate responsibility for promoting and maintaining quality assurance in all of its work. Throughout the evaluation's lifecycle the team leader applied quality standards and KonTerra's Director of Evaluation and Organisational Learning established adjusted submission due dates for adequate review and discussed quality assurance regularly with the team leader and OEV's Evaluation Manager.

For this evaluation, KonTerra formed a quality assurance panel, comprised of technical experts that engaged in critical review of tools and reporting throughout the evaluation. The panel included Peter Rees-Gildea, who has worked all over the world in disaster management for over 30 years and has extensively consulted in all areas of disaster management, including strategic and operational reviews, forward planning and in-field coordination leadership and

⁵⁷ See Active Learning Network for Accountability and Performance (ALNAP) (2013) Evaluation of Humanitarian Action: Pilot Guide, Overseas Development Institute, p.140 for definitions of each type of triangulation.

services. Dr. Lynne Cripe applied KonTerra’s industry-leading expertise in humanitarian staff care to critical evaluation quality issues. KonTerra further leveraged in-house technical expertise through Everett Ressler — former Global Focal Point for Emergency Preparedness and Response at UNICEF, and current Humanitarian and Development Partnerships Director at KonTerra.

Risks, Assumptions, and Limitations

The evaluation TOR provided sound guidance on the multiple sources of information that could be accessed, both internal and external, to ensure evaluability. This included a number of documents from other UN evaluations or reviews, the independent panel of WHO’s response to the Ebola pandemic, and WFP’s Lessons Learning Exercise (LLE). The IM to the RB and contact with the EAC COs provided an opportunity to access additional documentation of relevance. The EvT collected more documents through the country specific visits and engagement with the various stakeholders, including the specific programming data such as financial, logistics, beneficiaries, distributions and cash disbursements, required for Evaluation Question 3. This extensive document repository was key to ensuring evaluability of the response. However, there were significant data gaps as highlighted “Limitations” section following Table 2.

The EvT identified a number of **potential risks and limitations** associated with the evaluability of the portfolio and selected methodology. These are summarised in Table 2 below.

Table 2: Potential risks and mitigation measures

	Risk	Evaluation Team Mitigation Measures
1	External Stakeholder dispersion since the EVD response ended, will mean that a number of key international stakeholders in the UN, including UNMEER, WHO, WFP and UNICEF, to be contacted will no longer be present in country during the evaluation mission and need to be contacted by telephone.	During the IM a comprehensive stakeholder identification process took place with the help of OEV and the RB, to identify the whereabouts of key internal and external stakeholders that needed contacting by telephone and email. The evaluation instruments were devised to include PIQs that suit telephone interviews, online surveys and substantiation of OH products—they were also suited to remote consultation processes. The EvT factored in that a 60 day timeline (beginning March 2016) was required to accommodate the stakeholder consultation process to maximise engagement.
2	Access to WFP food assistance beneficiaries in EAC may be constrained by social stigma and limited operational presence of WFP sub-offices. (Operations have stopped and assisted beneficiaries may have moved.)	Consultation with the WFP COs to select one sub-office for visit closest to an EVD outbreak response operational area. National consultants were contracted to work as part of the EvT in each country to carry out face to face interviews and group discussions with WFP food assistance beneficiaries to secure a more subtle entry point and increase the likelihood of honest feedback.
3	Access to WFP contracted individuals deployed for the EVD outbreak response to respond to questions on well-being may be constrained if there is no comprehensive list of individuals and contact details, especially if they have left WFP.	EvT submitted a list of colleagues to WFP HR who requested their permission to be contacted for the completion of a short on-line survey to capture the information needed for the sub-question on well-being and get support from HQ HR (particularly the Humanitarian Response Roster Cell).
4	Access to WFP Change Agents and key informants (required for the OH Methodology) may be limited or abruptly stopped due to competing priorities in humanitarian response.	The OH methodology required multiple interactions with individuals at WFP identified as CAs/key informants. The EvT adapted the OH tools/instruments to minimise contact time with CAs to still get meaningful statements as explained in the methodology. The RB director shared her belief in the practical use of the method with her team to encourage engagement, but the EvT has no control over individual CA prioritisation processes.
5	A number of evaluation and lesson learning processes have already taken place within WFP and this may lead to stakeholder fatigue. These include: <ul style="list-style-type: none"> • The Management Review of its response to the EVD outbreak (2014) • Lessons learnt workshop in Dakar on monitoring during the EVD outbreak 	The EvT familiarised themselves with the key documents listed and in their interviews with stakeholders referred to the findings as needed, to ensure that those interviewed were aware that these documents formed part of the secondary data review. In addition, the EvT Team Leader liaised with the Lesson Learning team. Where appropriate, the EvT devised statements drawn from these lesson learning

	<p>response with M&E officers of EAC (April 2015)</p> <ul style="list-style-type: none"> • External audit of WFP 's Aviation (July-August 2015) • An internal audit of WFP 's response to the EVD crisis (November 2015) • A joint lessons learning exercise that focused on WFP and WHO collaboration (May 2016) 	<p>processes and used them to elicit level of agreement from stakeholders consulted.</p>
6	<p>The EMOP and SO division within the four pillars of the overall EVD outbreak response.</p>	<p>The EvT approached the overall response as a unit, with the four pillars. However, during the Briefing in Rome and IM in the RB, most key informants spoke from either the EMOP or the SO perspective, providing a rich, yet fragmented view of the response. The EvT partly addressed this by designing the Pre-Interview Questionnaire in a way that individuals could respond for the overall response, while still providing more in depth insights on either the EMOP or the SO if that was the technical area of expertise they were involved with most.</p>
7	<p>Challenges due to the complexity of assessing a health emergency response, in this context where the entry point for WFP 's food assistance has been non-traditional, based on a health and not a food security primary focus.</p>	<p>The EvT was guided by the overall EVD outbreak response strategy pillars (care, contain, and protect) in order to separate the health entry points from the more traditional food security entry points during the different phases on the response to tease out to what extent the health lens was a challenge.</p>
8	<p>Challenges due to limited age and sex disaggregated data.</p>	<p>The EvT triangulated data and sources to provide the most reliable estimates.</p>
9	<p>Challenges related to obtaining complete WFP CO/RB analytical work and other relevant systems to integrate partners' information in respect of the WFP response. It is understood that not all the analytical work done by CO/RB is currently available (with the same situation existing for information on WFP partners).</p>	<p>The EvT worked closely with the CO and RB to obtain the required data/information. Any data gaps are made clear in the final report.</p>
10	<p>Challenges related to obtaining complete and relevant financial data and costing figures for the response to be able to address evaluation question 3.5.</p>	<p>The EvT worked closely with the CO and RB to obtain the required data/information. Any data gaps are made clear in the final report. Part of the figures were provided in time (e.g. financial reports for SO).</p>
11	<p>Combining EQAS and Outcome Harvesting methods.</p>	<p>This new evaluation approach, was new to all involved. The OH approach was adapted to suit the WFP operational reality as outlined in the methods section and was tested for the first time in this evaluation.</p>

12	The complexity of a regional response.	To collect quality information in all 3 countries and the RB, the EvT had one team member focus on one country over a longer period of time, which was compatible with the OH and mixed methods approach.
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Evaluation limitations

Limitations principally related to: a degree of ambiguity relating to methodological conceptualisation of the evaluation; limited CA participation; late availability of financial and programme data; low external stakeholder participation; low response rates to PIQs; a lack of systematic record keeping at CO levels; limited time availability with RB actors; and a level of ‘evaluation fatigue’ among many key informants/stakeholders that limited EvT meaningful inquiry opportunities.

Ambiguity relating to methodological conceptualisation of the evaluation. As stated in para. 5, the evaluation’s methodological approach was an adaptation of the OH, which attempted to respond to three key contextual factors: (i) potential limitations of CA engagement; (ii) WFP architecture for an evaluation; and (iii) adhering to EQAS ‘Guidance for Process and Content’. These contextual factors caused methodological challenges making it difficult to realise the full potential of OH.

CA participation as part of the OH methodology. Despite strong representation and clear guidance from OEV, only 20 of the 30 identified CAs engaged with the EvT fully, given more than one round of contact was expected, as requested. This resulted in expected CA contributions not being available for the final evaluation report.

Lack of systematic data. A number of Evaluation Matrix indicators required the collection and analysis of data. Where this data was not available, the indicator has been underlined in the Evaluation Matrix Annex F to indicate the limitation. The EvT selected the most appropriate data source and referenced it and data management is articulated as a specific recommendation for WFP.

- Financial data for COs. This information was not available in the e-library⁵⁸ and yet is a standard requirement for all evaluations. The EvT received it after the 7 June debrief in Dakar, considerably delaying the time for initial analysis of performance. Financial data was submitted at the very end of the field mission. If the data had been submitted during the Rome briefing coupled to a working meeting with a senior finance officer (in Rome or at the RB) a much better analysis and appraisal of the SOs in terms of effectiveness and efficiency would have been possible. Interesting features may have come to light during the field mission. This remark is important for the SOs to have a pattern of costs totally different from the food driven programmes.
- CO level data on all activities disaggregated by sex and age was not systematically collected in EAC. The EvT identified 16 different beneficiary groups and 15 different food rations and cash based transfer values. Analysis by activity was however not possible due to limited data. Instead the EvT consistently analysed all available data by pillar (care, contain, protect) which was how CO collected the data. The RB analysis includes sex and age disaggregated data that was not made available to the EvT.
- HR data. Information on staff requests was not provided, so the analysis of personnel requested vs personnel deployed (by profile/position and location) was not possible.

⁵⁸ Part of the figures were provided in time e.g. financial reports for SOs.

As a consequence cost effectiveness of the use of personnel is not complete/possible. Information on staff deployment is provided in Annex R but location and phase of the response have not been reported against due to incompleteness and incompatibility of the datasets available to the EvT.

- SO data. Users of common service platform disaggregated by type and location, as % of planned and Common Services provided disaggregated by type and location, as a % of planned are not reported against because the EvT found these indicators in the IR Evaluation matrix to be inappropriate and/or the available data too fragmented for a balanced appraisal.

External stakeholder consultation participation through the online survey. Only 6 responses were received and this information has not been used for the analysis as it represents less than 10% of the stakeholders contacted. 101 individuals were identified for the survey, 24 emails bounced back, reducing the sample size to 77. All individuals were sent two reminder emails to complete the survey (see Annex S).

Limited time spent with RB actors. Sufficient time was not adequately factored in by the EvT to spend with the RB given their role in managing the response and its regional oversight.

Low response rate to the PIQs. The OH approach relied on staff at HQ, RB and COs completing PIQs. Only 6 completed PIQs were received from the RB, which hampered development of the outcome statements and subsequent narratives.

A lack of systematic record keeping at CO level and the different types of formats being used. This hampered the EvT's ability to determine the extent to which EMOP and SO portfolio activities resulted in operational synergies with partners (including with government ministries and UN sister agencies) across time, activity and geographical area in each of the response *care, contain* and *protect* pillars. In Liberia the data was not available, and only partially collated in Guinea.

The level of 'evaluation fatigue' among many key informants. Many key informants were unable to spare sufficient time for interviews, often citing that they had already provided information about the Ebola response on multiple occasions to multiple sources.⁵⁹ This limited meaningful inquiry opportunities for the EvT, and indicates better coordination is required among agencies (and within WFP) when conducting reviews and evaluations.

Tool to collect CA contributions:

Change Agent: [name]

Contact on the team: [name]

Dear [name],

Please find a selection of statements (in the form of paragraphs and/or sentences) related to how WFP contributed to a particular aspect of the EVD response. Using the questions asked as a guide, please expand the statement in a descriptive/factual way (correcting any inaccuracies/errors that you notice where relevant).

Contributions should be short, limited to a paragraph or two, and made in the box where the query is made.

If you are unable to answer the questions directly (as a result of being at a different duty station for example), please obtain the information from one of your colleagues.

⁵⁹ A number of key informants did not respond to multiple requests for interviews.

'Track changes' and 'comments' functions may be used as appropriate.

Sub Question	Query
	Consider this statement: . . .
	Consider the statement: . . .
	Consider the statement: . . .
Etc.	

Kindly return your completed contributions to me as quickly as possible (no later than 27 June) to ensure they are considered in the evaluation report. As this is a confidential aspect of the evaluation process, please do not copy anyone else in the email when returning your contribution to me (co-collaborators excepted).

Table 3: Participants attending the Evaluation of the WFP L3 Response to the Ebola Virus Disease Outbreak crisis 2014-2015 Learning Workshop on 22 September 2016

Participants who did not attend the workshop are indicated in italics.

#	Name	Unit	Title
1	Sheila Grudem	OSE	Deputy Director, Emergency Preparedness
2	<i>Cesar Arroyo</i>	<i>OSC</i>	<i>Deputy Director, Supply Chain</i>
3	Abdou Dieng	RBD	Regional Director
4	Peter Smerdon	PGM	Deputy Director, Communications
5	Wolfgang Herbinger	OSL	Head of the Supply Chain Pandemic Preparedness and Response Initiative
6	<i>Anita Hirsch</i>	<i>OIGA</i>	<i>Director of Audit</i>
7	Stephen Cahill	OSLC	Chief, Global Logistics Custer (GLC)
8	Pierre Honnorat	OSLHRD	Chief, United Nations Humanitarian Response Depot
9	Jean-Pierre Leroy	RBD	Senior Regional Logistics Officer
10	Peter Scott-Bowden	CO Sierra	Country Director
11	Edouard Nizeyimana	CO Guinea	Country Director
12	Jean-François Milhaud	OSLHRD C	Logistics Officer, Accra
13	<i>Inka Himanen</i>	<i>RMPP</i>	<i>Programme Policy Officer, Performance Management and Reporting</i>
14	<i>Paul Howe</i>	<i>OSZPH</i>	<i>Chief, Emergencies and Transitions</i>

#	Name	Unit	Title
15	Gaby Duffy	-	Ex- Programme Officer, Emergency Preparedness
16	Naouar Labidi	OSER	Programme Officer, Emergency Preparedness Division
17	Dragica Pajevic-Alp	OSLT	Logistics Officer, Logistics and Transport
18	<i>Jacqueline Paul</i>	<i>GEN</i>	<i>Senior Gender Adviser</i>
19	Veronique Sainte-Luce	GEN	Gender Adviser
20	Mark Finegan (replaced by Paolo Battistin)	RMMI	Chief Engineer
21	Donna Carter	HRM	HR ERR Cell Officer
22	Massimiliano Costantini	RMX	Compliance Officer
23	Geoffrey Okao	RMTC	Chief, Global IT Field Support Competence Center
24	<i>Yimei Cao</i>	<i>RMWM</i>	<i>Chief, Medical Service, RMWM</i>
25	Jovanie Philogene	ETO	Ethics Officer
26	Helen Wedgwood	OEV	Director, Office of Evaluation
27	Elise Benoit	OEV	Senior Evaluation Officer
28	Miranda Sende	OEV	Evaluation Manager
29	Mar Guinot	OEV	Research Analyst
30	Mark Shepherd	EvT	Evaluation Team Leader
31	Mariangela Bizzari	EvT	Evaluator
32	Isabelle Lemaire	EvT	Evaluator/ <i>by teleconference</i>

Annex F: Evaluation Matrix

Indicators underlined are not reported against in the report as there was insufficient data available (please see limitations section of Methodology in Annex E).

Area of inquiry	Sub question	Analysis/indicators	Data sources	Data collection method/instruments	Comments/Triangulation
EQ1. To what extent did WFP develop an integrated response and position itself to add value to the global EVD response?					
Partnership and coordination	1.1 Was WFP's response coherent with national priorities and effectively and efficiently coordinated with the governments of Ebola affected countries?	Consistency of WFP objectives and response strategy (EMOPs/SOs) with national and regional Ebola response plans and alignment with WFP's Strategic Plan 2014 – 2017 (Qualitative analysis of perceptions of coherent coordination and inference from documentation; Quantitative analysis of on-line survey results)	Folder 5 (5.1 Governments: National response strategies/plans National health/nutrition/WASH surveys and plans, Mano River Union strategies.); Folder 4. WFP L3 Response to Ebola Outbreak (all relevant operational documents)	Secondary data review; Interviews with Key Informants in EAC government line ministries; Outcome Harvesting processes (Pre-interview questionnaire: Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents On-line survey to external UN, regional bodies and NGO stakeholders)	Outcome statements substantiated by selected stakeholders and literature. Quality of evidence is expected to be strong.
	1.2 To what extent WFP's response has been coordinated with UNMEER's and other UN agencies, enabling synergies and multiplying opportunities at strategic and operation levels and taking account of the shifting frameworks for coordination?	Synergy levels of UN agency joint operations with overall identified Ebola response goals (Qualitative analysis of perceptions of coordination and inference from documentation)	Folder 3 (3.12 Operational & Strategic Task Force) Folder 4. WFP L3 Response to Ebola Outbreak: (all relevant operational documents); Folder 5 (5.2 UN: Relevant reports, bulletins, strategic response plans, sit reps, evaluations from	Secondary data review; Interviews with Key Informants in UNMEER, WHO and other UN actors, Resident Coordinators, Sector/cluster leads in region and EAC; Outcome Harvesting processes (Pre-interview questionnaire with WFP CO, RB and HQ staff;	Outcome statements substantiated by selected stakeholders and literature. Quality of evidence is expected to be strong.

Area of inquiry	Sub question	Analysis/indicators	Data sources	Data collection method/instruments	Comments/ Triangulation
			UNMEER, WHO, UNICEF).	Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents)	
	1.3 Was WFP's response coherent and aligned with the priorities of other partners (including UN and bilateral agencies, NGOs, private sector, civil societies, etc.), enabling synergies at operation levels?	Synergy levels between WFP response strategy and those of other actors (Qualitative analysis of perceptions of synergies; Quantitative analysis of on-line survey results)	Folder 5 (5.2 UN: Relevant reports, bulletins, response plans, sit reps, evaluations from FAO, IOM, OCHA, UNDP, UNFPA; 5.3 Other: Relevant reports, evaluations from <i>inter alia</i> : IFRC, MSF, Oxfam, Save the Children etc.)	Secondary data review; Group discussions with EMOP partners and with SO users in EAC; Interviews with other actors at national and sub-national levels Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents On-line survey to external UN, regional bodies and NGO stakeholders)	Outcome statements substantiated by selected stakeholders and literature. Quality of evidence is expected to be strong.
	1.4 To what extent a transition strategy (scale-up/scale-down of the response) has been developed and integrated in implementation, namely in terms of partnerships and (national and local) stakeholders' involvement and their capacities strengthened through WFP's response?	Timeliness and magnitude of response strategy by location and phase of the response in line with partner profile (civil society, private sector and national and international agencies) capacity Complementarity of (civil society, private sector and local, national and international agencies) providing inputs and services	Folder 3 (3.6 capacity Building - assessments and policies; 3.7 Partnerships – evaluations and strategies); Folder 4 (4.1 Operations, transition plus all other relevant operational documents); 4.10 Logistics-Cluster; 4.11 Partnerships; 4.17 working groups);	Secondary data review; Interviews with Key Informants in EAC government line ministries; Group discussions with WFP SO users and EMOP partners in EAC; Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff;	Outcome statements substantiated by selected stakeholders and literature. Quality of evidence is expected to be strong.

Area of inquiry	Sub question	Analysis/indicators	Data sources	Data collection method/instruments	Comments/ Triangulation
		<p>by location and phase of the response</p> <p>Partnership MoUs & FLAs with agencies responding to Ebola by location and phase of the response</p> <p>(Qualitative analysis of cooperation modalities and enabler in the overall Ebola response; Quantitative analysis of on-line survey results)</p>	<p>Folder 5 External actors: (5.2 UN: UNMEER; 5.3 Other: Relevant reports, evaluations from <i>inter alia</i>: IFRC, MSF, Oxfam, Save the Children etc)</p>	<p>Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents);</p> <p>Timeline/phasing exercise; Group Debrief with CO and RB;</p> <p>On-line survey on satisfaction levels with SO users</p>	

Area of inquiry	Sub question	Analysis/indicators	Data sources	Data collection method/instruments	Triangulation / Comments
EQ2. How did WFP use and adapt the internal procedures, systems and tools during the response to inform decision-making?					
Learning, adaptation and innovation	2.1 Were WFP's corporate systems (e.g. logistics, procurement, ICT, information/reporting, financial, human resources (HR), etc.), 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?	<p>Nature of adaptive changes for the practical application of corporate systems with operational needs</p> <p><u>Breadth and depth of application of lessons learned from previous WFP responses</u></p> <p>(Qualitative analysis of corporate systems and stakeholder perceptions; qualitative analysis of on-line survey results)</p>	<p>Folder 3 WFP Policies and Docs (3.7 WFP Partnership and fundraising evaluation);</p> <p>Folder 4 (4.8 WFP Audit report; 4.9 Emergency Preparedness and Response (EPR)-related Evaluations: PREP; 4.10 logistics; 4.11 Resource Mobilisation - Use of Pool Funds; 4.12 procurement; health guidelines and protocols; 4.15 Human Resources; 4.17 Working Groups - Food Security Cluster, and Synthesis; Logistic Cluster evaluation); 4.18 Pipeline; Existing ICT specific documents; WHO-WFP LLE interim/final deliverables.</p>	<p>Secondary data review;</p> <p>Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents; On-line survey for WFP national and international staff)</p>	<p>Outcome statements substantiated by selected stakeholders and literature.</p> <p>Quality of evidence is expected to be strong.</p>
	2.2 To what extent was WFP's response (and	Nature of adaptive changes for the practical application of existing	Folder 3 (3.1 Policies and	Secondary data review.	Outcome statements substantiated by

<p>activities) aligned to WFP's corporate policies? To what extent were these policies relevant to operational needs and objectives?</p>	<p>and any new policy and protocol statements with documented operational needs and response strategies.</p> <p>Breadth and depth of policy application.</p> <p>(Qualitative analysis of the application and adaptation of existing corporate policies and protocols)</p>	<p>Strategic Plans; 3.3 Emergency; 3.7 Partnerships; 3.4 Gender; 3.5. Food Security; 3.12 Protection); Folder 4 (4.3 Executive & Operational Briefs)</p>	<p>Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents)</p>	<p>selected stakeholders and literature.</p> <p>Quality of evidence is expected to be strong.</p>
<p>2.3 How WFP's traditional tools such as VAM, monitoring, reporting, protection, gender, Accountability to Affected Populations (AAP) 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? (EMOP)</p>	<p>Level of adaptation for practical application of WFP traditional tools with operational context, including evolution of adaptive and innovation processes.</p> <p>Cost effectiveness analysis of EMOP response.</p> <p>(Qualitative analysis of the adaptation of existing traditional tools and analysis of replicability to other scenarios; Quantitative cost –effectiveness analysis)</p>	<p>Folder 4 (4.2 Assessments and reports - EFSA, FSMS, Market Assessments; 4.10 Logistics; 4.12 WFP guidelines; 4.16 M&E; 4.18 Pipeline); Folder 6 Maps); COMPASS & WINGS extracts Detailed financial consumption reports</p>	<p>Secondary data review; Group discussions with WFP EMOP partners in EAC; Interviews with beneficiaries;</p> <p>Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents).</p>	<p>Outcome statements substantiated by selected stakeholders and literature.</p> <p>Quality of available evidence is expected to be medium as the new approach to targeting and the response for EMOP and remote ways of working are likely to mean data gaps.</p> <p>Access to detailed Financial Consumption Reports is a prerequisite.</p>
<p>2.4 Was WFP's response aligned to UN standards and Humanitarian Principles?</p>	<p>Alignment of EMOP and SO response strategy with international humanitarian principles and UN standards.</p> <p>(Qualitative analysis involving inference from documentation; Quantitative Analysis of on-line survey)</p>	<p>Standards of Conduct for International Civil Servants; Zero Tolerance Policy on Sexual Exploitation and Abuse; Folder 3 (3.1 WFP Policies and Strategic Plans;</p>	<p>Secondary data review; Interviews with Ebola affected populations in EAC (1. ETC patients/survivors; 2. Affected family members; 3. Individuals from at risk/quarantined communities); Outcome Harvesting</p>	<p>Outcome statements substantiated by selected stakeholders and literature.</p> <p>Quality of available evidence is expected to be strong.</p>

			3.12 Humanitarian Principles; IASC AAP Operational Framework; and WFP Humanitarian Protection Policy)	processes (On-line survey to external UN, regional bodies and NGO stakeholders)	
2.5 How WFP managed risks in the Ebola context, including if/how the organization's risk appetite has evolved?	Level of correlation between identified risks and risk mitigation strategies and any reported unidentified risks. (Qualitative analysis risk management approaches and practice)	RB Annual performance plan 2014; 2015; Folder 3.13 Risk; 4.3 Executive & Operational briefs; 4.21 Compliance; 4.9 Emergency Preparedness; 4.16 M&E - Risk Management)		Secondary data review; Group discussions with WFP SO and EMOP partners in EAC; Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC staff; Interviews with identified Change Agents)	Outcome statements substantiated by selected stakeholders and literature. Quality of available evidence is expected to be strong.
2.6 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 (including the Regional Ebola coordination cell), in the light of the Level 3 requirements?	Timeline of L3 Activation processes and coordination of decisions in line with the various WFP levels and phase of response (Qualitative analysis of coordination processes, adaptation and levels and of requests made and responses provided)	Folder 4 (4.6 Operational and Strategic Task Forces; 4.20 Pandemic; 4.7 Press Releases & Communication; 5.2 UN)		Secondary data review; Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents)	Outcome statements substantiated by selected stakeholders and literature. Quality of available evidence is expected to be strong.
2.7 Assess staffing and human resources issues including skills but also pre-deployment training, and safeguarding of staff's well-being, given that this	<u>Personnel requested vs personnel deployed (by profile/position and location)</u> Level of support services provision to national and international staff	Folder 4 (4.12 WFP Guidelines Organizational Management, Procurement; 4.15		Secondary data review; Secondary data analysis; Outcome Harvesting processes (Pre-interview questionnaire with WFP	Outcome statements substantiated by selected stakeholders and literature.

	<p>emergency was a non-traditional response.</p>	<p>(Qualitative analysis of services; Quantitative analysis of deployment roster and profile; Quantitative analysis of on-line survey results)</p>	<p>Human Resources and well being Primary data collection through Outcome Statement processes, and online HR and well-being survey for WFP national and international staff results</p>	<p>HQ and RB Emergency Roster staff; and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents); On-line well-being survey for WFP national and international staff</p>	<p>Quality of available evidence is expected to be medium / strong given the sensitive nature of HR issues and of the subject of wellbeing.</p>
	<p>2.8 Assess the potential for sustainability and replication in future emergencies, of structures and institutional arrangements.</p>	<p>Perceptions and levels of sustainability and replication (Qualitative analysis of the extent to which institutional learning can be accommodated by senior management)</p>	<p>Primary data collection through Outcome Statement processes</p>	<p>Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents)</p>	<p>Outcome statements substantiated by selected stakeholders and literature. Quality of available evidence is expected to be medium as it will be based on opinion until a replication opportunity arises.</p>

Area of inquiry	Sub question	(Analysis)/indicators	Data sources	Data collection method/instruments	Triangulation / Comments
EQ3. What were the performance and results of WFP's response to the EVD outbreak?					
Performance and results	3.1 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?	<p>Perceptions of appropriateness and relevance by type of stakeholder/user, location and phase of the response.</p> <p>Identification of key external events and decisions processes during the response.</p> <p>(Qualitative analysis of the relationship between external events and internal decision making processes)</p>	Primary data collection through Outcome Statement processes	<p>Interviews with Key Informants in UNMEER, WHO and other UN actors in region and EAC UNMEER and</p> <p>Interviews with EAC government line ministries; Group discussions with WFP EMOP partners in EAC;</p> <p>Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interview with WFP regional and CO staff in EAC; Interviews with identified Change Agents)</p>	<p>Outcome statements substantiated by selected stakeholders and literature.</p> <p>Quality of available evidence is expected to be strong.</p>
	3.2 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? (EMOP)	<p>Quality needs assessments clearly serve to prioritise all EMOP activities aimed at men, women, boys and girls for the phases of the response.</p> <p>(Qualitative analysis based on triangulation of information on assessed needs, access and exclusion; <u>Quantitative analysis of on-line survey.</u>)</p>	Folder 4 (4. 2 Needs assessment reports; 4.4 Regional Updates and Sitreps 4.16 M&E; Other agencies 5.1 Government 5.2. UN 5.3 Acaps, FEWS, CILs, IDS; Primary data on programme design from EMOP cooperating partners	<p>Secondary data review; Group discussions with EMOP partners in EAC;</p> <p>Interviews with WFP beneficiaries;</p> <p>Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents;</p>	<p>Outcome statements substantiated by selected stakeholders and literature.</p> <p>Quality of available information is expected to be strong.</p>

				<p>On-line survey with external UN (excluding UNMEER, WHO, WFP and UNICEF), regional bodies and NGO stakeholders);</p> <p>Debriefing Group discussions with CO and RB.</p>	
	<p>3.3 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)?</p>	<p>Timeliness of delivery of the various phases of the response</p> <p><u>Planned versus actual populations assisted by location and phase of the response (coverage)</u></p> <p><u>Planned/mobilised resources versus resources actually used</u></p> <p><u>Use of food procurement approaches in line with WFP Ebola response objectives</u></p> <p>Role of food assistance in external stakeholder response strategies</p> <p><u>Use of common platform services in line with WFP Ebola response objectives</u></p> <p><u>Role of common services in line with external user response strategies</u></p> <p>(Quantitative analysis of implementation strategy results in line with the four intervention pillars; <u>Qualitative analysis of whether financial constraints adversely affected the operations;</u> Qualitative analysis of WFP</p>	<p>Folder 4 (4.4 regional Updates and Sitreps; 4.10 logistics; 4.11 resource mobilisation; 4.14 budget reports; 4.16 M&E; SPRs and PDMs; 4.18 pipeline, 4.19 cash and voucher);</p> <p>5.3 Other agencies</p>	<p>Secondary data review and analysis of SPRs and PDM documents when relevant and if available.</p> <p>Group discussions with EMOP partners and with SO users in EAC;</p> <p>Interviews with other actors at national and sub-national levels</p> <p>Outcome Harvesting processes (Pre-interview questionnaire with WFP HQ, RB and CO staff; Interviews with WFP regional and CO staff in EAC; Interviews with identified Change Agents)</p> <p>Analysis of reports published by other intervening UN agencies and NGOs</p>	<p>Outcome statements substantiated by selected stakeholders and literature.</p> <p>Quality of available evidence is expected to be strong.</p>

		response activities role in external stakeholder response strategies)			
3.4 To what extent were stakeholders/users of the common platform services and logistic cluster "satisfied" and were their needs efficiently or effectively met?	Perceptions of WFP contributions by type of stakeholder/user, location and phase of the response <u>Beneficiary (men, women, boys and girls) perceptions on dignified, safe and equal access to food assistance</u> (Qualitative analysis of interviews; Quantitative analysis of on-line survey results)	Primary data collection through Outcome Statement processes and online survey on satisfaction levels with SO users Analysis of the relevant statistical data in respect of the services extended by the common services platform and logistic clusters	Interviews/ Group discussions with SO users Interviews with Ebola affected populations Collection of the disseminated statistical data regarding the common services provided. Outcome Harvesting process (On-line survey on satisfaction levels with SO users)	Quality of data collected in expected to be strong.	
3.5 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)	Number of <u>women, men, boys and girls receiving food assistance</u> for all three components of intervention (care, contain, protect) <u>disaggregated by activity, beneficiary category, sex, food, non-food items, cash and vouchers as a % of planned, Number of users of common service platform disaggregated by type and location, as % of planned, Quantity of common services provided, disaggregated by type and location, as a % of planned, Number of WFP staff deployments by position, sex, location and phase of the response.</u> Average unit cost for selected EMOP and SO activities by type, location and phase of the response.	Folder 4 (4.1 Operations SPR 2014, 2015; 4.6 Notes for the record; 4.10 Logistics; 4.14 Budget reports; 4.15 HR organograms; 4.16 PDMs 4.18 Pipeline reports) Primary data collection: Inventory of relief equipment available at short notice from the UNHRDs and from contracted third party suppliers	Secondary data review; Secondary data analysis synthesis	Quality of data accessed is expected to be medium (EP for health crisis not expected to be fit for purpose and difficult to quantify the EP measures cost effectiveness)	

		<p>Breadth and depth of preparedness activities activated. Nature of preparedness activities suitable for EVD response. Cost efficiency analysis of use of logistics and food procurement procedures.</p> <p><u>Cost effectiveness analysis of use of personnel to deliver the response.</u></p> <p>(Quantitative and qualitative analysis of fit with country and regional EVD policy direction, and comparison with other regional responses and comparison with disaster preparedness/prevention activities)</p>			
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Annex G: Bibliography

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Annex H: Change Agent List

NAME	ROLE	Engaged CA ¹
ALGHASSIM Wurie	Deputy Country Director Liberia	Yes
ARROYO Cesar	Emergency Coordinator	Yes
BAQIR Haidar	ETC Emergency telecommunications Team	No
BAUER Jean-Martin	Policy and Programme Office	No
BROWN Denise	Regional Director	Yes
CARTER Donna	HR ERR Cell Officer	Yes
CONTE Annalisa	Emergency Coordinator	No
CURVERS Guy	SOLO	No
DENTON Gloria	Staff Health Protection Advisor RMWM	Yes
DUFFY Gaby	Programme Officer, Emergency Frameworks & KM	Yes
FAUCHON Mailin	DRO Donor Relations Office	Yes
FAURE Elisabeth	Country Director Guinea	Yes
HERBINGER Wolfgang	Director of Logistics	Yes
HONNORAT Pierre	Logistics Officer, United Nations Humanitarian Response Depot	Yes
KAATRUD David	Director of Emergencies OME	No
LEROY Jean-Pierre	LOG EMOP Supply chain	Yes
LUCAS Pierre	UNHAS	Yes
MARIENELLI Alex	SOLO	No
NDIAYE Marieme	Counselor	No
NYEKO Willy	WFP Security	Yes
PAJEVIC-ALP Dragica	SOLO	Yes
PRADO Irving	SOLO	No
RENK Simon	VAM	Yes
RICO Susana	Emergency Coordinator	Yes

¹ Denotes if CA engaged with EvT in development of outcome statements.

SANTAMARIA Maria	Assistant to Head of Regional Bureau	Yes
SCOTT-BOWDEN Peter	Country Director Sierra Leone	Yes
SKOVBYE Rebecca	Policy Officer (AAP), Humanitarian Crisis and Transition	No
SPERANZA Vittorio	Compliance Officer	Yes
SAINTE-LUCE Veronique	Programme Officer, Gender Unit	Yes
YUSTE Pablo	Emergency Coordinator/WFP-WHO	Yes

Annex I: Overview of the rationale for the set-up of the two major regional programmes (food and logistics) and subsequent budget revisions

Table 1. Overview of regional EMOP and Budget Revision (BR) rationale, response strategy and beneficiary groups

	Timeline	Main rationale	WFP main response strategy	Main beneficiary categories	New Beneficiary Caseload	Increase in Budget
Project Doc	3 months from 24 Aug 2014- 24 Nov 2014	Scale up from IR-EMOPs due to WFP L3 declaration	Respond to immediate food needs	Patients; EVD Hot zones; Nutritionally vulnerable groups	1.313 m	69.8 m
BR1	3 month extension to 24 Feb 2015	Align to WHO Ebola Roadmap timeline; Revise rations in line with new guidance	3 pillars (care, common services & infrastructure)	Patients; Survivors; Communities with wide/intense transmission	0.05 m; (New total 1.358 m)	22.9 m; (New total 92.7 m)
BR2	2 month extension to 30 Apr 2015	Align to WHO Ebola Roadmap timeline	Care; Contain	No change	No change	33.6 m; (New total 126.3 m)
BR3	1 month extension to 31 May 2015	Transition caseload and introduction of cash & vouchers; Improved nutritional ration	Care; Contain; Transition	Patients & survivors; Communities with wide/intense transmission; Transition Communities (former EVD hotspots)	2.958 m; (new total 2.958 m)	62.8 m; (New total 189.1 m)
BR4	4 month extension to 30 Sep 2015	Align to extended WFP L3 declaration Scaling up cash transfers and	Care; Contain; Protect	Patients & caregivers; Discharge Survivors & HH; Contact Traced HH; Hot Spot Communities; Former food insecure hotspots; Short term TSF; Short term clean-up; Social protection Orphans & HH; Social protection Survivors; Contingency Rations	1.33m; (New total 3.359 m)	19 .0 m; (New total 208.1 m)
BR5	No time extension	Revision of LTSH rate – decrease in LTSH and increase in overall external transport in Liberia due to rainy season	No change	No change	Reduce by 8,509; (New total 3.376 m)	Reduce by 0.2 m; (New total 207.9 m)
BR6	3 month extension to 31 Dec 2015	Alignment with Phase 3 “resilient zero” of Interagency	No change	No change	No change	1.4 m; (New total 209.3 m)

		Collaboration on Ebola				
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Source: Regional EMOP project document and budget revision documents 2014 and 2015.

Table 2. Overview of regional SO 200773 and Budget Revision rationale, response strategy

	Timeline	Main rationale	WFP main response strategy	Main beneficiary categories	New Beneficiary Caseload	Increase/Decrease in Budget
Project Doc	4,5 months from 15 Oct 2014 to 28 Feb 2015	Provision of logistics Common Services for the Humanitarian Community's Response to the Ebola Virus Disease Outbreak	Provide support to UNMEER with: 1-Establishment of log. staging areas, nat. hubs, FLBs. 2- Provision of Human. Air Services and Strategic Airlifts 3- Interagency Log. Coordination 4- Log. and Telecom. Infrastructure 5-Supply chain C & A.	1- UNMEER 2-WHO & MSF 3- INGOs and NGOs and Humanitarian personnel. 4-Strategic management of WFP	All affected EVD communities	87.0m
BR1	3 months' extension to 31 May 2015	Alignment to WHO Ebola Roadmap timeline and greater harmonization and coordination with Reg.EMOP 200761	Main response strategy unchanged but motivated by: 1-Scale-up of the Ebola response in line with the UN Ebola Response Operational Planning Conference in Accra (Oct.2015) 2-Increase of the Common Services' coverage	No change	No change	91,6 m; (New total 178,5 m)
BR2	7 months' extension to 31 Dec 2015	Main Rationale unchanged but: 1-decrease in reported EVD cases requiring a more finely tuned district by district approach; 2-UNMEER's plan to phase out with transfer to WFP of responsibilities for support and services	Revised operational priorities: 1-Adjustment to UNMEER's phasing out; 2-Exceptional augmentation of financial, administrative, IT and procurement capacities in support of WHO and health partners in EAC; 3-Prepositioning of food and NFIs, telecommunication facilities in view of rainy season; 4-Anticipation of a scaling down of common services support.	No change	No change	93,6 m; (New total 272,1 m)
BR3	Running time unchanged to 31 Dec 2015	Epidemiological outlook at the end of 2014/January 2015 used for BR2 is superseded by a substantial decrease in EVD cases as reported by WHO.	Adjustment of the provision of common services in line with the evolution of the Ebola outbreak. Down-sizing of UNHAS, transport, handling and storage IT and ET services	Sustained relationship with WHO and health partners	No change	Budget decrease with -67,1 m (New total 205,0 m)

Source: Regional SO 200773, Programme Documents, Budget Revisions 1 – 2 – 3.

Annex J: EAC government EVD coordination mechanisms

Note: Records pertaining to EAC government EVD coordination mechanisms are often incomplete and do not show precise dates of when mechanisms were activated and/or deactivated.

The source of information¹ in this annex unless otherwise cited is CDC, which took lead role in establishing EOCs in EAC.

Country	Government EVD coordination mechanism
Guinea	<p>From March 2014, several different ministries of the Government of Guinea managed the early response. CDC, WHO, and other partners provided technical support. The National Ebola Coordination Cell was led by the former Head of the Epidemiology and Disease Surveillance section (Ministry of Health and Public Hygiene). In September 2014, the response was reorganised into an Incident Management System (IMS) structure, in which CDC and WHO provided technical assistance. The response was organised into five pillars, each of which was co-led by a Guinean national alongside an experienced partner: These included:</p> <ul style="list-style-type: none"> · Surveillance (WHO) · Care and treatment (MSF) · Sanitation (IFRC) · Communication (UNICEF) · Research (a Congolese professor)
Liberia	<p>In late July 2014, CDC supported the Ministry of Health and Social Welfare to establish an IMS to replace the Liberian Ebola Task Force.² IMS was considered essential to consolidate, communicate, and ensure broad support for technical and policy interventions, however, the system remained larger than ideal. Subsequently, the IMS incident manager set up an inner core of advisers comprising representatives from WHO, CDC, MSF, USAID and UNMEER. These individuals consulted daily to discuss priority activities and make key decisions. The IMS framework included the following ‘pillars’:</p> <ul style="list-style-type: none"> · Epidemiology/surveillance · Contact tracing · Laboratory · Social mobilisation · Case management · Special staff <p>For a more detailed description of the IMS see: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a4.htm</p> <p>WFP was part of Government and UN EVD response plan for Liberia. WFP regularly attended IMS meeting which were the highest coordination and decision making body for the Liberia EVD response. WFP was represented by the Senior Emergency Coordinators or CD and technical sector representatives who would support and provide technical input where necessary.³</p>
Sierra Leone	<p>CDC provided technical assistance to the government of Sierra Leone and many partners to implement outbreak management activities. To support these activities, the national-level NERC (under MoHS and DERCs were created. The pillars/clusters under NERC/DERC included:</p> <ul style="list-style-type: none"> · Child Protection and Psychosocial · Case Management · Communications

¹ See in particular: Dahl BA, Kinzer MH, Raghunathan PL, et al. CDC’s Response to the 2014–2016 Ebola Epidemic – Guinea, Liberia, and Sierra Leone. MMWR Suppl 2016;65 (Suppl-3):12–20. DOI: <http://dx.doi.org/10.15585/mmwr.su6503a3>.

² The task force was considered too large and included high-level government officials.

³ Source: WFP Deputy CD Liberia.

	<ul style="list-style-type: none"> · Logistics · Safe Burials · Social Mobilisation · Surveillance · Coordination · Food Security <p>WFP led the Logistics and Communications (sometimes referred to as the Emergency Telecommunications) Clusters as well as the UNHAS user group and provided coordination support for humanitarian responders and donors through those networks.</p> <p>The intention of the Government of Sierra Leone was to deactivate both NERC and DERCs on 31 December 2015, and hand responsibilities for all public health emergencies to MOHS, and management of disasters to the Office of National Security (ONS) on 1 January 2016.⁴</p>
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⁴ Source: <http://nerc.sl>

Annex K: WFP's partnerships with other UN agencies across the 3 IR-EMOPS, regional EMOP, and regional SOs

Operation	Activities ¹	Cooperating UN Agencies
Guinea IR-EMOP 200698	GFD	UNICEF, UNFPA, WHO
Sierra Leone IR-EMOP 200749	GFD	UNICEF, UNFPA, UN Women, FAO, UNAIDS, IOM, UNDP, WHO
Liberia IR-EMOP 200758	GFD	FAO, IOM, UNICEF, WHO
EMOP 200761	GFD	WHO, SEOCC, UNICEF, UNMIL, UNMEER
Regional SO 2007601	Provision of common logistics services (UNHAS)	Multiple (as per need)
Regional SO 2007671	Provision of common logistics services	UNICEF, WHO
Regional SO 2007731	Logistics and infrastructure support, emergency telecommunication, logistics coordination and humanitarian air services	UNHRD, WHO, UNMEER, UN Medical Service

Source: SPRs 2014, 2015, Project Documents, Budget Revisions.

Notable synergies include:

In Guinea, distribution cooperation with **UNICEF** ensured delivery of food assistance and hygiene kits to households with EVD orphans, (reaching 16,660 beneficiaries); its cooperation with **UNICEF**, **WHO** and **UNFPA** on fundraising through a common CERF appeal ensured response alignment and complementarity, contributing to coherence in relation to policies, strategies and programmes of other actors active in the areas covered by the response portfolio. *In Liberia*, WFP partnered with **UNICEF** in school feeding, refugee assistance and livelihood and on development projects; and with **UNMIL** on air transport cooperation. *In Sierra Leone*, partnership with **UNICEF** ensured the provision of food assistance to medical facilities (CCCs), families and communities directly affected by the outbreak and avoided duplication of activities.² UNICEF noted that WFP's food assistance ensured the success of the quarantine strategy, and that alongside its own WASH/drinking water provision was an example of interagency collaboration, integration and synergy at its best. In EAC joint **WFP** and **FAO** food security assessments were conducted in collaboration with NGOs and government.³

¹ Annex I details the type of services provided under the various EMOPs.

² MOU between UNICEF and WFP dated August 2014.

³ Undertaken in Liberia in 2014, and all EAC in 2015 aimed at restoring local agricultural productivity and livelihoods to prevent affected communities from slipping into chronic food insecurity and extreme poverty.

Annex L: WFP partnerships secured through IR-EMOPs and regional EMOP¹

In Guinea, during 2014 (under the IR-EMOP and regional EMOP), WFP partnered with five organisations: GRC, Catholic Relief Services, Danish Refugee Council, Plan International and Association Espoir Sante (the only local NGO). All related to food distribution activities through FLAs. WFP's partnership with the Red Cross Society of Guinea (GRC) through the IR-EMOP was key to food distribution in the early part of the response, and tapped the local partners countrywide presence and significant volunteer numbers to produce effective distribution synergies by leveraging GRC's comparative advantage in the process.²

In 2015, WFP's partnerships in Guinea increased to 23 organisations. These included: International Fund for Agricultural Development (IFAD), FAO, Action Contre la Faim, Catholic Relief Services, Plan International, Organisation Catholique pour la Promotion Humaine, UNICEF, UNOCHA, WHO, Aide a la Famille Africaine, French Red Cross, MSF, Le Club des Amis du Monde, Danish Refugee Council, GRC, Enfance du Globe, Alliance pour la promotion de la gouvernance et des initiatives locales, Guinean Catering Service, Credit Rural de Guinee, Union Guineenne des volontaires pour le developement, Centre d'etude et d'appui au developement, Direction Regionale de la Sante de Kindia, Pharmacie Centrale de Guinée, and Direction Regionale de la Sante de Boke.

In Liberia, during 2014 (under the regional EMOP), WFP partnered with eight organisations that included the Liberian National Red Cross Society (LNRCS), Caritas (Monrovia, Cape Palmas, Gbarnga), Liberia Agency for Community Development, Liberia Islamic Union for Reconstruction and Development, Liberia Agency for Community Empowerment, and the Adventist Development and Relief Agency (ADRA) International - the only international NGO. All concerned food distribution activities and were geographically spread to ensure nationwide coverage. Most cooperating partners had had previous FLAs with WFP, but some (e.g. LNRCS) had been dormant for a number of years. All cooperating partners had 'rusty' food distribution approaches and low reporting capacity. All were contracted through the same FLA in September 2014.

In 2015, WFP's partnerships increased to 11 organisations. These included: FAO, ADRA, UNICEF, WHO, UNDP, IOM, Caritas Liberia, Liberia Agency for Community Development, Liberia Islamic Union for Reconstruction and Development, and Liberia Agency for Community Empowerment (an additional partnership was recorded for the Ministry of Education, although no formal agreement was made).

In Sierra Leone, during 2014 (under the IR-EMOP and regional EMOP), WFP partnered with twelve organisations: Emergency, International Medical Corps (IMC), MSF (Belgium and Holland), Save the Children, World Vision International, Caritas, Community Integrated Development Organisation (CIDO), Young Men's Christian Association, IFRC, Sierra Leone Red Cross Society (SLRC), MOHS, and Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA). All were related to food distribution/nutrition activities through FLAs. Early cooperating partners were largely determined by the availability and willingness of the partner to work alongside WFP rather than capacity consideration. One potential cooperating partner declined

¹ Source: SPRs 2014, 2015; DACOTA listings of 2014/2015 partnerships.

² As seen through a Red Cross/Red Crescent lens, countrywide presence and volunteer capacity is seen as a comparative advantage. It is understood the FLA was later cancelled due to concerns over accountability of goods.

to partner with WFP due to concerns over WFP's 'rushed' approach to implementation, which in their view would have impacted on quality standards. WFP entered into a new partnership with a small national NGO, Community Integrated and Development Organization (CIDO), to ensure first food distributions. This was a significant partnership as CIDO were the first organisation in Sierra Leone to support WFP with GFD in the absence of any other forthcoming partners. WFP noted that cooperating partners were key to registering beneficiaries and distributing rations more effectively.

In 2015, WFP's partnerships in Sierra Leone increased to 27 organisations (including UN agencies and government ministries). These included: GOAL, SLRC, UNICEF, WHO, MOHS, Helen Keller International, Caritas Sierra Leone/Caritas Makeni, UN Women, Action for Community Transformation, MSF, Emergency Hospital, Sierra Leone Poverty Alleviation Agency, MSWGCA, Welthungerhilfe (WHH), IMC, Associazione per la Cooperazione Internazionale (COOPI), World Vision International, Save the Children, Aspen Medical, Plan International, CIDO, Supplemental Nutrition Assistance Programme (SNAP), Development Initiative Programme, Kambia District Development Organisation, Ministry of Agriculture, Forestry and Food Security (MAFFS), and Pure Heart Foundation.

Annex M: Synopsis of activities under cover of regional SO 200773 – Guinea, Sierra Leone, Liberia.

Category of service	Type of services or facilities	GUINEA	SIERRA LEONE	LIBERIA	UNHRD (Las Palmas – Accra Dubai - Brindisi)	SENEGAL
Engineering	Building of MLU (including office blocks, generators, sanitary facilities, public toilets, drainage, lighting)	Conakry Airport	PORT LOKO Cap. 3.500m ³	-SKD (Monrovia)- Cap. 3241m ³ -Ria Airport hub – cap. 4032m ³ -		UNHAS terminal at Dakar Airport
	Building of FLB (including office blocks, generators, sanitary facilities, public toilets, drainage, lighting)	Nzerekore Kankan	Kenema Kailahub	Buchanan – Cap.1260m ³ Gbamga – Cap. 1890m ³ Zwedru – Cap.1890m ³ Voinjama – Cap. 1890m ³		
	Building of ETU / CCC including treatment, quarantine and visitor areas, decontamination facilities, waste disposal, waste water treatment and various water supply lines.	5 ETUs across the country (capacity 60 to 200 beds) -Rehabilitation of UN clinic	-Rehabilitation of UN clinic at UNDP compound	2 large ETUs -Harper – -SKD –		
	Building of ancillary facilities		Kumala CCC– Life support Base (in partnership with THW and Oxfam) for 25 persons Building of vehicles decontamination centres complete with lighting systems, ablution units, septic tanks and water supplies -	14 MSU in all counties for account of MoH Capacity ranging from 231m ³ to 315m ³	Accra -UNMEER office and base facilities	UNHAS terminal “H” at Dakar Airport including dedicated facilities for medical screenings and isolation rooms

Common services	Free - warehousing service	- 132.853m ³ of medical supplies and equipment stored upon request				
	Extra road transport equipment aligned	29 long haul trucks to supplement local transport capacity	25 trucks for “last mile” transport.	40 DAF trucks from Holland plus 29 trucks for “last mile “ transport.		
	Free transport services	<ul style="list-style-type: none"> - 106.679m³ of consumable and essential medical supplies and equipment transported upon request - Transport of blood samples in insulated containers 				
	Logistic cluster services	<ul style="list-style-type: none"> - support to 106 organisations engaged in the Ebola response - 79 coordination meetings held + Skype teleconferences. - 159 information Management products (maps, customs clearance guides, processing exemption of import duties applications, tracking facilities) - Access to info via dedicated websites – Logistic Cluster – UNHAS – ETC. - Supply of fuel upon request 				
Long haul airfreight		<ul style="list-style-type: none"> - -149 shipments - 2.584 MT-of med. supplies and equipment for 10 partners from 4 UNHRDs and 2 staging areas.(Cologne and Copenhagen) to 3 EAC - Two C-1320 aircrafts (Germany) positioned for strategic airlifts out of Accra to 3 EAC 				
Sea freight		<ul style="list-style-type: none"> - M/V Karel Doorman (Royal Dutch Navy) performed two rotations with supplies to 3 main ports of 3 EAC - MAERSK 1 million USD support towards sea freight to EAC main ports (equivalent to transport of 488 20’ containers) - MAERSK provided on lease 12 20’ reefer containers 				
ETC		-Internet connectivity provided to 1 MLU, 2 FLBs and 3 ETUs plus UN and NGOs offices	- Internet connectivity provided to 1 MLU (Port Loko), 1 FLB, 3 ETUs and 1 CCC plus UN and NGO offices	-Internet connectivity provided to 3 FLBs plus UN and NGOs offices -Internet connection to some 200 humanitarian responders		-
UNHAS	Transport of passengers and cargo	<ul style="list-style-type: none"> - Joint flight schedules with UNMEER and UNMIL - Inter-capital services linking 3 EAC with Accra and Dakar - Inland regular fixed wing air services plus helicopter services on request - More than 5.000 take-offs - 3 EAC – total of 31.777 passengers transported - 68 Medevacs performed - Over 200 MT of medical supplies and equipment transported - Transport of blood samples 				

Annex N: Country Timelines (events, caseload per pillar and EVD cases)

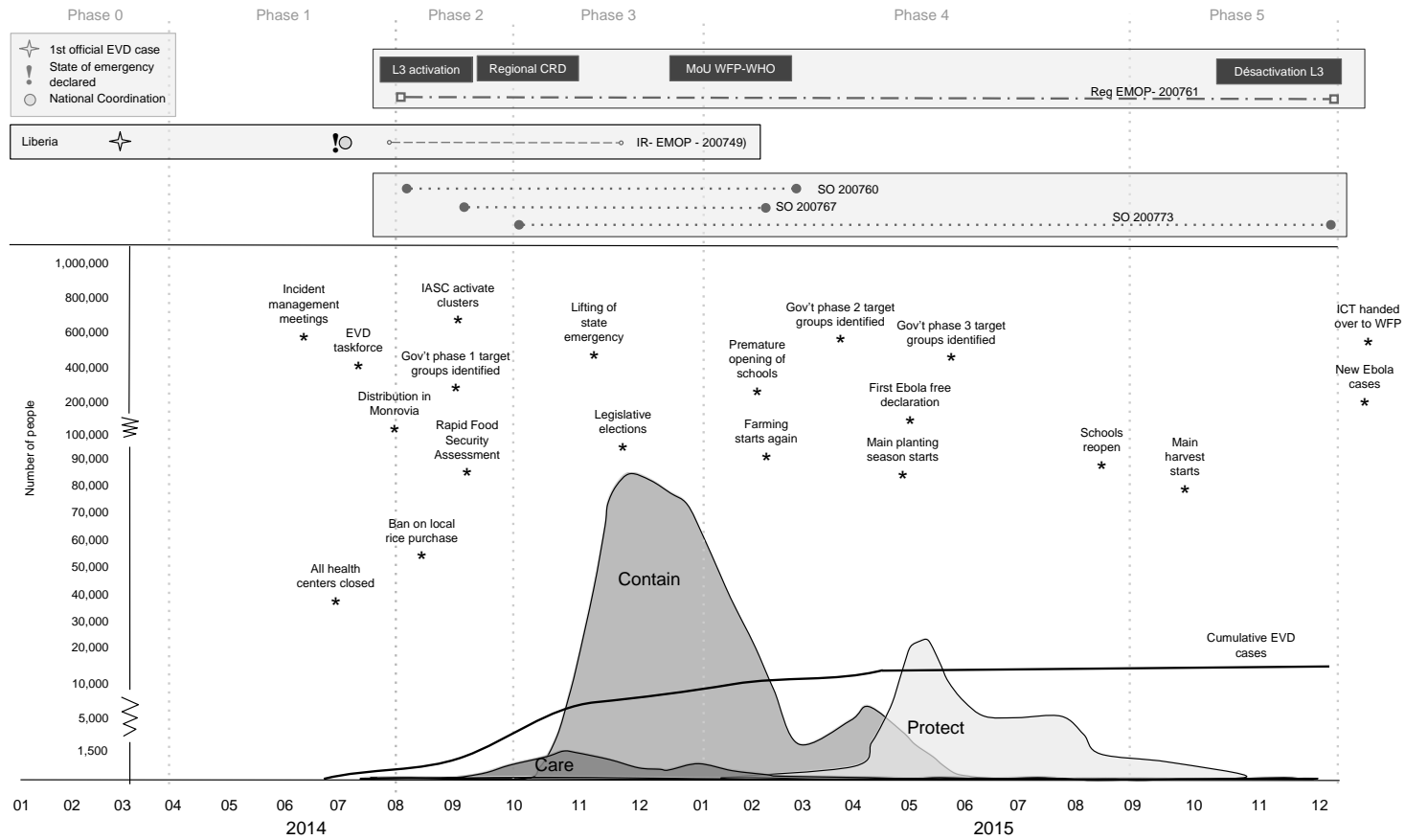
Individual timelines per EAC are presented here (below). Data was collected from WFP staff and cooperating partners. An initial phasing approach was used as described in the IR, with 6 distinct time bound phases between January 2014-December 2015 indicated by vertical dotted lines in each timeline. These phases were defined by the RB and speak to the RBs perspective of distinct time bound phases differentiated by WFP programme decision making e.g. launching the regional EMOP for Phase 2, and the SO for Phase 3.

The EvT found these 6 phases were not being used at CO level, and that three main phases were more readily being used: i) pre L3 activation; ii) L3 activation and iii) May 2015 when operational scale down began. The CO phasing is more aligned to the Ebola caseload at country level, which was perceived as the main rationale for the EVD response. Therefore, the mapping includes the cumulative EVD caseload to demonstrate the rapid increase in mid-2014 and the plateauing of new cases between March and June 2015 when the EVD epidemic in each EAC was reported as being under control.

The individual EAC timelines help to highlight how each CO responded under the umbrella of the regional EMOP and SO. All EAC contain beneficiary caseloads are clearly shown to make up the bulk of the 2014 response and are quite similar. In 2015, the protect beneficiary caseload is shown to differ among EAC, with Sierra Leone having a much larger caseload. This has been commented on in the main report and is linked to the types of beneficiary that are included in the protect category (see Table 6, p.31 main report).

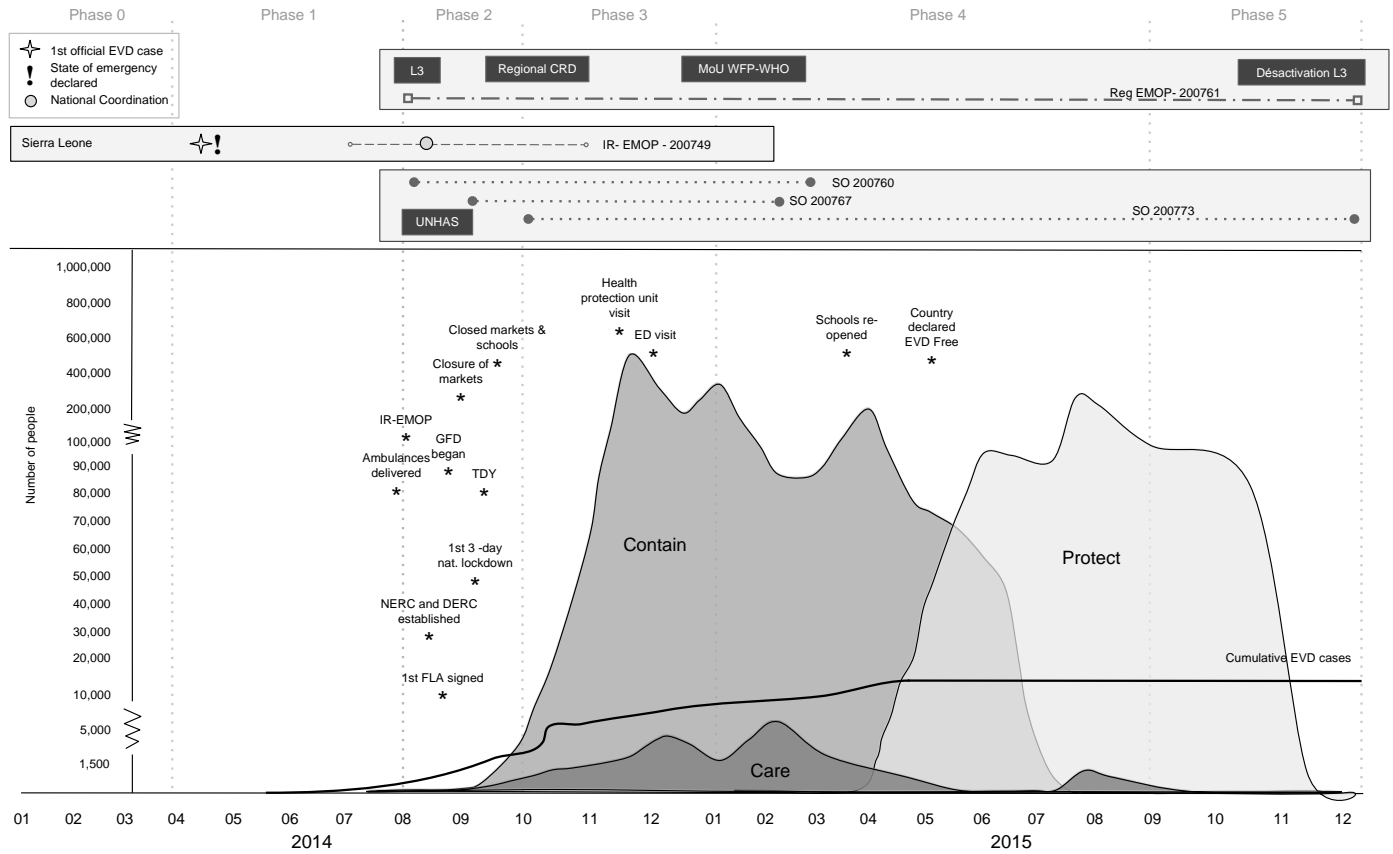
It is notable that in Sierra Leone, the contain and protect caseloads overlap in time considerably, whereas in Guinea and Liberia they seem to be discrete. This is a reflection of re-strategising during BR3 and BR4 and aligning the regional EMOP to CO country programme activities.

Liberia



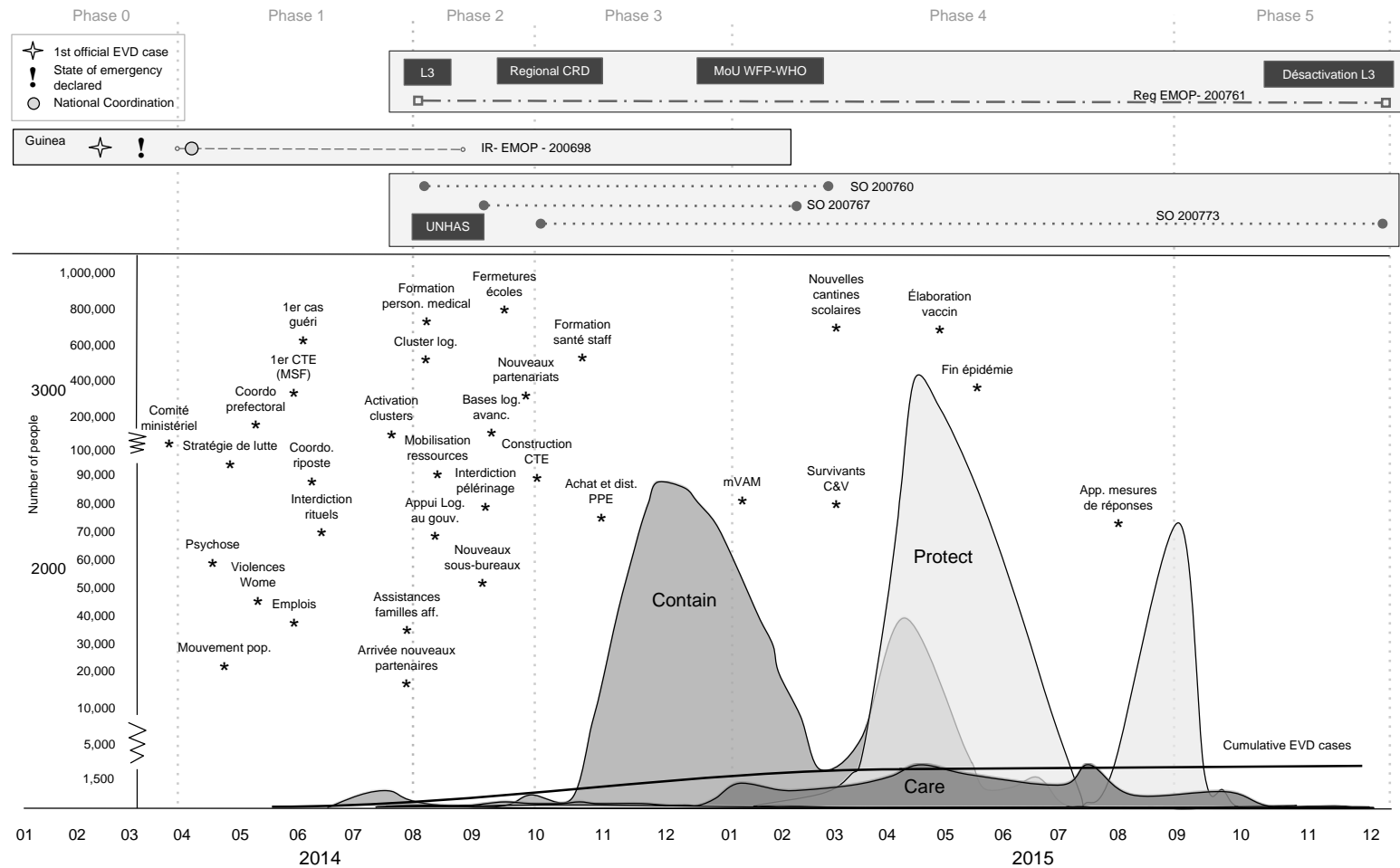
Sources: Timeline exercise in CO and sub-office.
 WFP SPR 2014/2015 and WFP Resource Situation Updates as of Jan 2016. All IR-EMOPs, regional EMOP and SOs.
 CDC Ebola outbreak in West Africa – Case counts <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/cumulative-cases-graphs.html>

Sierra Leone



Sources:
 Timeline exercise in CO, sub-office and with EMOP partners.
 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>

Guinea



Sources:

Timeline exercise in CO, sub-office and with EMOP partners.

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>

Annex O: WFP Country Office transition strategies to complement government national priorities

Country	Transition strategy
Guinea	WFP has aligned its transition strategy to the Government’s “Strategie de relance et de resilience socio-economique post-Ebola 2015-2017” ¹ through reinforcing the ‘Transition’ pillar (thus creating linkages across response, early recovery and longer term development strategies) and reinforcing links between the EMOP and the country programme to ease the transition phase back to long-term development activities.
Liberia	WFP’s transition strategy is aligned to the government’s Economic Stabilisation Response Plan (2015-2017) ² through the current country programme (2013-2017). ³ SO 200926 (1 January to 30 June 2016) - specifically tailored to Liberia’s context – is designed to leverage the WFP infrastructure and logistics capacity developed throughout 2014 and 2015 by enabling a dedicated rapid response mechanism to deal with potential small-scale outbreaks, and enhance the Liberian Government’s and partners’ EVD readiness and recovery activities.
Sierra Leone	WFP has aligned its transition strategy to the Government’s National Ebola Recovery Strategy (July 2015 - June 2017). ⁴ In support of this strategy, WFP has established a PRRO (1 June 2016 - 31 December 2017) to enhance the nutritional status of vulnerable groups, restore lost livelihoods, strengthen the resilience of food insecure households, and augment national capability to respond to disasters. ⁵

¹ June 2015. The strategy led to a Post-Ebola Priority Action Plan (PAPP) centred on programmes and investment projects, and relevant support measures for recovery and resilience.

² The plan aims for rapid social and economic recovery and enhance economic resilience to future shocks.

³ A second budget revision introduced an activity aimed at building contingency capacity to respond to residual food and nutrition needs as a result of EVD including any re-emergence. The activity ensures stakeholder engagement and collaboration through partnership with the Ministry of Health and Social Welfare, relevant county level County Health Teams, and sister UN agencies.

⁴ The Sierra Leone National Ebola Recovery Strategy has the goal of implementing immediate recovery priorities and transitioning back to the 2013-2018 Agenda for Prosperity.

⁵ In line with Sustainable Development Goal (SDG) 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture.

Annex P: Alignment with WFP Policies

Though the **Gender Policy** (2015-2020) was the most frequently cited (in relative terms), its consideration in the context of the EVD response was minimal at best. Of relevance, the Minimum Standards for Gender Mainstreaming a) and b) clearly outline RBs' and COs' responsibility to systematically collect, analyse and use sex and age disaggregated data, and to base analysis on pre-existing inequalities, including in emergency situations.

The team did find evidence of alignment with WFP's **Humanitarian Protection Policy** and practice particularly in relation to ensuring the safety, integrity and dignity of the assisted population.

Alignment with **SO1 of WFP Strategic Plan** (2014-2017) is clear, while implementation of operations on the ground proceeded primarily from the determination to deliver as 'One UN' under the framework of UNMEER. WFP contributed greatly to the effectiveness, efficiency and coherence of the system-wide mobilization by putting its core expertise and services at the service of the whole UN community.

The range of synergies and multiplying opportunities that took place between WFP and UN agencies (e.g. WHO, UNICEF, UNFPA, and FAO) and INGOs/NGOs (see sections 2.1.2 & 2.13) are illustrative of the alignment with the **Corporate Partnership Strategy**, particularly in relation to complementarity of resources, flexibility within the context of agreed outcomes, shared accountability, potential for mutual learning and innovative solutions. The WFP–WHO partnership exemplified the extent to which capacities and reach can be strengthened by cross-fertilization and optimization of each other's experience and areas of expertise.

The Ebola response provided the opportunity to institutionalise and operationalize some of the imperatives of **WFP People Strategy** as well as the subsequent **Wellness Strategy**, especially in relation to the creation of a supportive and healthy workforce, enhance the skills and capacities of national staff, and mobilization of senior leaders.

Similarly, the 2015 **Enterprise Risk Management Policy** further institutionalizes some of the operationalization made during the EVD response, including the linkages between risk management and Internal Controls mechanisms and function (compliance), risk register at regional level, and management of risks to staff and beneficiaries, including health and safety issues.

As leader of the Logistics and ET Clusters, and co-leader of Food Security, WFP de facto acted in line with the **Policy on Building Resilience for Food Security** and Nutrition. In line with the 2012 Nutrition Policy, specialised nutritious food was included in broad-based targeting to ensure the nutrition needs of children and pregnant and lactating women were met.

The flexible use of cash transfers as a context-specific tool to support survivors and affected households, as well as to complement in-kind provision where market conditions and capacities allowed, is coherent with WFP **Cash and Voucher Policy** and responded to the specific needs of different operational environments in the EAC.

Lessons and innovations that emerged from the establishment of the integrated common service platform under SO 200773 are meant to inform future policy and practice on pandemic preparedness and WFP integrated approach to the provision of logistics services.

Annex Q: Overview of PDM rounds achieved in the EAC¹

Using standard WFP indicators that fed into the regional monitoring activities for the response

	Guinea	Liberia	Sierra Leone
Method	Face to face / ODK for round 3	mPDM/PDM	mPDM/PDM
Indicators	No. of meals/day; FCS; DDS; CSI; rCSI; Gender; Protection; Reduction of unnecessary movements	FCS; HDDS; CSI; rCSI; Gender; Protection; Reduction of unnecessary movements	FCS; HDDS; CSI; rCSI; Gender, Protection; Beneficiary targeting and feedback; Reduction of unnecessary movements
Nov / Dec 2014	415 HH in 6 districts	185 HH in 10 counties	418 HH In 4 provinces
March 2015	612 HH In 7 districts	1200 HH in 56 communities	900 HH In 3 provinces (6 districts)
July 2015	236 HH In 1 district	-	-
December 2015	-	-	600 HH (orphans & survivors) In 6 districts

¹ Source: WFP EAC PDM 2014-2015 reports

Annex R: Ebola Deployment

The table below provides an overview of WFP deployments during the response to the EVD crisis in 2014-2015. In each table a further breakdown is provided for those deployed through the Emergency Response Roster (ERR).¹

Table 1: Deployment by functional area

Deployments by Functional Areas						
Functional Area	WFP Deployments			ERR Members		
	F	M	Grand Total	F	M	Total
Administration	14	14	28	3	6	9
Civil Military	2	3	5	1	1	2
Donor Relations	2	1	3			
Engineering		17	17		2	2
Finance	11	17	28	3	10	13
Food Security Cluster	3	1	4			
Health	1	17	18			
Human Resources	16	6	22	1	5	6
ICT	8	89	97	1	13	14
Information Management	4	1	5	1		1
Logistics	38	139	177	14	33	47
Logistics Cluster	14	39	53	2	4	6
M&E		3	3		1	1
Management	21	50	71		4	4
Procurement	9	15	24	4	4	8
Programme	27	86	113	4	18	22
Public Information	5	10	15	1	4	5
Security		18	18		2	2
UNHAS	8	48	56	1	3	4
UNHRD	3	14	17		1	1
UNMEER	3	8	11			
Total	189	596	785	36	111	147

¹ Source: Data for all Tables provided by WFP Human Resources Division.

Table 2: Deployment by Contract type

Deployment by Type		
	WFP Deployments	ERR Members
Deployment Type	Total	Total
CST	121	20
In Post	46	4
Mission	128	8
SBP	63	1
Service Agreement	32	0
ST-P	7	4
TDY	378	108
UNMEER	9	1
UNV	1	1
Total	785	147

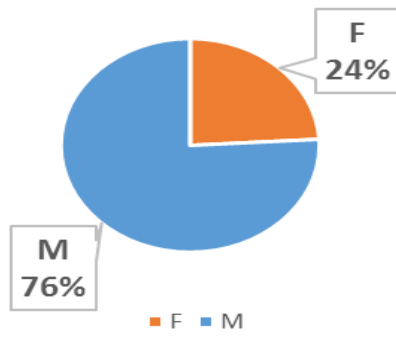
Table 3: Number of staff who completed the “Getting Ready for Emergency” training

GRFE				
	WFP Deployments			ERR Members
	Completed	Not Completed	Total	
Not Completed		709		122
After Ebola Deployment	12			25
Before Ebola Deployment	64			
Total	76	709	785	147

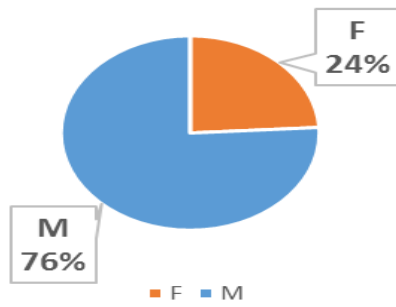
Table 4: Number of staff who completed the FASTER training

FASTER				
	WFP Deployments			ERR Members
	Completed	Not Completed	Total	
Not Completed		763		140
After Ebola Deployment	7			7
Before Ebola Deployment	15			
Total	22	763	785	147

Ebola Deployment by Gender WFP



Ebola Deployment by Gender ERR



Annex S: Surveys

Introduction

Three online surveys were launched using the platform QuestionPro. QuestionPro was chosen because of its capacity to provide dual language surveys, thus allowing the respondent to take the survey in either French or English.

The following three surveys were conducted during the evaluation: 1. Human resources and staff well-being on-line survey; 2. External stakeholder on-line survey; and 3. User satisfaction: Logistics and common services on-line survey. Further discussion of survey methodology and presentation of data can be found below.

1. Human resources and staff well-being on-line survey

General consideration

For the Human resources and staff well-being survey, a sample of 200 was initially proposed, assuming a universe of approximately 2000 people. After a thorough revision of the existing HR databases, and based on the application of the criteria for selection proposed by the team, the final sampling universe considered for this survey was of 1,234. This universe resulted from the combination of the Ebola Deployment Task Force (EDTF) master database and the list of currently active personnel in relevant countries from the database of Active Staff in the Regional Bureau Dakar (March 2016).

Sample selection

Combining the two datasets and ensuring coherence was a highly demanding and time consuming exercise. The combined database was disaggregated by sex, and resulted in 991 males and 243 females, for a total of 1,234 entries. A random sampling approach based on a proportional representation methodology was used to select a sample of a total of 124 individuals, 99 men and 23 women—ensuring that the gender ratio in the sampling universe was reflected in the final sample. Females represented about 20% of the both the total population and the selected sample. Besides sex, other listed criteria are also represented in a proportional manner. Data was not available to factor in the number of deployments as a sampling criteria. Being the survey questions specific to WFP, personnel seconded to UNMEER were not considered in sample selection. Moreover, personnel on mission to EAC was also not considered on the assumption that it would not have been in the position to respond to all the survey questions.

The process

The first round of the Human resources and staff well-being survey was launched on 18 May 2016 and targeted 124 WFP personnel deployed during the Ebola crisis. For confidential purposes, wfp.org emails were used as default. Of the 124 emails sent, 57 bounced back, and 25 corrected e-mail were further provided by WFP HR. A second round of the survey was sent to 123 WFP personnel on 9 June 2016, of which 60 bounced back, with 38 further corrected by HR. Finally, the third and last round of the survey was launched on the 16 June to 119 individuals. Of these, 49 bounced back and 34 were then replaced with correct emails by HR.

The results

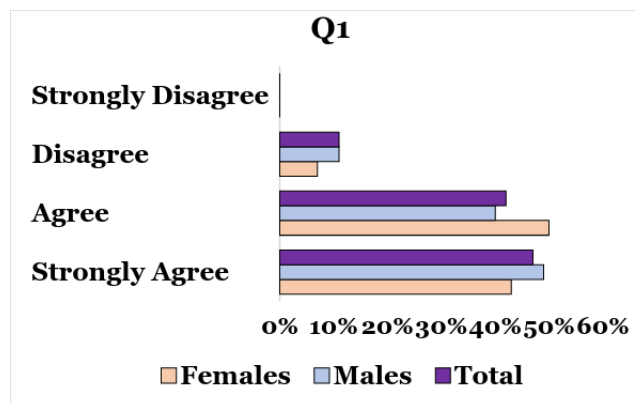
The survey closed on 20 June 2016 with a total of 76 responses, out of a total of 137 who viewed the survey, and 35 who began the survey and then dropped out. Of all the respondents, 82% were males and 18% females—in line with the gender ratio in the sample. The 76 responses account for 61% of the original sample, 19% lower than the original 80% response rate that the EvT targeted.

As shown in the graphs below, results are generally positive. The majority of respondents either agreed or strongly agreed with the questions proposed, and in 5 out of 9 questions nobody was in strong disagreement. The great majority reported possessing the right skills and expertise, and being clear about the role they were asked to perform. The most positive feedback was registered in relation to WFP management, with 93 percent of respondents saying it was good throughout.

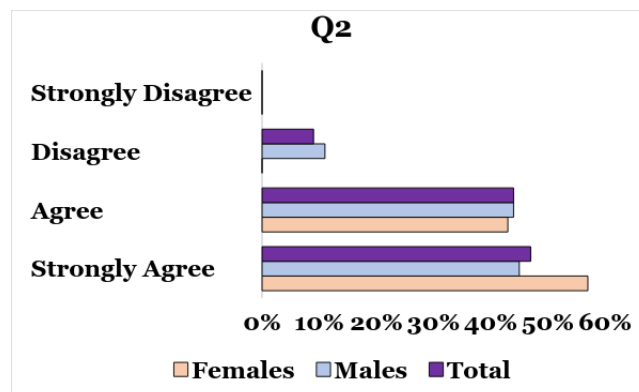
Among areas that need improvement are pre-deployment training and monitoring of psychosocial well-being of staff prior to, during, and after deployment to EVD affected areas. A few staff said they were neither trained nor briefed prior to deployment. Finally, responses to the open-ended question revealed that professional well-being was better taken care of than the physical and psychological ones.

Human resources and staff well-being on-line survey data

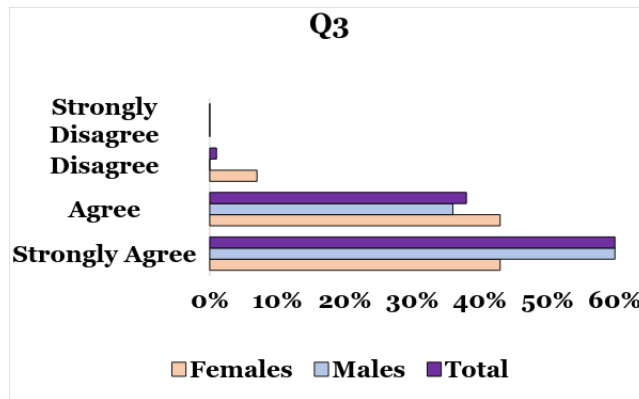
1. I had the right skill set and expertise for the role(s) I was asked to perform during the L3 Ebola response.



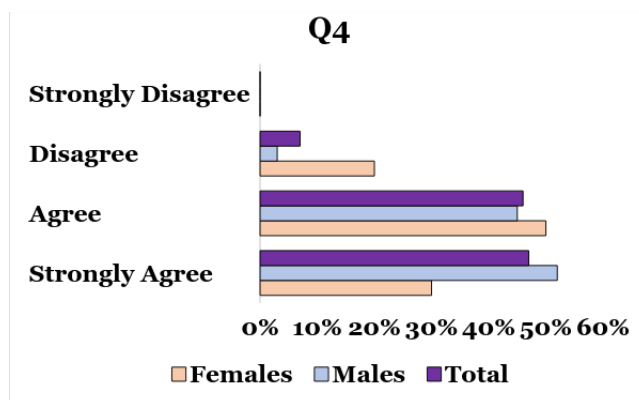
2. WFPs surge capacity effectively and efficiently evolved over time in line with emerging needs (right people in the right place at the right time).



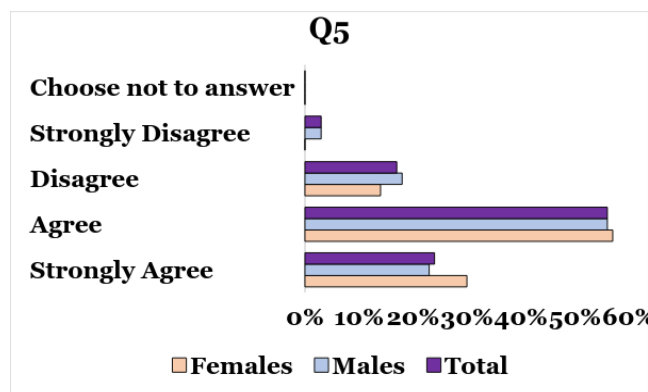
3. I was clear about the role and responsibilities assigned to me during the L3 Ebola response.



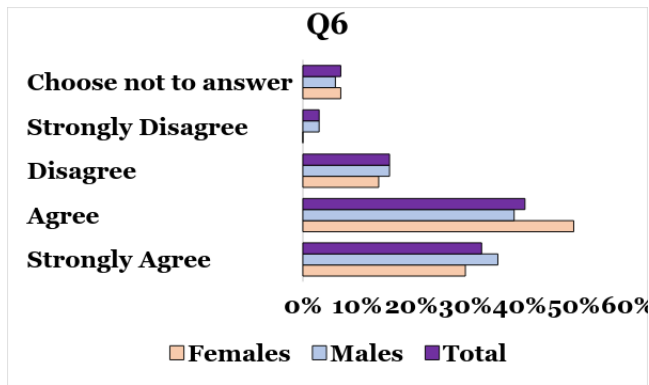
4. The overall quality of WFP management to the best extent of my knowledge was good throughout.



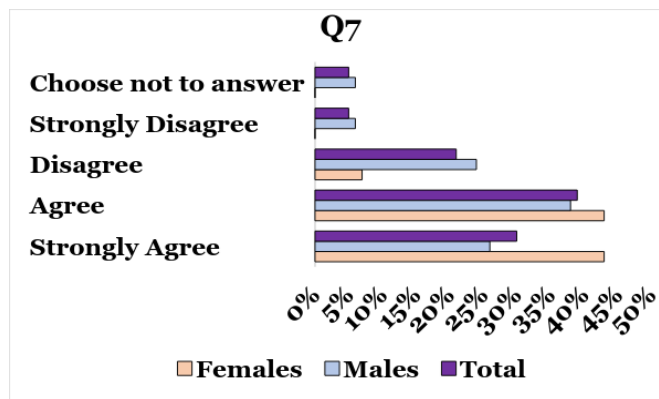
5. Existing WFP pre-deployment emergency training(s) were critical to prepare me for operating in the EVD affected areas.



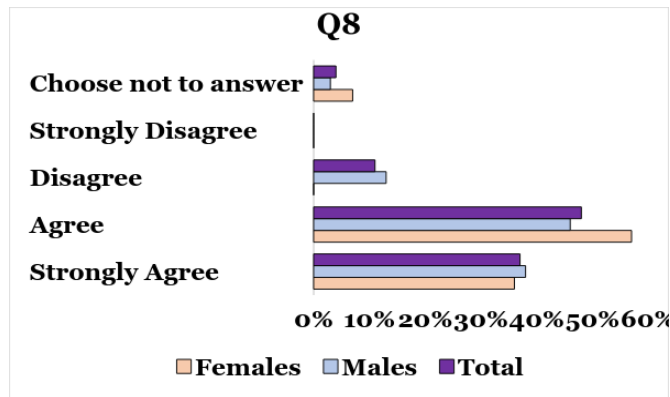
6. WFP carefully assessed and monitored my physical well-being prior to during and after deployment in the EVD affected areas.



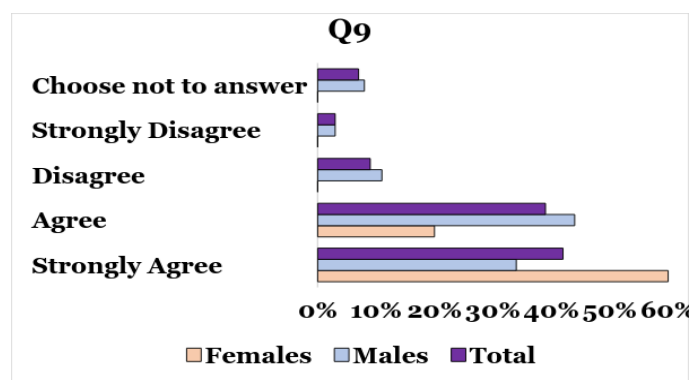
7. WFP carefully assessed and monitored my psychosocial well-being prior to during and after deployment in the EVD affected areas.



8. I was well informed about the physical and psychosocial risks that I may have incurred and the measures in place to mitigate them.



9. I was well informed about the referral and support mechanisms for physical and psychological well-being that I could access within the organization.



Reference table

Questions	
Q1	I had the right skill set and expertise for the role(s) I was asked to perform during the L3 Ebola response.
Q2	WFPs surge capacity effectively and efficiently evolved over time in line with emerging needs (right people in the right place at the right time).
Q3	I was clear about the role and responsibilities assigned to me during the L3 Ebola response.
Q4	The overall quality of WFP management to the best extent of my knowledge was good throughout.
Q5	Existing WFP pre-deployment emergency training(s) were critical to prepare me for operating in the EVD affected areas.
Q6	WFP carefully assessed and monitored my physical well-being prior to during and after deployment in the EVD affected areas.
Q7	WFP carefully assessed and monitored my psychosocial well-being prior to during and after deployment in the EVD affected areas.
Q8	was well informed about the physical and psychosocial risks that I may have incurred and the measures in place to mitigate them.
Q9	I was well informed about the referral and support mechanisms for physical and psychological well-being that I could access within the organization

2. External stakeholder on-line survey

General consideration

This survey was designed to consult with the many UN agencies identified in the External stakeholders list, and NGOs/INGOs who responded to Ebola but did not partner with WFP, Humanitarian Country teams and Regional Bodies.

Sample selection

The selection process was purposive. The sample universe was developed during field work in Liberia, Sierra Leone, and Guinea, resulting in a total sample of 101 individuals. 101 individuals were identified during field work in the EAC and sent surveys.

The process

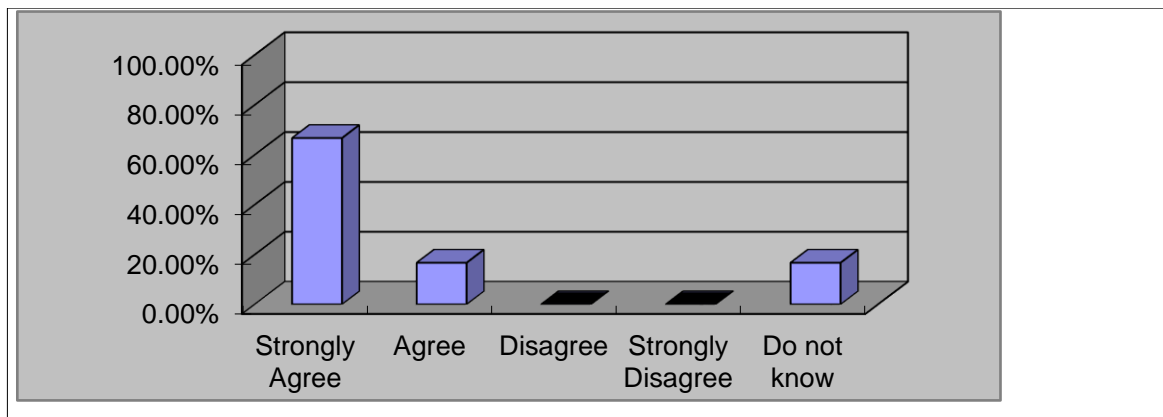
The external stakeholder survey was launched in 3 rounds (25 May, 2 June and 6 June 2016) sent to 45, 26 and 30 individuals respectively. Out of the 101 emails sent, 24 bounced back, reducing the sample size to 77. All individuals were sent two reminder emails to complete the survey.

The results

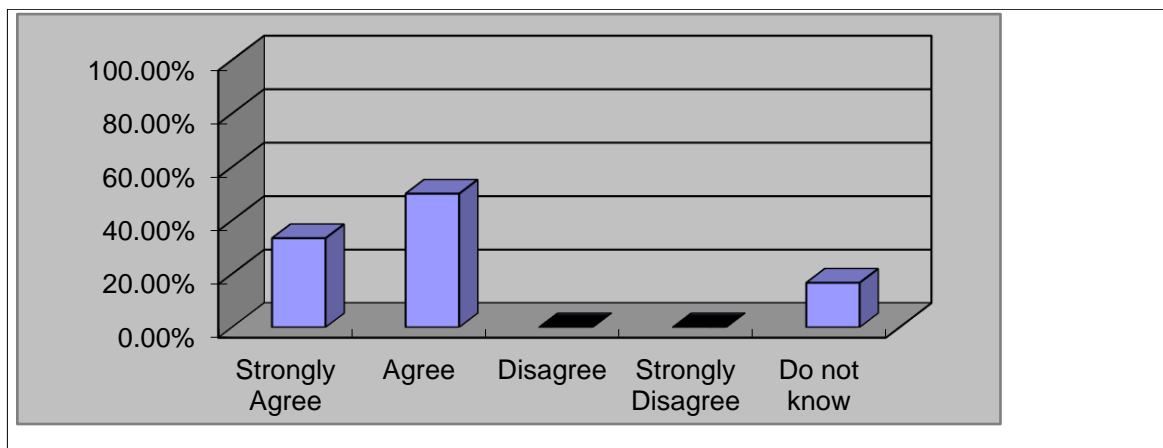
The survey was closed on 21 June 2016, with a total of 6 responses, out of a total of 10 who viewed the survey, and 3 who began the survey and then dropped out. Because of the extremely low response rate (6 out of 77, i.e. less than 10 %), the EvT made a decision to exclude this survey from the overall analysis, however, the results obtained are presented below for the record.

External stakeholder on-line survey

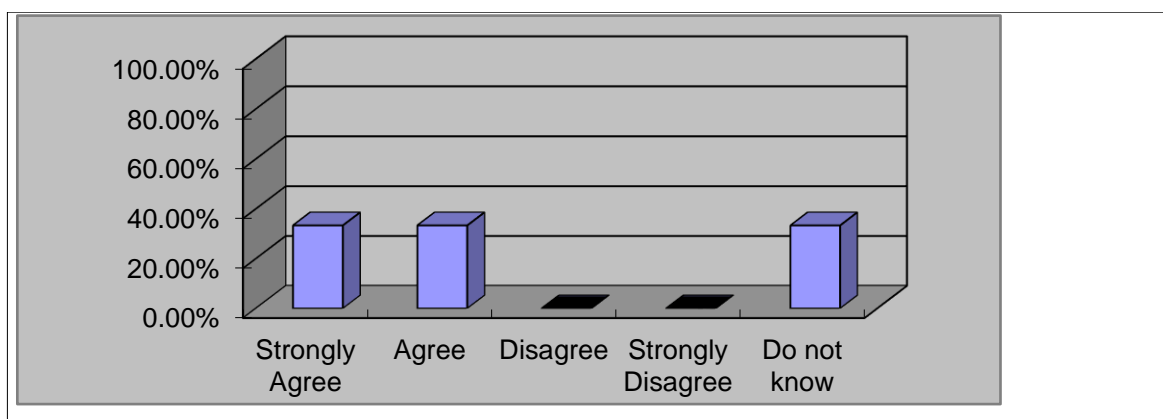
1. WFP was a key player in the Ebola crisis response.



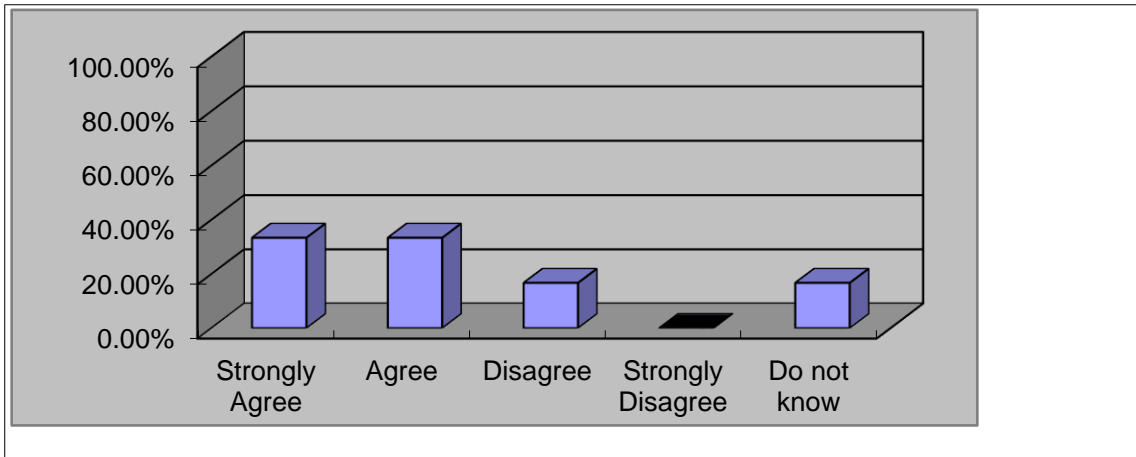
2. WFP's response was coherent with national priorities of the governments of Ebola affected countries.



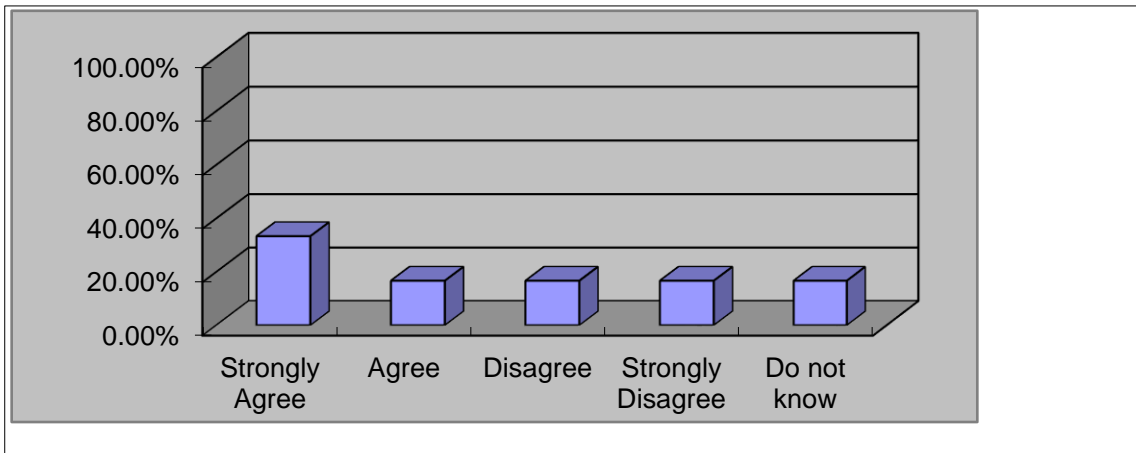
3. WFP's response was coherent with the priorities of other partners (including UN and bilateral agencies, NGOs, private sector, civil societies, etc.), enabling synergies at operations levels.



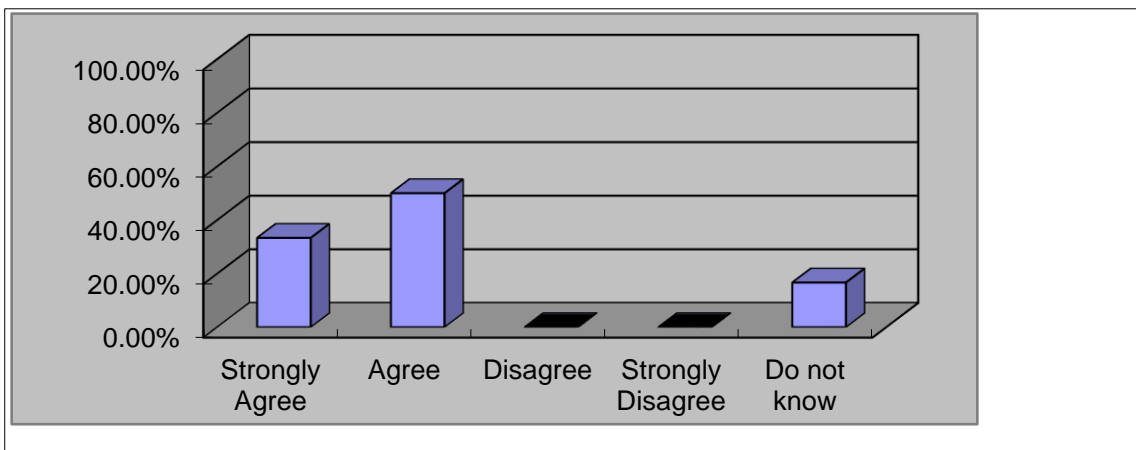
4. WFP's response was coherent with the priorities of my organisation.



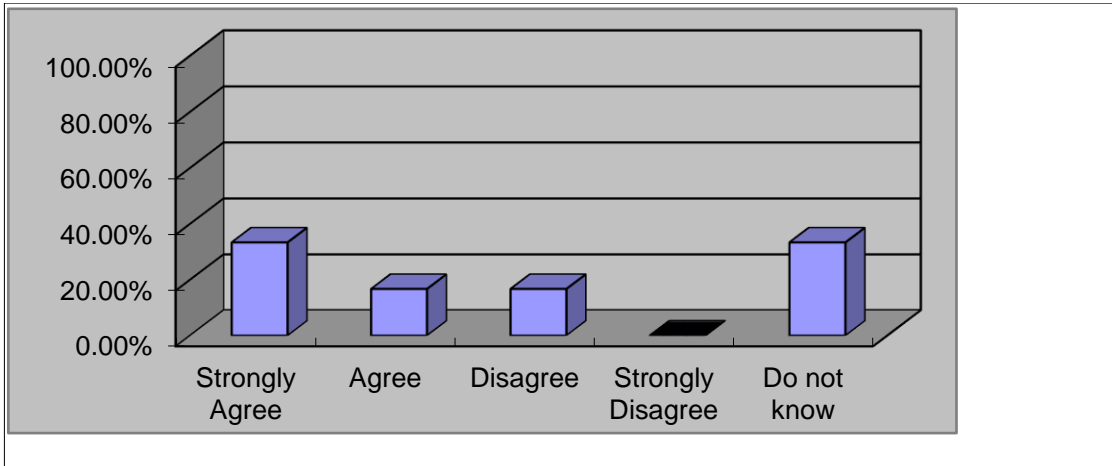
5. WFP's response added value to my organisation's operations.



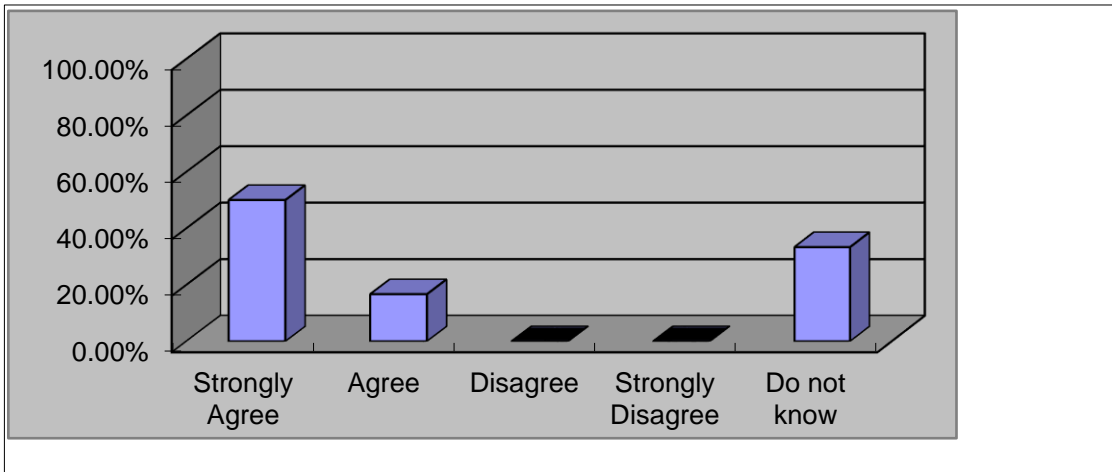
6. WFP's response was aligned to UN standards and Humanitarian Principles.



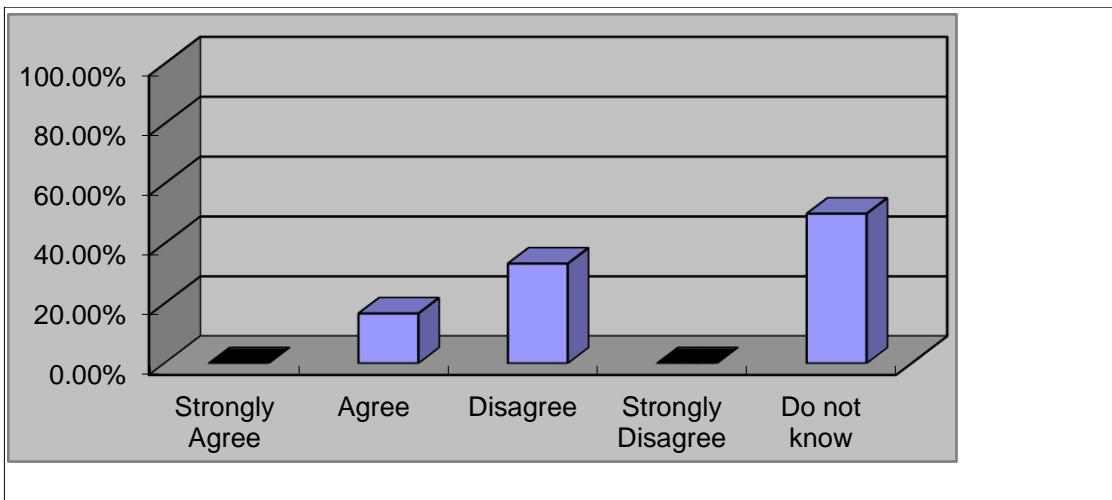
7. WFP's response adapted well to the unpredicted and shifting nature of the Ebola crisis.



8. WFP targeted the right types of beneficiaries.



9. WFP reached enough of the affected population/communities.



3. User satisfaction: Logistics and common services on-line survey

General consideration

The sampling universe for the Logistics and common services survey was all known logistics and common services platform users - external UN, regional bodies and NGO stakeholders who were not met face-to-face. All SO user agencies listed in SO 200760 (39 agencies mentioned) were invited to participate in the survey (available contact details permitting).

Sample selection

For the Logistics and common services survey, a purposive sample of registered users of WFPs logistics and common services was developed during field work.

The process

The first round of the Logistics and common services survey was launched on 26 May 2016 and targeted 198 individuals. Of the 198 emails sent, 46 bounced back leaving an actual sample of 152. On 6 June 2016, a second round of the survey was sent to 358 individuals, of which 65 bounced back leaving an actual sample of 293.

The results

The survey was closed on 20 June 2016, with a total of 43 responses, out of a total of 77 who viewed the survey, and 27 who began the survey and then dropped out.

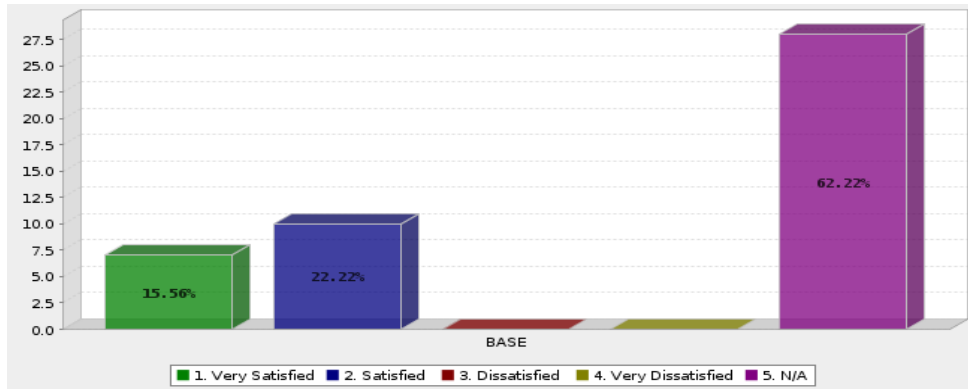
User satisfaction: Logistics and common services on-line survey data

The below charts represent answers to the following four questions:

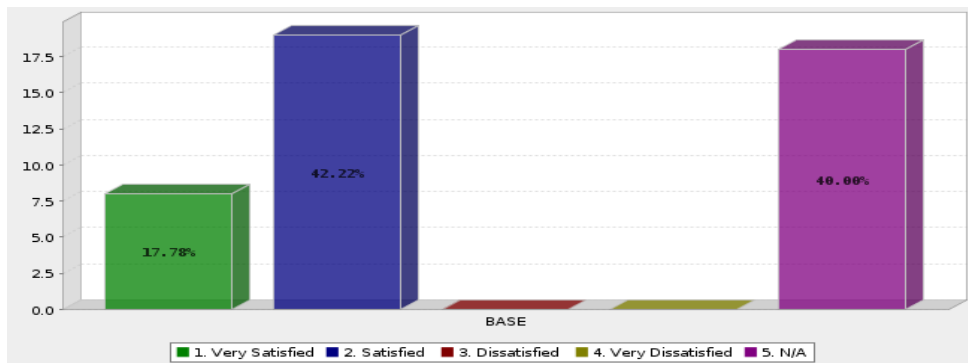
- Level of satisfaction with the service.
- Level of satisfaction with how the application for service was received and processed by WFP.
- The facilities or services extended by WFP greatly enhanced the volume, the scope, and the efficiency of the humanitarian services provided by my organisation.
- The facilities or services extended by WFP greatly enhanced the volume, the scope, and the efficiency of the humanitarian services provided by my organisation.

Level of satisfaction with the service

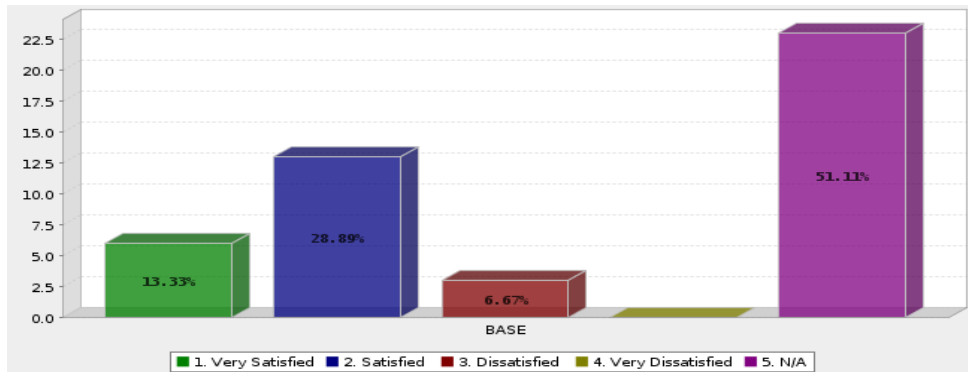
1. Temporary storage of equipment and commodities outside the L3 Ebola countries: at outside staging areas in Copenhagen, Cologne or in one of the United Nations Humanitarian Response Depots (UNHRD) in Brindisi, Las Palmas, Accra or Dubai including consolidation and packing of consignments and parcels.



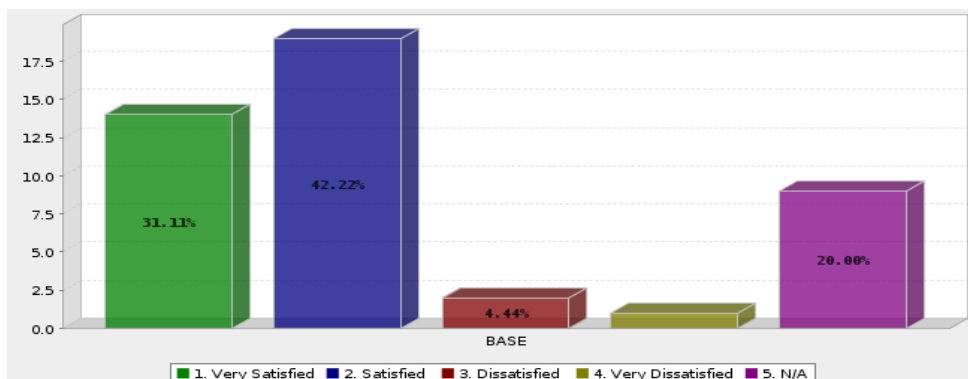
2. Sea and air transport to main sea and airports in Ebola affected countries (EACs)



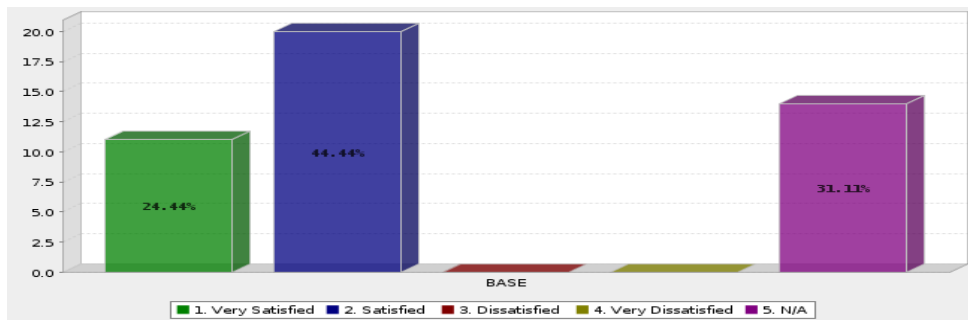
3. Customs Clearance Services at point of entry in EACs



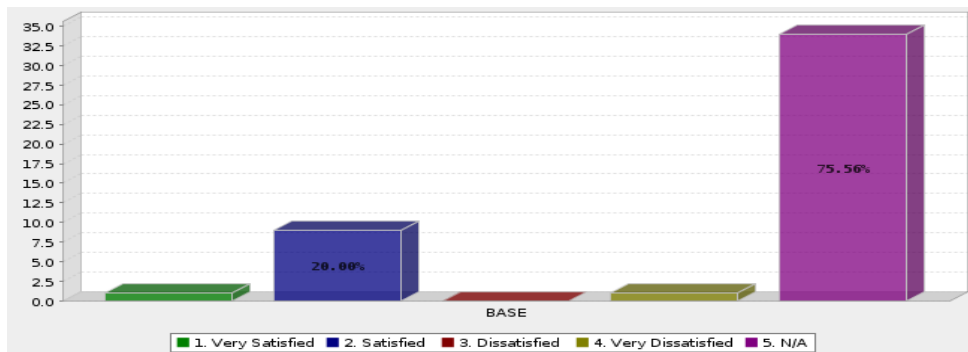
4. On-carriage by air or road from main logistics hub (or from your warehousing facilities) to final destination up-country



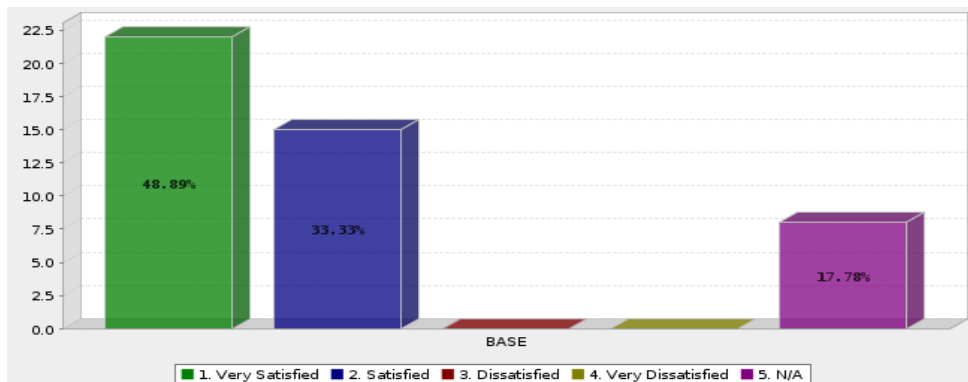
5. Temporary storage in EACs: main logistics hub, forward logistics bases (FLB), and up-country satellite logistics hubs



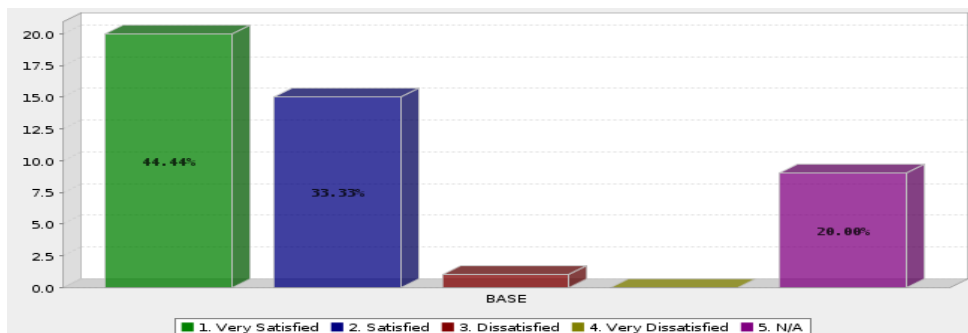
6. Reefer (cool & deep-freeze) storage and transport



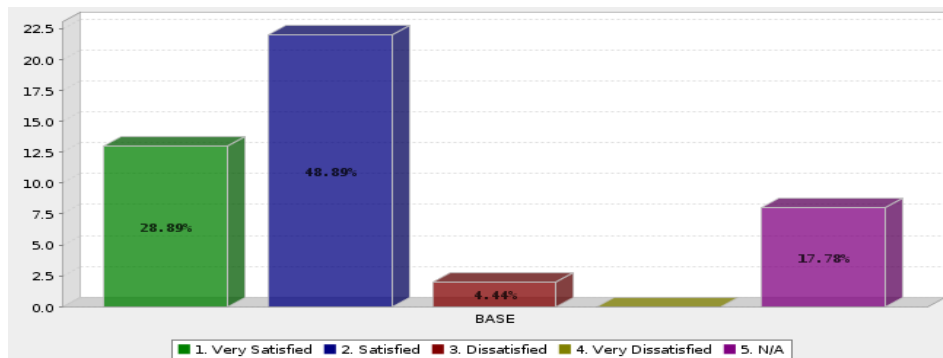
7. United Nations Humanitarian Air Service (UNHAS) international air-passage inward and outward EACs



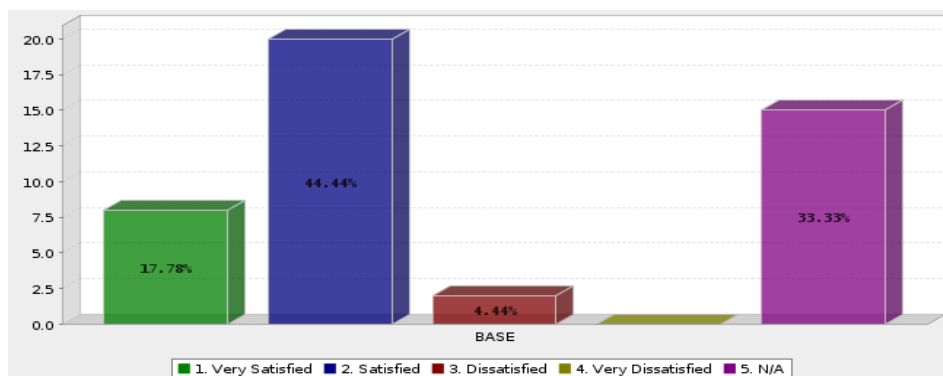
8. UNHAS inland air-passage in EACs



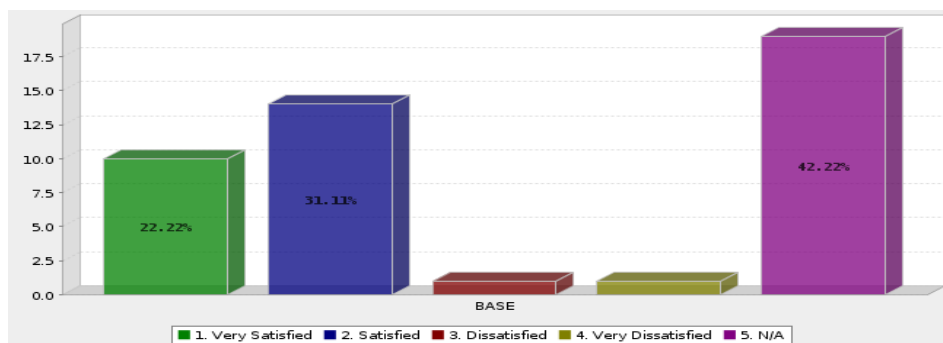
9. Logistics information and coordination services including WFP dedicated logistics website



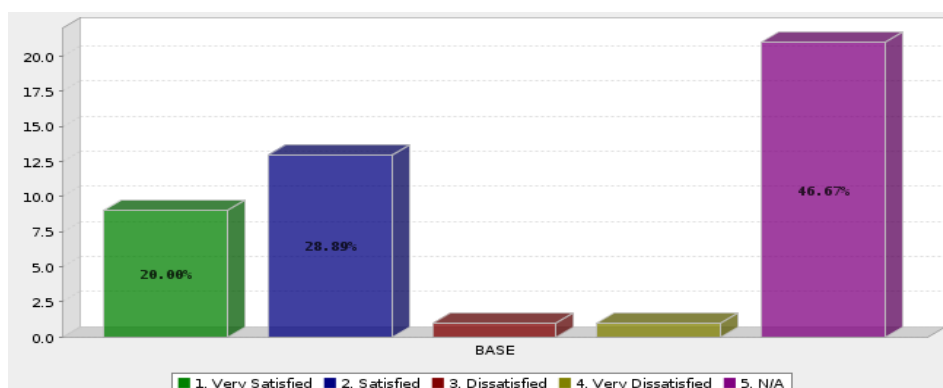
10. Detailed maps fitting your specific requirements



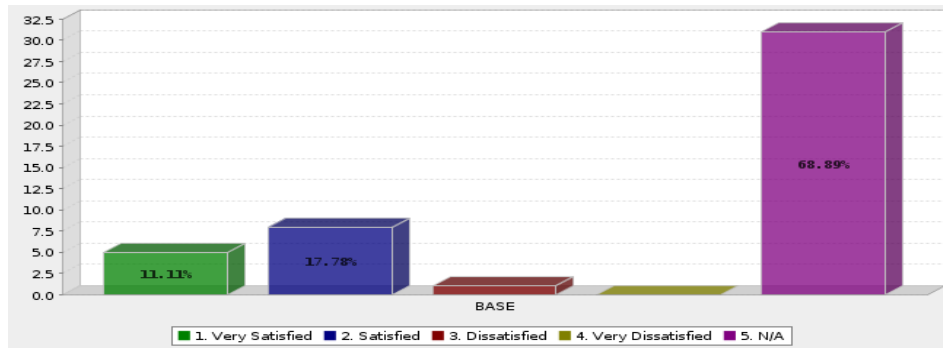
11. Temporary supply of generators, reefers, lighting, IT and ETC equipment, vehicles or other



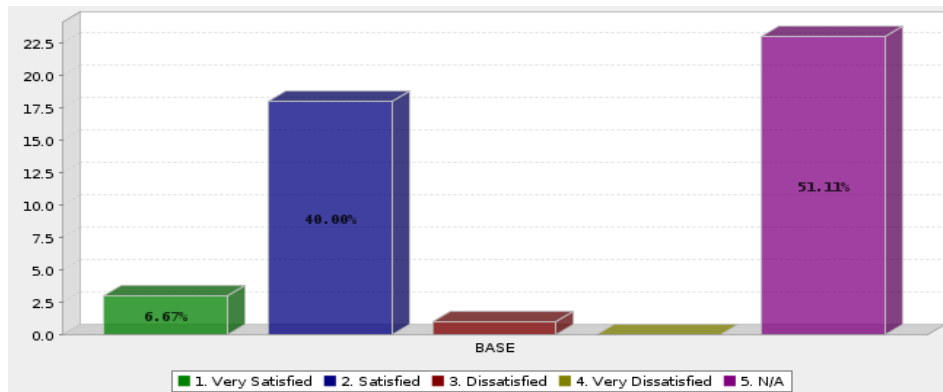
12. Temporary mobile or semi-fixed storage facility



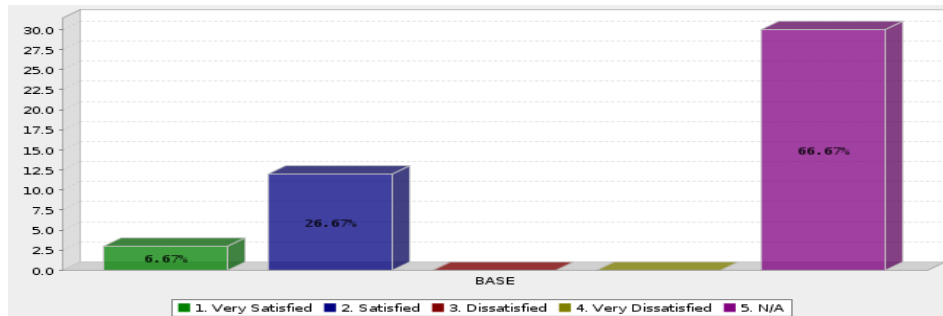
13. Security radio communication facility



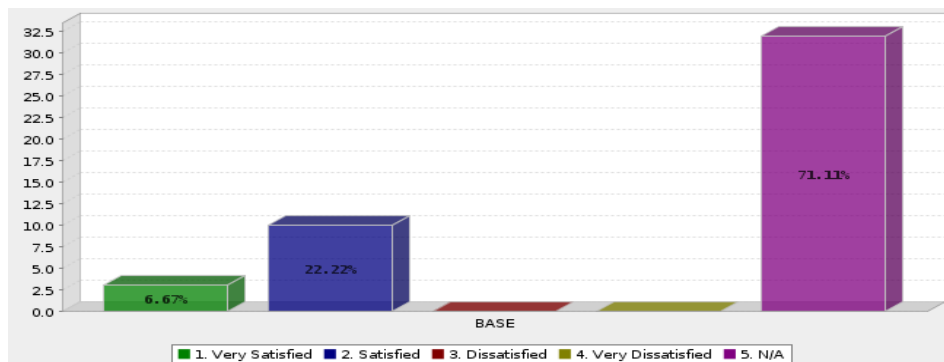
14. Broadband Internet communication



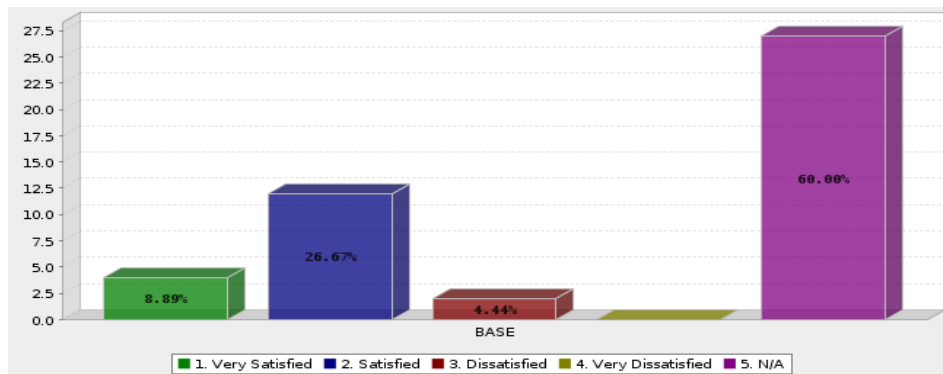
15. Cellular phone facility



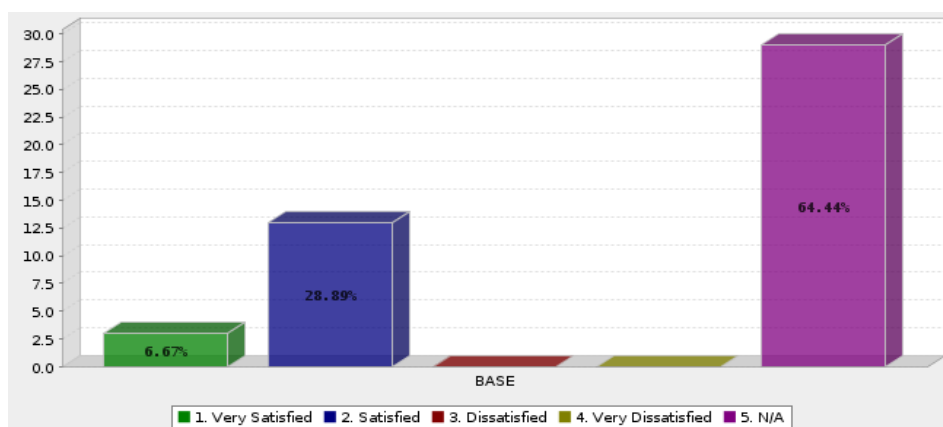
16. 24/24 – 7/7 radio room communication facility



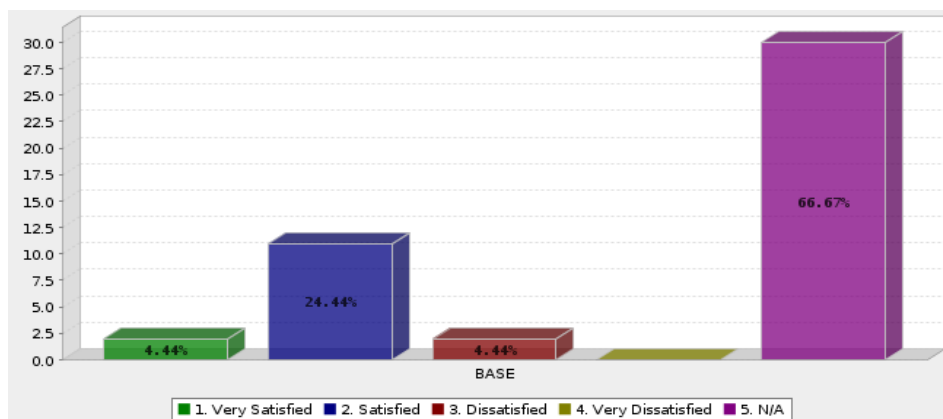
17. General construction and engineering services (including plumbing and electrical works)



18. Medical evacuation facility

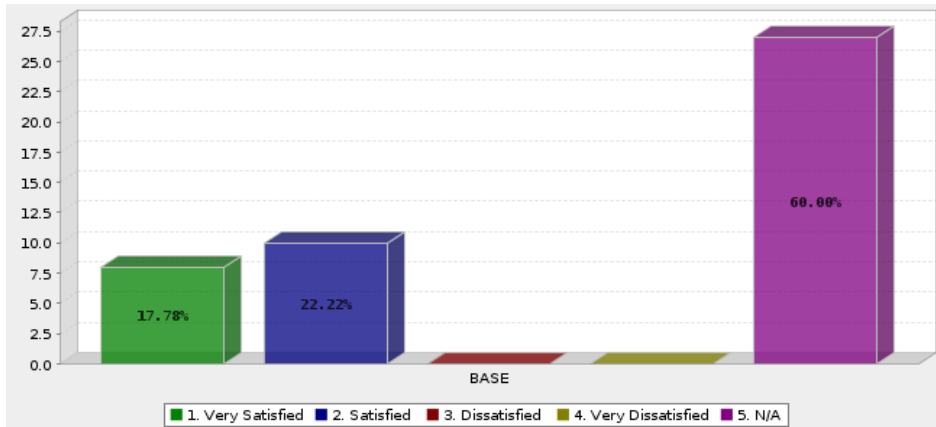


19. Emergency fuel supplies

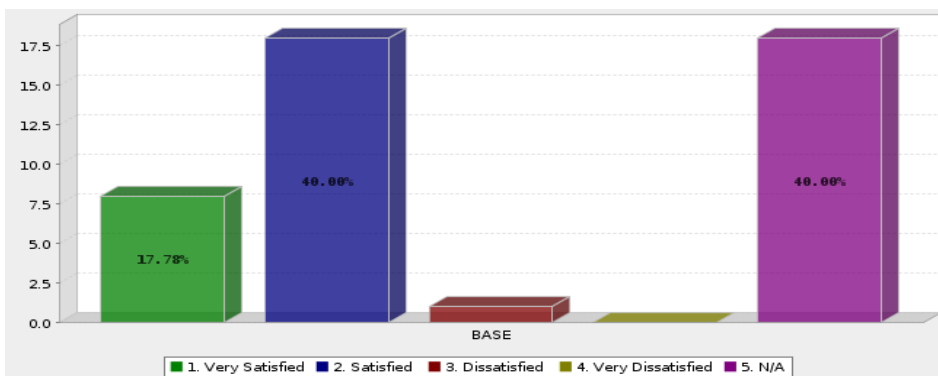


Level of satisfaction with how the application for service was received and processed by WFP.

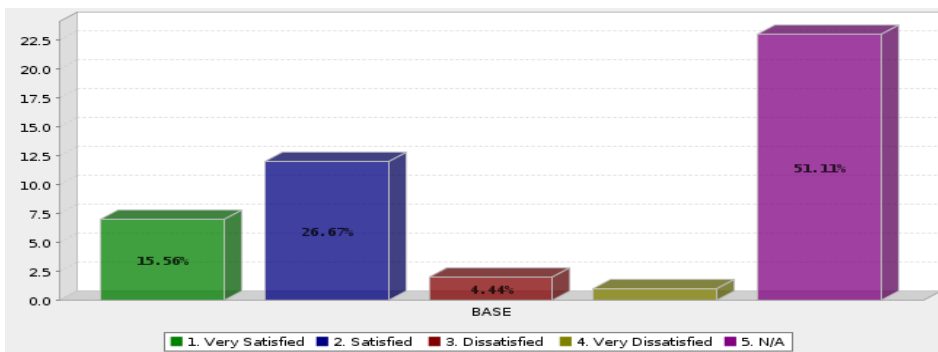
1. Temporary storage of equipment and commodities outside the L3 Ebola countries: at outside staging areas in Copenhagen, Cologne or in one of the United Nations Humanitarian Response Depots (UNHRD) in Brindisi, Las Palmas, Accra or Dubai including consolidation and packing of consignments and parcels.



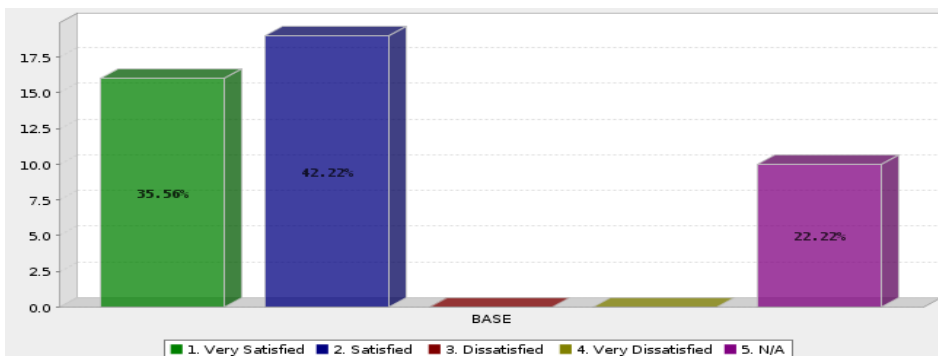
2. Sea and air transport to main sea and airports in Ebola affected countries



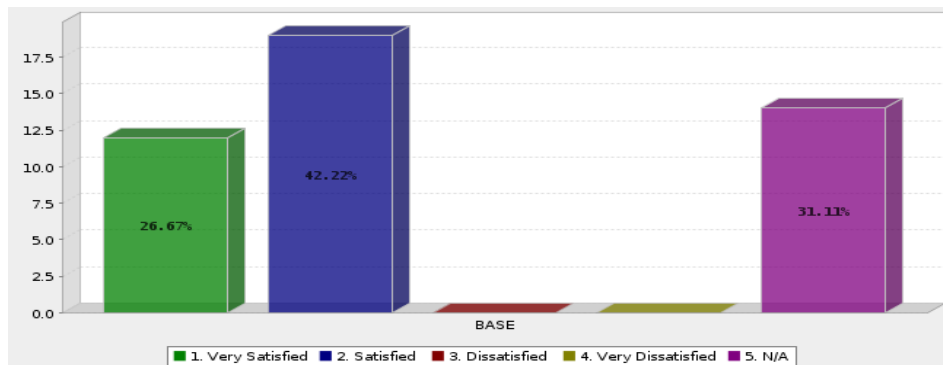
3. Customs Clearance Services at point of entry in EACs



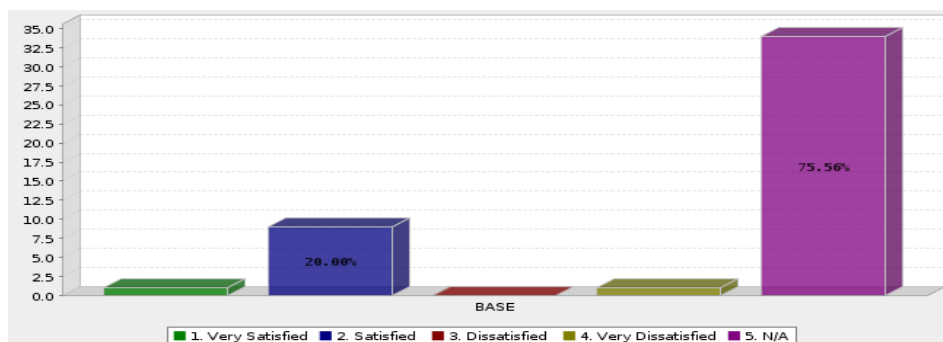
4. On-carriage by air or road from main logistics hub (or from your warehousing facilities) to final destination up-country



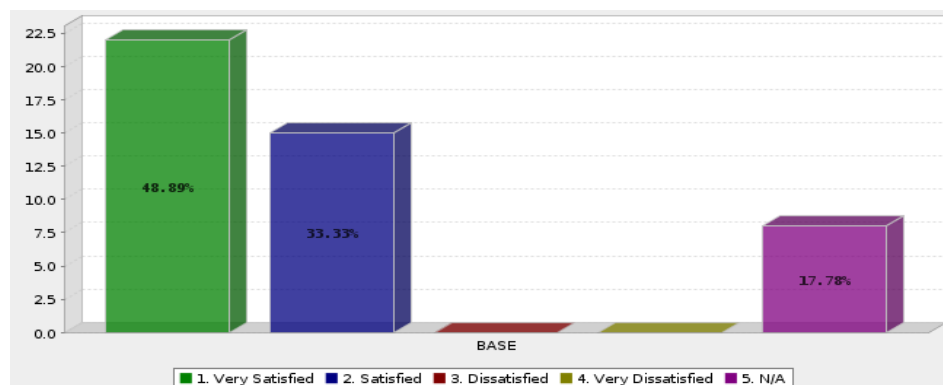
5. Temporary storage in EACs: main logistics hub, forward logistics bases (FLB), and up-country satellite logistics hubs



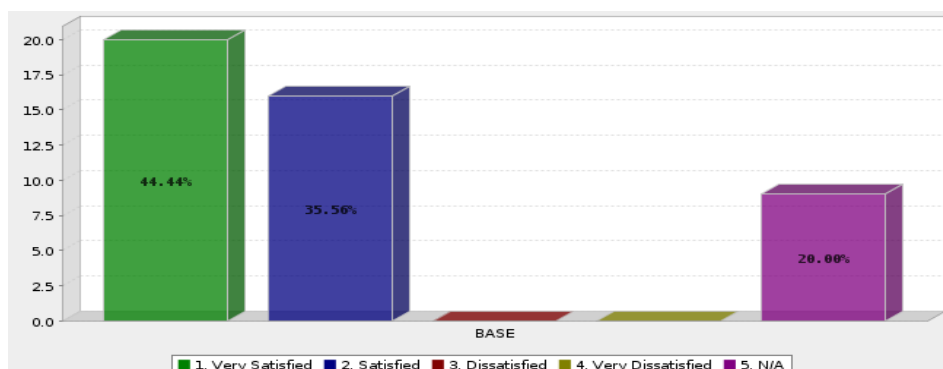
6. Reefer (cool & deep-freeze) storage and transport



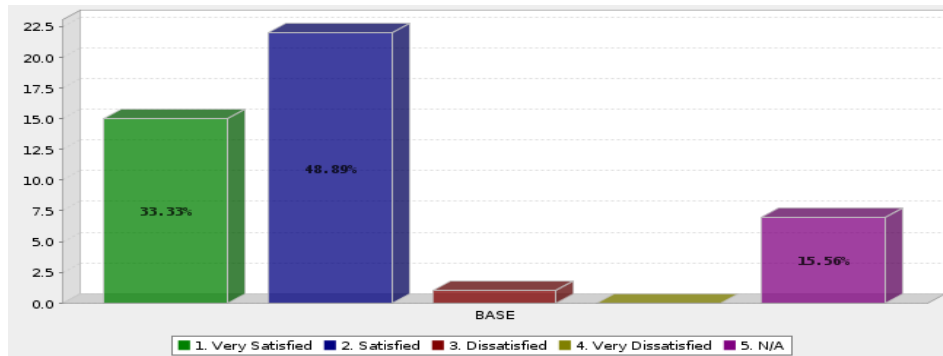
7. United Nations Humanitarian Air Service (UNHAS) international air-passage inward and outward EACs



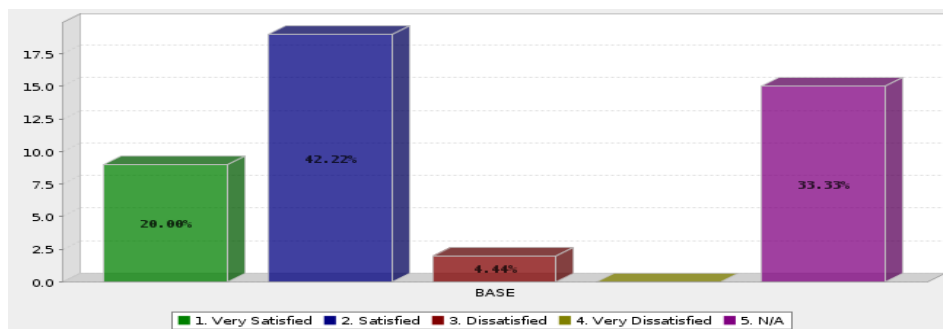
8. UNHAS inland air-passage in EACs



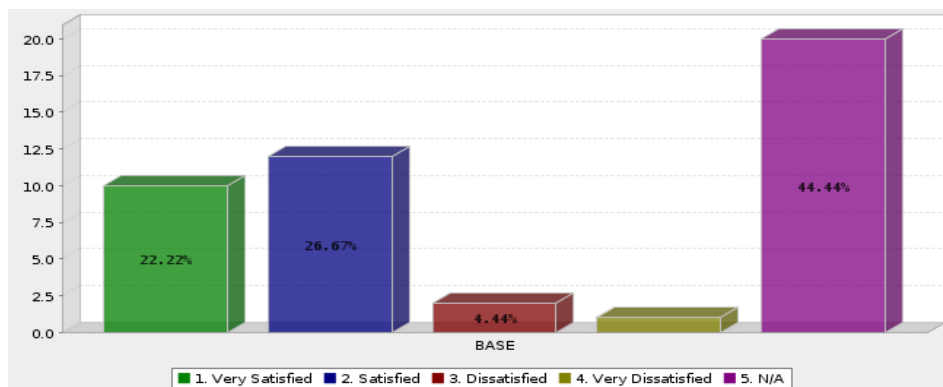
9. Logistics information and coordination services including WFP dedicated logistics website



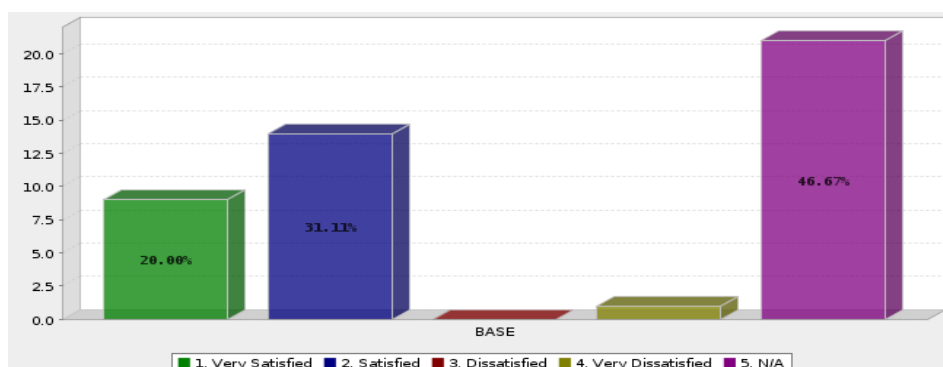
10. Detailed maps fitting your specific requirements



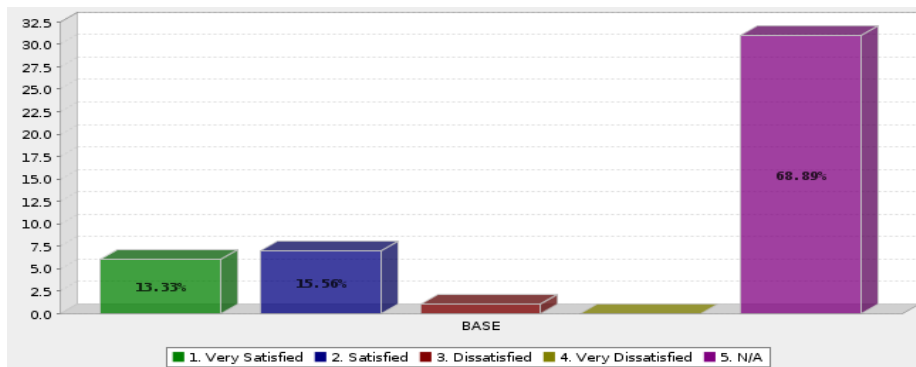
11. Temporary supply of generators, reefers, lighting, IT and ETC equipment, vehicles or other



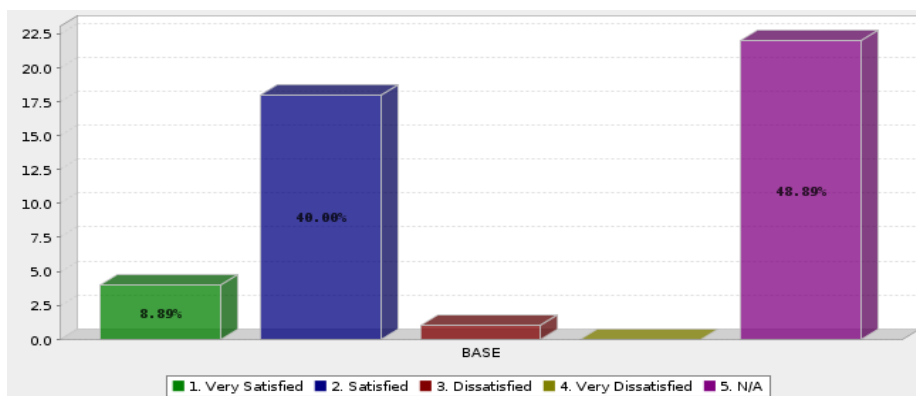
12. Temporary mobile or semi-fixed storage facility



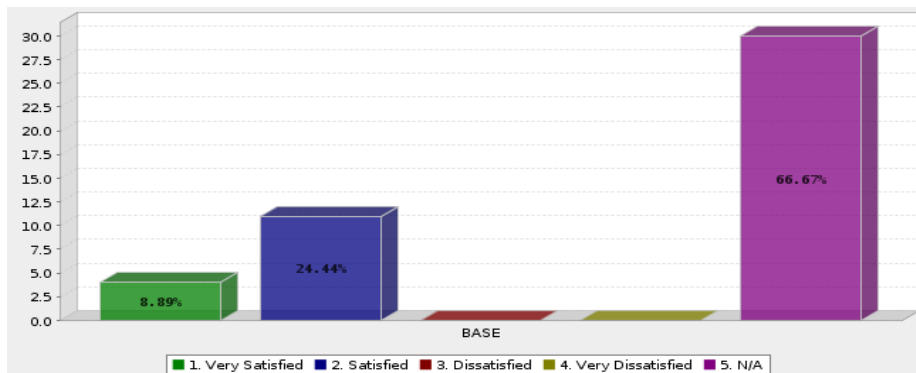
13. Security radio communication facility



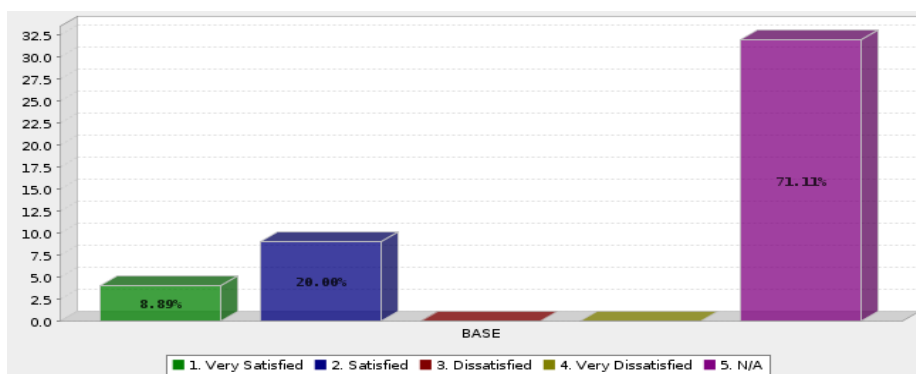
14. Broadband Internet communication



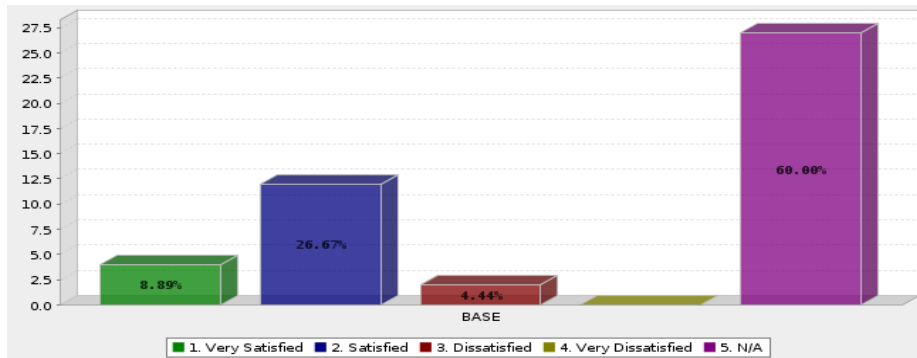
15. Cellular phone facility



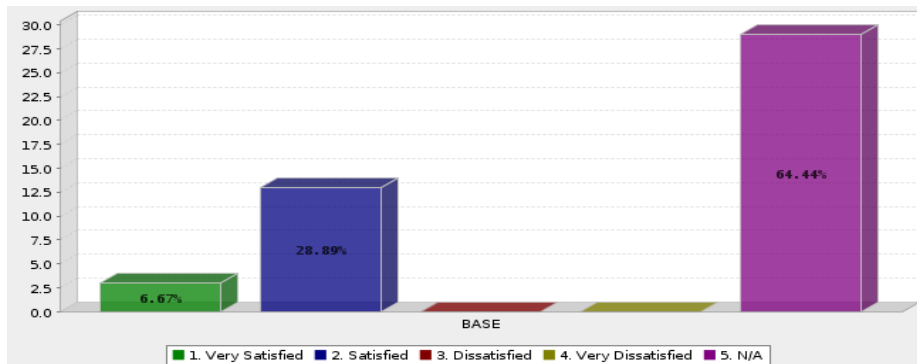
16. 24/24 – 7/7 radio room communication facility



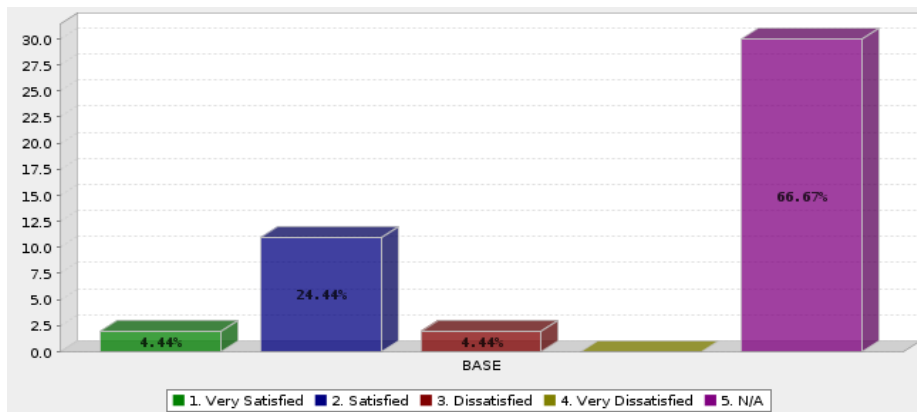
17. General construction and engineering services (including plumbing and electrical works)



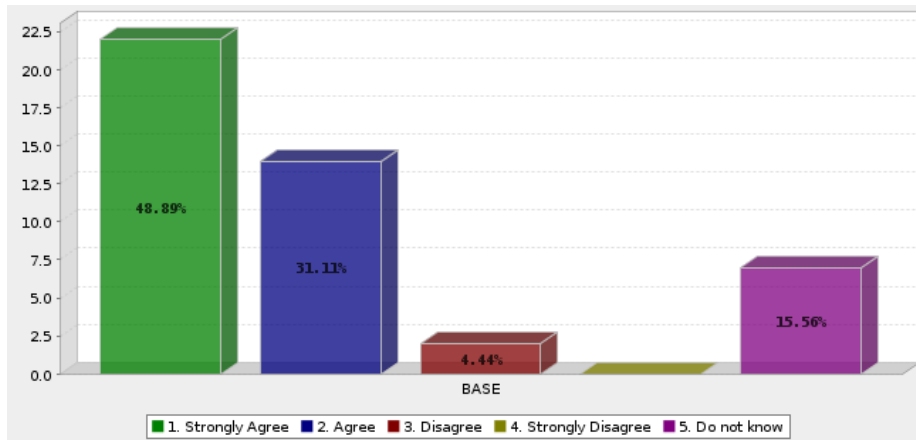
18. Medical evacuation facility



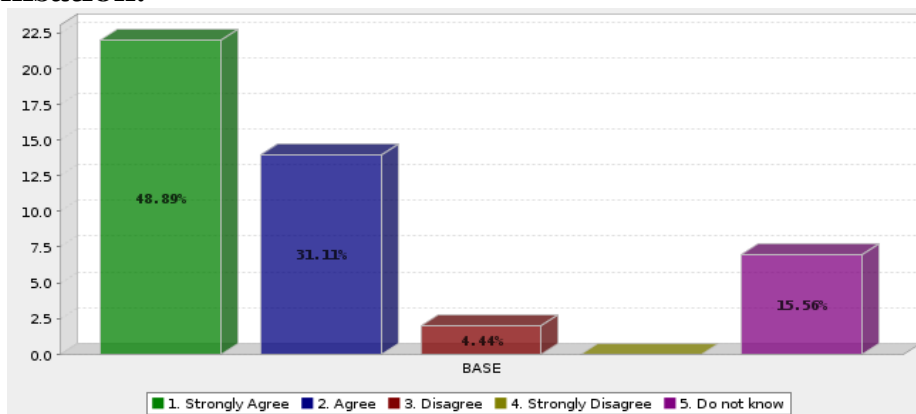
19. Emergency fuel supplies



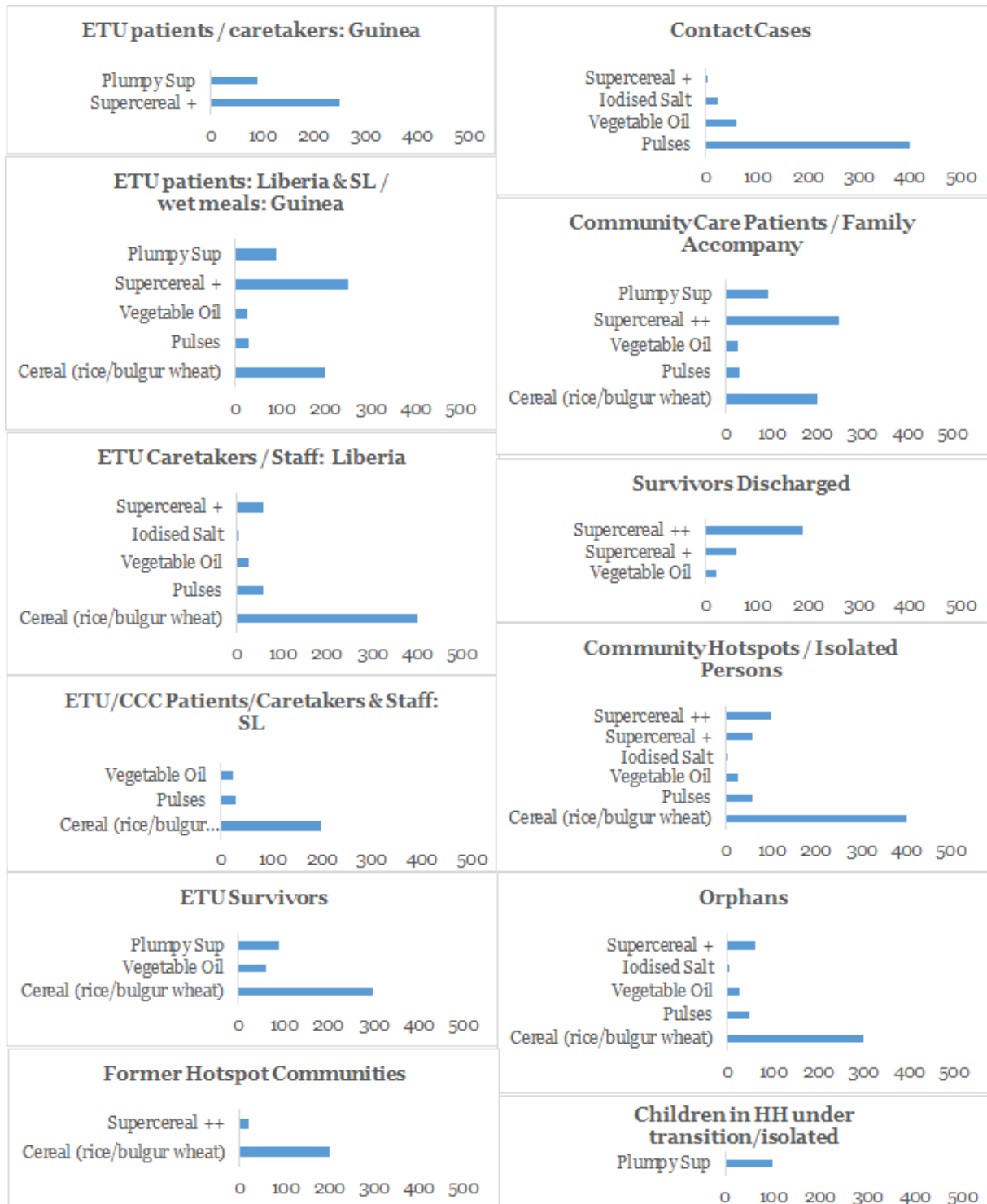
The facilities or services extended by WFP greatly enhanced the volume, the scope, and the efficiency of the humanitarian services provided by my organisation.



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Annex T: Overview of the total food and nutrition products used



Annex U: Beneficiaries by component and country and overview of IR-EMOP and regional EMOP per EAC

Table 1 summarises targeted beneficiaries for the activities encompassed under the Care, Contain and Protect pillars.¹

Pillar	Category of activity/beneficiary	Current Approved (August 2014 – September 2015)				Revised totals for BR period (October 2015 – December 2015)				TOTAL REVISED (August 2014 – December 2015) Adjusted for overlap and duplication			
		Guinea	Liberia	Sierra Leone	Total	Guinea	Liberia	Sierra Leone	Total	Guinea	Liberia	Sierra Leone	Total
CARE	Treatment (patients and caregivers)	27 080	66 520	23 425	117 025	64	86	90	240*	27 144	66 606	23 515	117 265
	Discharge (survivor and households)	7 800	21 600	19 470	48 870	80	75	100	255*	7 880	21 675	19 570	49 125
CONTAIN	Isolated contact cases	34 200	289 000	72 133	395 333	6 250	4 500	4 800	15 550*	40 450	293 500	76 993	410 943
	Hot spot communities	864 620	577 300	1 084 440	2 526 360	0	0	0	0	864 620	577 300	1 084 440	2 526 360
PROTECT	Food insecure in former hotspots	641 750	236 250	510 185	1 388 185	0	0	0	0	641 750	236 250	510 185	1 388 185
	Short-term: TSF	4 114	0	47 127	51 241	0	0	0	0	4 114	0	47 127	51 241
	Short-term: Clean-up	0	0	228 150	228 150	0	0	0	0	0	0	228 150	228 150
	Social protection: orphan (and foster household)	7 200	15 000	18 400	40 600	8 400	15 000	18 800	42 200	8 400	15 000	18 800	42 200
	Social protection: survivors (and households)	0	13 845	0	13 845	7 974	6 500	15 000	29 474	7 974	13 845	15 000	36 819
TOTALS (adjusted for duplication and overlap)		937,214	947 820	1 473 675	3 358 709	22 688	26 086	38 690	87 464	944 728	952 406	1 478 965	3 376 099

* These beneficiary caseloads are planned to ensure rapid reaction and prompt response should EVD transmission continue and/or sudden small-scale outbreaks occur.

¹ Source: Regional Emergency Operation 200761 (Guinea, Liberia and Sierra Leone) BR No. 6.

Overviews of IR-EMOP and regional EMOP per EAC²

Guinea

Year	Beneficiaries		Commodities Tonnage MT		CBT US\$ - 2015	
	Planned	Actual	Planned	Actual	Planned	Actual
IR-EMOP 200698						
09/04/14	34,000	40,953	1,346	1,272		
Regional EMOP 200761						
2014	431,222	491,103	17,893	11,323	0	0
2015	944,728	894,057	30,246	20,663	✧	1.6 mil

Liberia

Year	Beneficiaries		Commodities Tonnage MT		CBT US\$ - 2015	
	Planned	Actual	Planned	Actual	Planned	Actual
IR-EMOP 200758						
15/08/14	24,000	52,467	920	1,003		
Regional EMOP 200761						
2014	401,385	584,823	17,583	13,081	0	0
2015	405,439	395,394	17,740	18,831	✧	3.5 mil

Sierra Leone

Year	Beneficiaries		Commodities Tonnage MT		CBT US\$ - 2015	
	Planned	Actual	Planned	Actual	Planned	Actual
IR-EMOP 200749						
08/07/14	26,800	127,780	1,205	2,103		
Regional EMOP 200761						
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

✧ Planned figures for 2015 not available.

² Source: All figures extracted from regional EMOP 200761 SPR 2014 & 2015.

Annex V: Food/CBT requirements by country

Table 1: Food/CBT requirements by country¹

	Guinea		Liberia		Sierra Leone		Total	
	Current	Revised	Current	Revised	Current	Revised	Current	Revised
Food requirements (mt)	47 588	48 139	35 164	35 323	57 194	57 522	139 946	140 983
Cash & voucher transfers (USD)	5 701 098	5 305 668	5 294 527	5 395 153	3 251 743	3 396 673	14 247 369	14 097 494

*Totals are rounded.

Table 2: CBT beneficiaries by country²

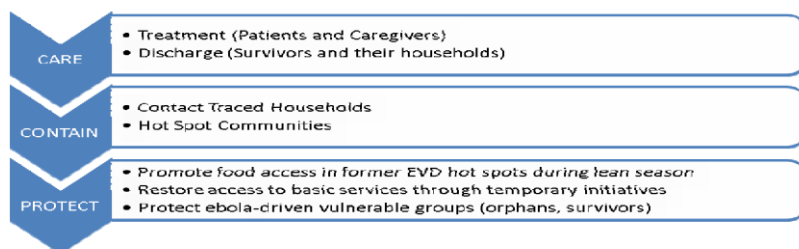
Category of activity/beneficiary	Current Approved (August 2014 – September 2015)				Revised totals for BR period (October 2015 – December 2015)				TOTAL REVISED (August 2014 – December 2015) Adjusted for overlap and duplication			
	Guinea	Liberia	Sierra Leone	Total	Guinea	Liberia	Sierra Leone	Total	Guinea	Liberia	Sierra Leone	Total
Social protection: orphan (and foster household)	7 200	15 000	18 400	40 600	8 400	15 000	18 800	42 200	8 400	15 000	18 800	42 200
Social protection: survivors (and households)	0	13 845	0	13 845	7 974	6 500	15 000	29 474	7 974	13 845	15 000	36 819

¹ Source: Regional Emergency Operation 200761 (Guinea, Liberia and Sierra Leone) BR No. 6.

² Source: Regional Emergency Operation 200761 (Guinea, Liberia and Sierra Leone) BR No. 6. Page 4.

Annex W: Regional EMOP 200761 BR4 Extracts May 2015

BR 4 Conceptual shift in WFP response leading to care, contain and protect pillars including a transition phase aiming to protect over a lean season based on traditional food security analysis of economic impact of EVD on households.



Planned vs actual beneficiaries by pillar

Annex III: BENEFICIARIES BY COMPONENT AND COUNTRY (Excluding contingency)													
- Disaggregated by Sex -													
Pillar	Category of activity/beneficiary	TOTAL REVISED EMOP (Aug 2014 – September 2015)											
		Guinea			Liberia			Sierra Leone			Total		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
CARE	Treatment	13508	13572	27080	33293	33227	66520	11244	12181	23425	58045	58980	117025
	Discharge (Survivor and Households)	3891	3909	7800	10811	10789	21600	9346	10124	19470	24047	24823	48870
CONTAIN	Contact Traced Households	17059	17141	34200	144645	144356	289000	34624	37509	72133	196327	199006	395333
	Hot Spot Communities	431272	433348	864620	288939	288361	577300	520531	563909	1084440	1240742	1285618	2526360
PROTECT	Food Insecure in Former Hotspots	220345	221405	441750	118243	118007	236250	244889	265296	510185	583477	604708	1188185
	Short-term: Clean-up	2052	2062	4114	0	0	0	22621	24506	47127	24673	26568	51241
	Short-term: Orphan (and foster household)	0	0	0	0	0	0	109512	118638	228150	109512	118638	228150
	Social Protection: Survivors	3591	3609	7200	7508	7493	15000	8832	9568	18400	19931	20669	40600
	Social Protection: Survivors	0	0	0	6929	6916	13845	0	0	0	6929	6916	13845
TOTAL : Adjusted for duplication and overlap		467482	469732	937214	474384	473436	947820	707364	766311	1473675	1649230	1709479	3358709

Source: Budget Revision 4, p4 and p10, May 2015.

Annex X: Overview of EAC Country Programmes pre- and post-EVD regional EMOP

CP details	Guinea	Liberia	Sierra Leone
Alignment with Government policies	Based on the national development priorities enshrined in PRSP II and UNDAF 2013–2017	Envisages safety nets as a unifying principle to advance the Government's vision of a "hunger-free Liberia".	The Government's Agenda for Change (2008–2013) is the basis of national development programmes
Project Name	CP 200326	CP 200395	CP 200336
Dates	2012-2017 1 BR to increase beneficiaries	2012-2017 No BRs	2013-2014 4 BRs to increase beneficiaries and extended to end 2016
Overview	Food requirement 30,872 MT At a cost of US\$17.7 m Total cost to WFP US\$40.1 m	Food requirement 33,235 MT At a cost of US\$17.6 m C&V requirement US\$7,425,000 Total cost to WFP US\$80.9 m	Food requirement 29,272 MT At a cost of US\$19.8 m C&V requirement US\$702,000 Total cost to WFP US\$39.5 m
Planned and revised beneficiaries	Planned 437,277 Revised 723,473 Increase of 65%	Planned 624,000	Planned 690 750 Revised 1,206,840 Increase of 44%
Budget	Planned 29,785,392 Revised 46,476,000 Increase of 56%	Planned 80,945,734	Planned 39,480,920 Revised 56,717,868 Increase of 43%
BR2	Date unclear – no extension Increase caseload to 286,196 in preparation for a larger BR planned in 2016 to address increased food and nutrition assistance needs in the emerging post-Ebola context.	N/A	31 Dec 2014 1 year extension to Dec 2015 because CP activities on hold
BR3	N/A	N/A	1 January 2016 3 month extension to Mar 2016 To prepare for the PRRO planned to begin April 2016 to address food and nutrition assistance needs in the post-Ebola context.

BR4	N/A	N/A	1 April 2016
9 month extension to 31 Dec 2016. For the CP food for education and nutrition components in preparation for a new PRRO to begin May 2016.			
Support to primary education / School feeding			
School Feeding	Year average		
	School meals 100,000	School meals 127,000	School Meals 255,000
	GTHR 11,000	GTHR 25,000	THR 1,500
Gui: Support For Community Based Supplies for School Feeding Programmes, and for Enhancing Resilience in Fragile Communities			
Lib: Promote productive safety nets and sustainable livelihoods ; SL: Building and Rehabilitating Productive Assets			
Lib Productive Safety Nets & livelihoods	FFW 3,000	Year average FFW 21,000	FFA 60,000
SL Asset creation (In-kind and cash)	FFT 2,500	CFW 33,000 CGRs 4,900 phased out 2016	CFA 11,700
Nutrition and vulnerable groups / Nutritional Support for Women, Children and People Living with HIV or TB			
MAM treatment 6-59m	10,000	12,000 phased out in 2013	50,000
MAM treatment PLW	5,000	-	18,000
MAM prevention 6-59m		-	53,000
Stunting prevention 6-23 months	1,350	22,000 Phased out in 2013	-
Stunting prevention PLW	800	10,000 Phased out in 2013	-
Nutrition support to malnourished PLHIV receiving treatment & TB	PLHIV/TB treatment 4,500	-	PLHIV/TB prescription 12,500
Nutrition support to families of PLHIV and TB receiving treatment	PLHIV/TB 18,000	-	Caregivers Ration 6,300
Care giver ration	-	1,600 Phased out in 2013	6,300

New 2016 CP activities “EBOLA TRANSITION”	-	-	FP will extend its support to Care , Contain and Protect measures for one month. Support to survivors will be suspended and resumed in a new PRRO.
CARE (treatment & discharge)	-	-	293
CONTAIN (isolated cases & contingency)	-	-	13,500
PROTECT (social protection orphans & host hh and survivors & HH)	-	-	33,915

Guinea Country Programme (2013–2017) 200326

Operational Requirements (U.S. Dollars)	53,453,200
Gross Needs Funded:	39,362,225
% Gross Needs Funded:	73.6%
Shortfall (of Gross Needs):	14,090,975

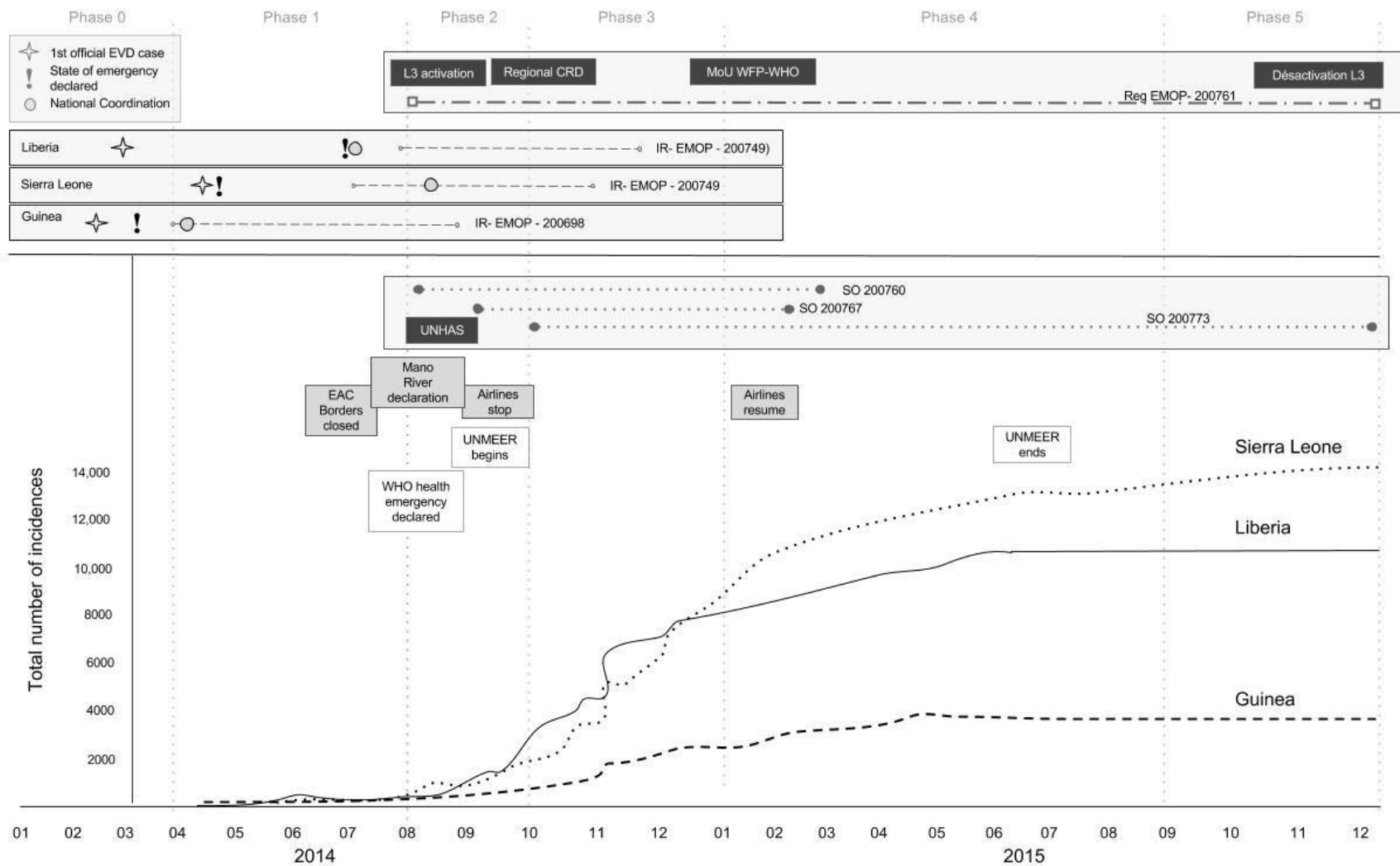
Liberia Country Programme (2013–2017) 200395

Operational Requirements (U.S. Dollars)	85,515,900
Gross Needs Funded:	41,656,866
% Gross Needs Funded:	48.7%
Shortfall (of Gross Needs):	43,859,034

Sierra Leone Country Programme (2013–2016)

2013-2016 Operational Requirements (U.S. Dollars)	56,717,868
Gross Needs Funded:	38,610,609
% Gross Needs Funded:	68.1%
Shortfall (of Gross Needs):	18,107,259

Annex Y: Country specific EVD caseload



Annex Z: Key Top Level Informants Interviews

	Name	Position	Interview date
1	Jean Francois Milhaud	UNHRD Hub manager in Accra	23 May 2016
2	Dr. Richard Brennan	World Health Organization Director for Emergency Risk Management and Humanitarian Response (ERM)	20 June 2016
3	Bruce Aylward	WHO DDG Ebola response	No response to EvT email requests for interview
4	Tony Banbury	UNMEER Head of Mission	Contact failed
5	Amer Daoudi	UNMEER Director of operations	Contact failed
6	Dr. David Nabarro	UNMEER Head of Mission (now Special Adviser on the 2030 Agenda for Sustainable Development and Climate Change: United Nations)	22 June 2016
7	Peter Graff	UN Ebola Response Manager for Liberia	No response to EvT email requests for interview
8	Abdou Dieng	UN Ebola Response Manager for Guinea	No response to EvT email requests for interview
9	Manuel Lafontaine (replaced by Shameza Abdulla)	UNICEF Regional Director	20 June 2016
10	Peter Salama	UNICEF Ebola Response Coordinator	8 June 2016
11	Amadu Kamara	UN Ebola Response Manager for Sierra Leone	No response to EvT email requests for interview
12	Dr Raj Shah	USAID Administrator	No response to EvT email requests for interview
13	Donald Brown	DFID counterpart/representative	No response to EvT email requests for interview

Annex AA: Regional EMOP Logical Framework Outcomes & Indicators

Regional EMOP Logical Framework Outcomes & Indicators

<i>SO1: Save lives and protect livelihoods in emergencies</i>		
<i>Outcomes SO1</i>		<i>Performance Indicators</i>
<i>SO1.1</i>	<i>Stabilised food consumption over assistance period for the beneficiaries of the GFD in the EVD areas</i>	<ol style="list-style-type: none"> 1. Food Consumption Score male and female headed HH 2. Dietary Diversity Score male and female headed HH 3. rCSI
<i>SO1.2</i>	<i>Reduced risk of contamination of EVD over assistance period of people living in areas of widespread and intense transmission</i>	<ol style="list-style-type: none"> 1. Reported reduced movement of communities
<i>SO1.3</i>	<i>Stabilised or reduced undernutrition among children 6-59 months and pregnant and lactating women</i>	<ol style="list-style-type: none"> 1. MAM treatment mortality rate 2. MAM treatment recovery rate 3. MAM treatment non-respondent ate 4. MAM treatment default rate
<i>Output SO1.1</i>		<i>Performance Indicators</i>
<i>1.1</i>	<i>Food and non-food items distributed in sufficient quantity and quality and in a timely manner to the targeted beneficiaries</i>	<ol style="list-style-type: none"> 1. Number of women, men, boys and girls receiving food assistance 2. Quantity of food assistance distributed as a % of planned 3. Quantity of non food items distributed as a % of planned 4. Number of institutional sites assisted

Annex BB: Emergency Preparedness and Response related activities in response to the L3 activation

The EvT found the following emergency preparedness and response related activities in response to the L3 activation:

1. A warning matrix training at EAC level informing of risks, and preparedness/readiness mitigation measures leading to a risk register
2. The Ebola risk register was completed in August 2014 in line with corporate policy (see 2.2.5) identifying a series of relevant risks and appropriate mitigation measures
3. Inability to deploy international staff and logistical equipment
4. Lack of existing facilities and operational processes that can be used for the Ebola emergency
5. Reduced ability to deliver commodities and NFIs in EAC and quarantined areas
6. Reduced ability to procure commodities for the Ebola emergency
7. Limited and constrained ability to support the Ebola emergency with the skill sets and levels of staff required
8. WFP Ebola EMOP and SO operations not funded sufficiently and in time
9. Ebola contamination of WFP staff
10. Lack of CPs able and qualified to implement WFP activities
11. Existing WFP projects being disrupted
12. Failure to demonstrate results and ensure food is reaching the intended beneficiaries

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 the EVD response and led to the creation of an Ebola Cell. **The Pandemic Management Plan** (regional 2014) and 5 core functions comprise:

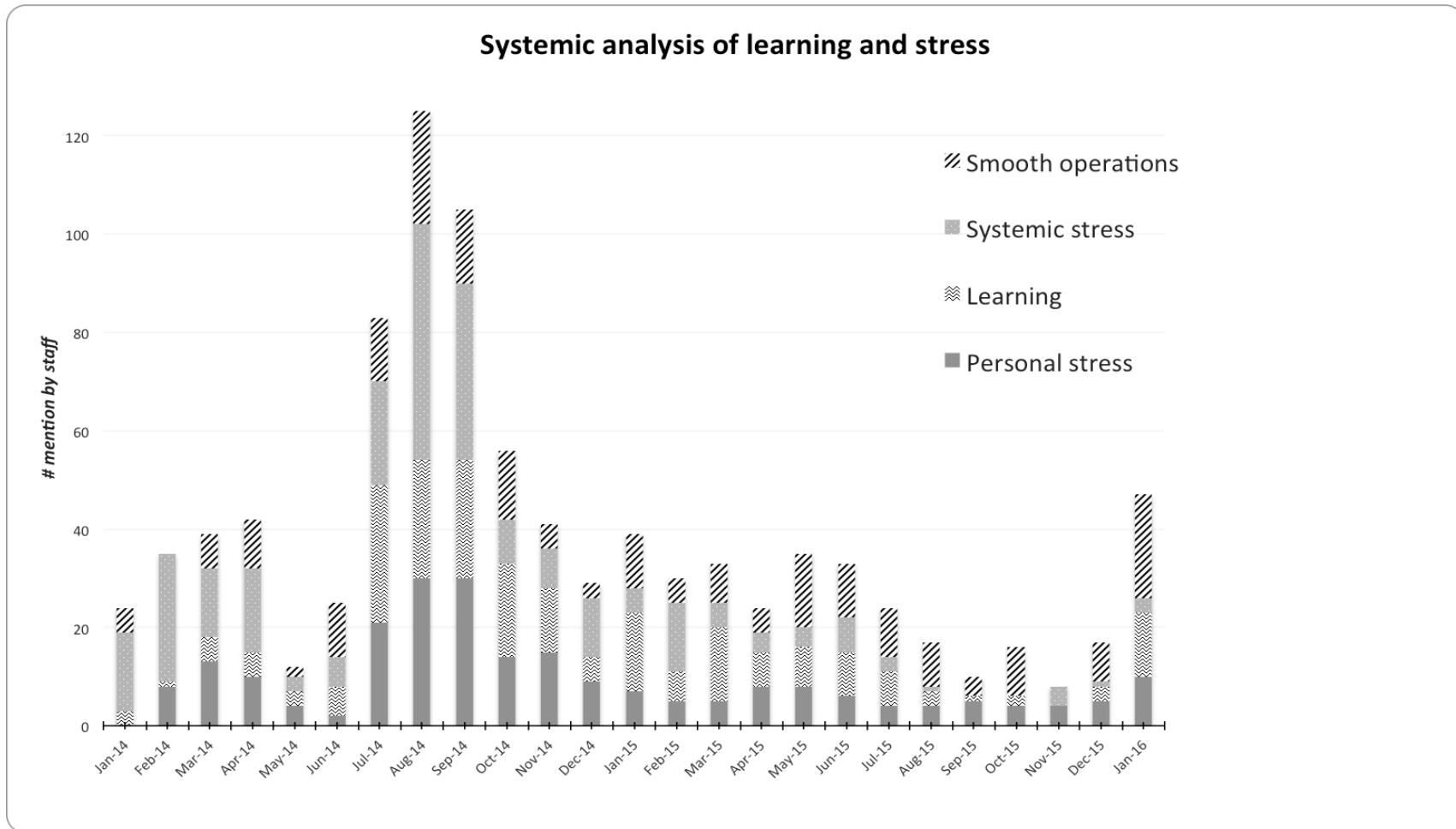
1. **Staff Health and Safety:** Implement measures that may minimise impact of staff health and safety
2. **Business Continuity:** Maintain operational continuity (programmes and infrastructure)
3. **New Programmes:** Identify and address food security needs of possible new beneficiary caseloads
4. **New Services:** Contribute to a system-wide effort to prepare for, prevent and combat the pandemic
5. **Organisation:** to maintain organisational sustainability post-crisis

Table 1: Potential CO activities to respond to a health pandemic in the Liberia Emergency Preparedness Plan 2009

	Scenario 1	Scenario 2	Scenario 3
	Normal operation	Reduced operation due to movement restriction	Increased operation due to increased caseload
General Food Distribution			x
School Meals	x	x	
Nutrition	x	x	
Food for Work	x		
Lean Season Ration	x		
Cash for work	x		
Food voucher		x	x
NFI Dist.	x		x

Source: WFP Pandemic Operational Action Plan for WFP Liberia, Monrovia – updated 15 March 2010.

Annex CC: Summary of timeline exercise showing moments of extra work and extra stress



Annex DD: Evolution of WFP’s Risk Appetite Statement

WFP’s risk appetite reflects its overall approach to risk management. The risk appetite statement sets out the vision for how risks are viewed within the organization, allows WFP to communicate with partners and stakeholders about the acceptable level of risk, and allows its proactive engagement in operational decision-making. WFP’s original risk appetite statement was approved in 2012 and revised in 2016 following the Ebola crisis.

The table below shows the differences (and similarities) between the 2012 and 2016 statements.

2012 Risk Appetite Statement ¹	2016 Risk Appetite Statement ²
<p>The humanitarian imperative obliges us to provide humanitarian assistance wherever it is needed or requested. While we seek to do so we are committed to protecting our beneficiaries, our staff and the resources entrusted to us. We recognize that the risks of failing to engage often outweigh the risks of engagement. WFP’s decisions to engage will incorporate analysis of the benefits of engagement and the costs of mitigation actions.</p>	<p>The humanitarian imperative obliges WFP to provide humanitarian assistance wherever it is needed or requested. While it seeks to do so, it is committed to protecting its beneficiaries, staff and the resources entrusted to it. WFP recognizes that the benefits of engagement outweigh the risks of failing to engage. WFP’s decisions to engage will incorporate analysis of the benefits of engagement and the costs of mitigation actions.</p>
<p>Risks to security and safety of staff</p> <p>WFP recognizes that exposure to significant security risks in certain contexts can endanger the lives of staff or lead to injuries. WFP will take robust measures to protect its staff, consistent with the UN security framework.</p>	<p>Security, Wellness and Safety Risks to Personnel</p> <p>WFP recognizes that exposure to significant security risks in certain contexts can endanger the lives of staff or compromise their health and wellness, especially long-term exposure. WFP will take robust measures to protect its staff, consistent with the United Nations security framework, and ensure their well-being.</p>
<p>Risks to health and well-being of beneficiaries</p> <p>We acknowledge that some food assistance, if prolonged, may not address the existing root causes of food insecurity and lead to dependency. WFP will ensure that assistance is provided only where the benefits to beneficiaries outweigh the residual risk.</p> <p>We acknowledge that distributions may expose and endanger beneficiaries unless managed properly. We will mitigate this risk by ensuring that WFP and its partners are conscious of the protection needs of beneficiaries and design</p>	<p>Risks to the Well-Being of Beneficiaries</p> <p>WFP acknowledges that in-kind or cash-based distributions may endanger beneficiaries unless they are managed properly. It will mitigate this risk by ensuring that WFP and its partners are conscious of the protection and nutrition needs of beneficiaries and that they design and implement programmes accordingly, with a special focus on women, men, girls and boys.</p>

¹ 9 November 2012.

² WFP/EB.1/2016/4-C.

<p>and implement programmes accordingly.</p> <p>We acknowledge that distributions in complex environments may affect food quality. WFP will mitigate the risk through stringent supply chain monitoring and quality control.</p>	
<p>Risks to operations</p> <p>We accept that in some contexts our need to provide a timely response will result in higher operating costs. Whilst we incorporate cost-efficiency and forward-planning in all activities, as mitigating measures our paramount consideration is to ensure that the right assistance reaches beneficiaries at the right time.</p> <p>WFP requires safe and unhindered humanitarian access in order to ensure effective and timely assessment, targeting, delivery, distribution and monitoring of assistance. This is done in full respect of national sovereignty and in accordance with international law and the humanitarian principles of humanity, neutrality and impartiality. WFP acknowledges that where humanitarian access is restricted there may be residual risks related to distributions and assets. WFP will minimise risks to operations through use of heightened due diligence and appropriate alternative measures to select partners and monitor all assistance. WFP accepts the residual risk of loss of assets in complex insecure environments and will continue to minimise such risks through established UN procedures and measures.</p> <p>We accept that our operating environment heightens exposure to the risk of fraud, corruption and collusive practices. Fraudulent, corrupt, and collusive practices and misappropriation of resources are contrary to WFP's core values and are not accepted by the organisation. WFP is committed to preventing such practices and to taking mitigating action where they are found to occur.</p>	<p>Risks to Operations</p> <p>WFP accepts that in some contexts, the need to provide a timely response will result in higher operating costs. While it incorporates value for money into all activities, WFP's paramount consideration is to ensure that the right assistance reaches people in need at the right time. WFP accepts the residual risk of higher costs in order to ensure timely emergency response.</p> <p>WFP requires safe and unhindered humanitarian access in order to ensure effective and timely operations. It strives to assist people in need but accepts that assisting all beneficiaries may require engaging with other actors to ensure access. This will be done in accordance with international law, the humanitarian principles of humanity, neutrality and impartiality, and with respect for national sovereignty.</p> <p>WFP acknowledges that in some contexts, access may be compromised. It will mitigate this risk by determining the most critical needs for specific activities and the timeframe for response in order to ensure that the highest-priority activities are carried out in line with United Nations strategies and plans. WFP accepts the residual risk of temporary suspension of its operations in some high-risk contexts.</p> <p>WFP acknowledges that where humanitarian access is restricted, there may be risks related to the safety of assets. It accepts the residual risk to its assets in insecure environments and will continue to minimize this risk by observing United Nations system-wide procedures.</p> <p>WFP recognizes that in insecure environments, the risk of resource loss is heightened. Its transfer modalities and operational context carry the risks of fraud, corruption and collusive practices.</p> <p>These risks are also present when WFP prepositions assets near its operations. WFP will mitigate these risks through due diligence and investment in the "three lines of defence". It accepts the residual risk of loss of resources in certain high-risk environments.</p>

	<p>WFP recognizes that the ability to provide effective assistance is contingent upon preparedness, and that investments in preparedness allow for cost-effective response. It will invest in preparedness activities and promote early action when an emergency is imminent based on emergency preparedness and response protocols. WFP recognizes that deploying staff and assets prior to an event risks increasing costs if the event does not materialize. It will mitigate this risk through analysis and early warning mechanisms, but accepts the residual risk of investing financial resources in preparation for emergencies that do not actualize. WFP recognizes the need for effective corporate systems to meet its Strategic Objectives. These systems need to be developed with the flexibility to adapt to new requirements, including new transfer modalities. WFP recognizes the risk that there may be insufficient interoperability among these systems initially; and the need for investing in system improvements and staff capacity. It will mitigate this risk by coordinating system development and roll-out, and taking into account the technical capacity of all offices. WFP accepts the residual risk that resources will be required for continuous staff training and that the systems may not be fully aligned at roll-out.</p> <p>WFP recognizes that global changes in how it operates present new challenges: the increase in cash-based transfers, digital transfers and the use of commercial service providers may lead to gaps in oversight. WFP will mitigate this risk through an increased investment in expertise and new controls in areas related to information technology, and financial and operational compliance. In line with its commitment to optimizing efficiency and effectiveness, WFP accepts the residual risk associated with innovative change and its ability to provide proactive oversight.</p> <p>WFP acknowledges that distributions in complex environments may affect food quality as a result of inadequate control of quality management. It will mitigate this risk by integrating food quality and safety across the supply chain and through staff training in food safety and quality. WFP accepts the residual risk of quality issues resulting from lack of control.</p> <p>WFP acknowledges that the quality of its operations and support services may be compromised in remote and complex environments. It will mitigate this risk through stringent implementation, oversight and internal controls. WFP accepts the residual risk that operating in challenging environments may hinder optimal programming and support.</p> <p>WFP recognizes that as a voluntarily funded</p>
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	<p>organization, it relies on contributions to initiate and sustain operations. Without sufficient resources, WFP's ability to implement humanitarian and development projects and invest in organizational strengthening will be limited. WFP will mitigate the risk of insufficient funding by developing and maintaining funding partnerships, demonstrating results and communicating its comparative advantages as a humanitarian and development actor. WFP accepts the residual risk that contextual factors may limit its ability to implement operations and fulfil its commitments.</p>
	<p>Risks to Demonstrating Results</p> <p>WFP recognizes the need for robust and credible needs assessment, monitoring and evaluation of results, and the limits of its current systems, capacity and resourcing. This may lead to programming and reporting with an inadequate evidence base. To mitigate this risk, WFP will invest in and prioritize assessment, evaluation and monitoring throughout the organization and</p> <p>ensure these areas receive adequate resourcing and capacity. WFP accepts the residual risk that without sufficient investment and prioritization in assessment, evaluation and monitoring, it will be unable to demonstrate results.</p> <p>WFP recognizes that in areas where humanitarian access is restricted, its ability to monitor activities may be impeded. The humanitarian imperative compels it to continue providing critical support in those areas. This risk will be mitigated through the use of third-party monitors, remote access tools and partner selection, but WFP accepts the residual risk of being unable to fully monitor operations in some circumstances.</p>
	<p>Risks Related to Staff Capacity</p> <p>WFP recognizes that its new roles within shifting humanitarian and development contexts require enhanced staff skills and that it will need to rapidly mobilize skilled staff when required in these contexts. It will mitigate the risk of being unable to mobilize skilled staff in emergency contexts through investments in training, sourcing of staff with the required skills, and mechanisms to deploy staff rapidly. WFP accepts the residual risk of lacking sufficient staff with the appropriate skill sets to provide full operational support during the onset of emergencies.</p>

	<p>Risk Related to Partnerships</p> <p>Within the framework of its Corporate Partnership Strategy, WFP engages in partnerships to achieve more efficient, effective and innovative outcomes by combining resources. It subscribes to partnership principles that promote transparency, equity, and mutual benefit, which involves sharing risks, responsibilities and accountability. The reputational, staffing, mobilization and access risks that its partners face affect WFP's operations. WFP will mitigate these risks by implementing activities according to its partnership principles, strengthening partner capacity through risk-sharing and joint-mitigation actions whenever possible. WFP accepts the residual risk that building partner capacity may require additional investment.</p>
<p>Risks to WFP's reputation</p> <p>Public scrutiny is an inherent component of our activities and there is a need to be proactively engaged in informing key stakeholders. We recognize that our work may generate or contribute to negative public perception and media coverage, affecting our reputation. WFP will ensure transparent and clear communication in order to mitigate this risk.</p>	<p>Risks to WFP's Reputation</p> <p>WFP recognizes that its activities are subject to public scrutiny and that its work may generate or contribute to negative public perceptions and media coverage, which affects its reputation. It will mitigate this risk through transparent and open communication with stakeholders, and through investments in communication in high-risk environments. WFP accepts the residual risk of negative media coverage stemming from perceptions of its operations in certain contexts.</p>
	<p>Risk Tolerance</p> <p>WFP's risk appetite incorporates its tolerance for risk. Risk tolerance comprises: i) functional areas with quantifiable thresholds for risk identified through established processes; and ii) areas in which thresholds for risk tolerance cannot be quantified precisely and decisions need to be taken on a case-by-case basis.</p> <p>One area in which a threshold may not be identified relates to deciding when to suspend or resume operations. It is accepted that this decision must be based on a combination of factors including humanitarian need, contextual analysis, external factors including stakeholder interest, and operational capacity to manage the risk.</p> <p>Since the complexity of operations may preclude identification of quantifiable thresholds, they can be identified based on core principles elaborated in the risk appetite statement, which enable managers to make decisions on operational issues – recognizing that all available options may entail risks.</p> <p>WFP managers are provided with tools for empowered leadership and operational</p>

	<p>decision-making. They are supported by a reporting structure that enables them to escalate decisions. WFP supports decision-making based on its overall risk appetite.</p>
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Annex EE: People interviewed for the evaluation

Note: Individuals interviewed for the evaluation are listed as follows: by country; WFP HQ; WFP Regional Bureau.¹ This list does not include the Top Level Informant interviews which can be found at Annex X.

Ghana					
#	Last Name	First Name	Organization	Position	Date
1	ANIM	Kwake	UNHRD	Pharmacist	23.5.16
2	GBADEGBE	John Jerry	UNHRD	Procurement Service	23.5.16
3	LARE	Mercy Van	UNHRD	Admin/Finance	23.5.16
4	PENNEY	Eugene	UNHRD	Procurement Service	23.5.16
5	YENYI	Fiifi	UNHRD	Customer Service	23.5.16
6	ZINANU	Kingsley	UNHRD	Storekeeper	23.5.16

Guinea					
#	Last Name	First Name	Organization	Position	Date
1	ABIDINE	Diallo Zainout	ZATCO GC Transport (route)	Directeur Général Adjoint	20.5.16
2	AG AYOYA	Mohamed	UNICEF	Représentant	26.5.16
3	ALLARD	Guigre Didier	UNOPS - Guinea	Chargé de la Logistique	18.5.16
4	BAMBA	Josephine	WFP	Field Agent	20.5.16
5	BANGOURA	Mbalia	WFP - Guinea	Logistics Assistant	17.5.16
6	BANGOURA	Mohamed	WFP	Finance officer	19.5.16
7	BARRY	Bademba	AM Guinea - C&F Agent	Logistics Operations Manager	17.5.16
8	BARRY	Elh Abdoulaye	SoGuit WAKKILARE Transport	Président Directeur-général	20.5.16
9	BARRY	Alseny	WFP	Programme Officer	19.5.16
10	BOKOUM	Saada	WFP	Field Monitor Assistant	21.5.16
11	CAMARA	Namory	Directeur des Services Techniques	Bureau Veritas (Superintendent)	17.5.16

¹ Individuals interviewed more than one time are only listed once to avoid double counting.

Guinea (continued)					
#	Last Name	First Name	Organization	Position	Date
12	CAMARA	Mamadouba	Bolloré Africa Logistics	Stevedoring Manager	17.5.16
13	CAMARA	Modeste Alseny	Ministry of Health - Guinea	Doctor - Manager i/c of Nongo ETU /CCU	18.5.16
14	CAMARA	Sory	Port Autonome de Conakry	Directeur Général Adjoint	20.5.16
15	CAMARA	Thiani	Pharmacie Centrale de Guinée	Doctor i/c Coordination	20.5.16
16	CONDE	Samouka	WFP	Field Agent	20.5.16
17	DALANDA	Hassatou	UNDSS - Guinea	Security Officer	18.5.16
18	DALIWA	Homba	WFP	Senior Program Assistant - cantine scolaire	24.5.16
19	DELAMOU	Bernard	WFP	Logistics	20.5.16
20	DIALLO	Ibrahime	WFP	HR Assistant	24.5.16
21	DIALO	Ibrahim	Credit Rural de Guinée	Coordonateur	20.5.16
22	DIAWARA	Diawando	WFP	Monitoring Assistant	24.5.16
23	DJINGAREY	Mamoudou Harouma	WHO	Deputy WHO Representative	26.5.16
24	ENYEGUE	Arsene	WFP	Nutrition Officer	24.5.16
25	FABERT	Jean-Luc	Ministry of Agriculture	WFP Focal Point	11.5.16
26	FAURE	Elisabeth	WFP	Country Director	26.5.16
27	FAYE	Alioune	WFP - Guinea (UNHAS)	Officer i/c of UNHAS	20.5.16
28	FELICI	Stellina	WFP - Guinea	Administration Officer	19.5.16
29	GAYE	Abou Beckr	WHO	Représentant	26.5.16
30	GRENIER	Christophe	AM Guinea - C&F Agent	Operation Manager	17.5.16
31	KABA	Touré Tété	Social action	Min. Social Action	11.5.16
32	KABA	Youssouf	WFP	Program Assistant	24.5.16
33	KAMANO	Koumba	WFP	Coordonateur	20.5.16

Guinea (continued)

#	Last Name	First Name	Organization	Position	Date
34	KEITA	Mariame	WFP - Guinea	Procurement Officer	19.5.16
35	KEITA	Dinka	SENAH	SENAH	11.5.16
36	KELETY	Tounkara	EDG	Coordonateur	20.5.16
37	KOLOUMOU	Bhele	WFP	Senior Programme Associate (M&E)	30.5.16
38	KOUYATE	Mory	Bureau Veritas	Responsable ITD/GSIT	17.5.16
39	LODI	Luca	WFP	Deputy Country Director	18.5.16
40	LOUA PÉPÉ	Christien	Credit Rural de Guinée	Coordonateur	20.5.16
41	MAMADOU DIAM	Cisse	AFA	Coordonateur	30.5.16
42	MASUREL	Bilguissa Li	Bolloré Africa Logistics	Coordinatrice Logistique	17.5.16
43	MBAINAISSEM	Theodore	WFP	Sub-Office Director	21.5.16
44	MBOP CAMARA	Aboubacar	Guinean Government	Préfet de Nzérékoré	23.5.16
45	MORY	Conde	Agil	Coordonateur	30.5.16
46	MOUSSA II	Kamissoko	Credit Rural de Guinée	Coordonateur	30.5.16
47	N'FAMARA	Dansoko	Agil	Coordonateur	30.5.16
48	NYOLLA	Allen	WFP	Pipeline Assistant	24.5.16
49	OUENDENO	Michel	WFP	Logistics Associate	19.5.16
50	PUERTA	Laurent	Bolloré Africa Logistics	Directeur-général adjoint	17.5.16
51	QUENDENO	Fara Michel	WFP - Guinea	Head of Logistics (Food)	19.5.16
52	SAINT MARTIN	Yvon	WHO - Guinea	Logistic Officer	19.5.16

Guinea (continued)

#	Last Name	First Name	Organization	Position	Date
53	SOUMAH	Mohamed Lamine	SGS General Superintendent	Operations Manager (Quality Control)	17.5.16
54	SOUMAH	Nfamara	WFP - Guinea	Senior ICT/ETC Associate	19.5.16
55	SOUMAORO	Sekou	UNICEF Guinea	Logistics officer	26.5.16
56	SYLLA	Houssein	WFP - Guinea (Common services)	Manager i/c Logistic Centre Airport Conakry	19.5.16
57	TEA (THÉA)	Agnès Aimée	WFP	Field Monitor Assistant	21.5.16
58	TEWA	Pascaline	WFP	Field Agent	20.5.16
59	TOUAORO NYANKOYE	Laiemeni	OCPH	Coordonateur	20.5.16
60	TOUNKARA	Ibrahima Kalil	WFP	ICT officer	24.5.16
61	TOURE	Mohamed	SGS General Superintendent	Managing Director	17.5.16
62	TOURÉ	Abdoulaye Sadio	Credit Rural de Guinée	Coordonateur	30.5.16
63	TRAORE	Kounda	WFP	Responsable des RH	24.5.16
64	VIAL	Christophe	WFP	Logistique Réponse Ebola en Guinée	19.5.16
65	YATTARA	Facinet	Cellule de coordination	Cellule de coordination	11.5.16
66	ZARALLI	Loic Joel	WFP	Programme Coordinator	19.5.16

Liberia					
#	Last Name	First Name	Organization	Position	Date
1	ADJEI	George G.	APM Terminals	Managing Director	26.5.16
2	ALPHA	Tamba	County Health Team	Response Coordinator, Lofa County	23.5.16
3	BALLAYAN	Amos	WFP	Programme Officer	28.5.16
4	BENSON	Regina Ajavon	Liberia Airport Authority	Human Resource Manager	24.5.16
5	BEYENE	Mishisalla	WFP	Reporting Officer	19.5.16
6	BROWN	Jerry F.	WFP	Programme Officer	30.5.16
7	CLEON	Dadah	Ministry of Gender	Operations Officer	30.5.16
8	COOPER	Napoleon	CARITAS-Gbarnga	CARITAS-Gbarnga Liaison Officer	26.5.16
9	COOPER	Samuel	Ministry of Gender	National M&E Officer	30.5.16
10	DEAN	Joel	WFP	HR Officer	19.5.16
11	DENIS	David	EcoBank	Branch manager, Voinjama Lofa County	23.5.16
12	DENMAN	Isaiah G.	LIURD	Admin/finance Officer LIURD	26.5.16
13	DIARRA	Bakari	SKD	Hub Manager	24.5.16
14	DORLIAE	Robert	UNDP	Programme Analyst, Energy & Environment, UNDP Liberia	31.5.16
15	DORYEH	Mike	LACE	LACE Consultant, Liberia	26.5.16

Liberia (continued)

#	Last Name	First Name	Organization	Position	Date
16	DOUGBA	Theresa M.	Seatrans Shipping & Stevedoring Corporation (Casual Lab.)	Managing Director	26.5.16
17	DUNOR	Francis	County Council	Administrator, Lofa Country Council	23.5.16
18	ELHAROUNI	Toni	ADI Building Contractors	Chariman	26.5.16
19	ELLIS	Jacob	WFP	Procurement Officer	
20	ENDERS	Kabeh	WFP	Programme Officer	28.5.16
21	FOFANA	Ousman	Mawata Transport	CEO	25.5.16
22	FREEMAN	Steven	CARITAS-Monrovia	CARITAS-Monrovia	26.5.16
23	GASASIRA	Alex	WHO	Liberia WHO Representative, WHO	20.5.16
24	GIZZIE	James	County Health Team	Clinical Supervisor, Lofa County	23.5.16
25	GOVO	Joseph	Lonestar Mobile	Branch Manager, Voinjama Lofa County	23.5.16
26	GUADZISAI	Kwashira	WFP	M&E Officer	31.5.16
27	HARRIS	John T.	MOH	Supply Chain manager, MOH Liberia	10.5.16
28	HENNINGS	Samuel S.	WFP	Health Officer	19.5.16
29	HERRING	Lonnie A.	WFP	Programme Officer	30.5.16
30	HOWARD	Steven	EcoBank	Manager, Corporate Banking	27.5.16

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Liberia (continued)

#	Last Name	First Name	Organization	Position	Date
31	JALLAH	David	Mental Health and Psychosocial Department Head, Lofa County	County Health Team	23.5.16
32	JALLAH	Jame Dorbor	Public Procurement and Concession Commission	Coordinator	24.5.16
33	JBOROI	Saah	SAGK Construction Company	CEO	26.5.16
34	JERRY	Brown	MOH	ELWA Hospital Medical Director, Monrovia	20.5.16
35	JURRY	Mike	CARITAS-Cape Palmas	CARITAS-Cape Palmas	26.5.16
36	KABA	Yussuf	LIURD	Executive Director, LIURD Liberia	26.5.16
37	KAMARA	Abn	WFP	Lofa Sub-Office FLB Tally Clerk	22.5.16
38	KANGAR	Ben	LIURD	Programme Officer, LIURD Liberia	26.5.16
39	KITSON	Ben	WFP	M&E Officer	19.5.16
40	KOKOYAH	Charles	WFP	National Officer, ex Lofa Head of Sub-Office	22.5.16
41	KOLLIE	Augustine	MIA	Consultant, National Disaster Relief Commission, Ministry of Internal Affairs	6.5.16
42	LEGG	James	WFP	Programme Officer	20.5.16
43	LLOYD	Patrick	WFP Sub-office Gbanga	Officer i/c Sub-Office	27.5.16

Liberia (continued)

#	Last Name	First Name	Organization	Position	Date
44	MANJOE	Patrick	County Council	Protocol Officer, County Council	23.5.16
45	MEBRATU	Tewolde Baraki	WFP	Logistics Head	19.5.16
46	MOMO	Mohamed	IOM	Field Manager, Lofa County	23.5.16
47	MOPETHOMAS	Lily	WFP	HR Officer	19.5.16
48	MUHAMMAD	Shahid	WHO - Liberia	Logistic Officer	24.5.16
49	NARMAH	Maran	WFP	Programme Officer	20.5.16
50	NYENSWAH	Tolbert	MOH	IMS Chairman, MOH	30.5.16
51	NZAU	Michael Musili	WFP	Programme Officer	20.5.16
52	OKINGO	Mark	UNICEF	Supply and Logistics UNICEF Liberia	25.5.16
53	PERRY	Ambullai	LNRC	Disaster Management Director	27.5.16
54	POLLO	Michael	WHO	Logistics Officer, WHO Liberia	20.5.16
55	SACKIE	Rufus Alakanumah	WFP	Programme Officer	31.5.16
56	SANDI	Bedell W.	Efficient Logistics Services	CEO/ PRESIDENT	25.5.16
57	SARNOR	Adama	LACD	Executive Director, LACD Liberia	26.5.16
58	SELE	Julius	LACE	Director, LACE Liberia	26.5.16
59	SESAY	Fatou	Global Community	Director, Lofa County Office	23.5.16
60	SHAHID	Muhammad	WHO	Logistics Coordinator	20.5.16
61	SMITH-YANCY	Nanu	WFP	Business Support Officer	31.5.16

Liberia (continued)

#	Last Name	First Name	Organization	Position	Date
62	SOLOMON	Alvan	WFP	HR officer	19.5.16
63	THOMAS	Emmanuel	WFP Forward Logistic Base	Officer i/c Gbanga FLB	27.5.16
64	TOLBERT	Daniel F.	Camer Shipping Lines	General Manager	25.5.16
65	UDDIN	Zia	WFP	Finance Head	19.5.16
66	VANYE	Joseph	LNRCs	Head of Voinjama Chapter	23.5.16
67	VIGILANTE	Antonio	UNMIL	UNDP Representative/Deputy Special Representative of the Secretary General	26.5.16
68	WARPOE	Yatta	MOH	Montserrado County Health Officer	17.5.16
69	WILLIAMS	Desmond	CDC	Director Center for Disease Control Liberia	20.5.16
70	WILLIAMS	Phillip	CARITAS-Monrovia	CARITAS-Monrovia Coordinator	26.5.16
71	WOYEA	Sumo	County Health Team	Psychosocial Team Leader, Lofa County	23.5.16
72	WUNGKO	Paul	WFP	ICT Officer	19.5.16
73	WURIE	Alghassim	WFP - Liberia	Deputy Country Director	24.5.16
74	ZAIZAY	Anthony	ADRA	Country Director ADRA Liberia	26.5.16
75	ZAIZAY	Leela K.	WFP	Nutrition Officer	31.5.16
76	ZAYZAY	Beyan	County Health Team	Pharmacist, Lofa County	23.5.16
77	ZEATEMAH	Beyan	WFP	Lofa Sub-Office Driver	22.5.16

Senegal					
#	Last Name	First Name	Organization	Position	Date
1	FALL	Racky Diallo	WFP RBD	Senior Regional Finance Officer	3.6.16
2	HANSEN	Henrik	WFP RBD	Reg. Logistic Supply Officer	3.6.16
3	LEROY	Jean-Pierre	WFP RBD	Sr. Regional logistic Officer	3.6.16
4	MONYOKO	Jeannot	WFP RBD	Junior Regional Finance Officer	3.6.16
5	SHARGHI	Aaron Safuli	WFP RBD	Regional Pipeline Officer	3.6.16

Sierra Leone					
#	Last Name	First Name	Organization	Position	Date
1	ABU	Thomas	SLRC	Programme Administrator	23.5.16
2	AL ZAIN	Rami	Speedway General Supplies (Road Haulier)	General Manager	31.5.16
3	BAH	Mariama	WFP	National Finance Officer	18.5.16
4	BARBER	George M.	WFP	Irrigation Engineer	27.5.16
5	BEHN	Oliver	WHO	Districts Coordinator	20.5.16
6	BOIMA	Francis	WFP	Communication and Reporting Associate	24.5.16
7	BYRNE	Samuel	Plan International		23.5.16

Sierra Leone (continued)

#	Last Name	First Name	Organization	Position	Date
8	CARR	Maria	Cooperzione Internazionale	Head of Mission	23.5.16
9	CHIUMIA	Mervyn	WFP	Programme Officer	20.5.16
10	CISSE	Mohamed Fadhil	WFP	Logistics Officer	24.5.16
11	COKER	Darell	Bolloré Logistics	Manager Container Terminal	30.5.16
12	CONTE	Emmanuel	DERC	DERC Coordinator for Bombali	24.5.16
13	CONTEH	Rashid	WFP	ICT Officer	18.5.16
14	CONTENTA	Andrea	MSF Holland	Communications/ Advocacy Adviser	31.5.16
15	COOPER	Betty	WFP	Programme Associate	18.5.16
16	DAUDA	Mohamed	Concern		26.5.16
17	DAVIES	Marvel	Caritas Makeni	Programme Assistant	26.5.16
18	ENNISON	Ama	WFP	Senior HR Associate	24.5.16
19	FACKIH	Assam	Fackban Construction/ General Services	General Manager	31.5.16
20	FATORMA	Mohamed	WFP	Light Vehicle Driver	27.5.16
21	FODAY-KALONE	Augusta	SLRC	Director Programmes and Operations	23.5.16
22	FOFANA	Alhaji	WFP	Logistics Assistant/ Warehouse	27.5.16
23	FOFANAH	Kadi	Ministry of Health	District Nutritionist	27.5.16
24	FOLAN	Amy	Concern	Education Coordinator	26.5.16

Sierra Leone (continued)

#	Last Name	First Name	Organization	Position	Date
25	FOMBA	Paul Sahr	Ministry of Social Welfare Gender and Children's Affairs	Director, Policy Development and Strategic Planning	31.5.16
26	FORD	Cyril	WFP	Light Vehicle Driver	27.5.16
27	FRESA	Victoria	WFP	Security Associate	24.5.16
28	GAMANGA	Musa	World Vision International	Food Assistant Manager	23.5.16
29	GARROW	Andy	Security Advisory Team	Head ISAT Logistics International	1.6.16
30	GREYWOODE	Josephine	Caritas Makeni	Programme Administrator	26.5.16
31	HAG	Sahib	WFP	VAM Officer	30.5.16
32	HAMILTON	John	WFP - UNHAS	UNHAS Operations Manager	31.5.16
33	HANSEN	Rune E.	MSC	Agency Manager	30.5.16
34	HILL	Duncan	International Security Advisory Team	Head ISAT	1.6.16
35	HUDSON	Toby	UNICEF	Logistics specialist	31.5.16
36	JAH	Umaru	WFP	Light Vehicle Driver	27.5.16
37	JIMISSA	Dr. Augustine	Ministry of Health	District Medical Officer, Makeni	26.5.16
38	JOHNNY	Amara	Caritas-SL		23.5.16
39	KAMARA	Osman I.S.	Caritas Makeni	Project Officer	26.5.16
40	KAMARA	Dr. Osaio	Ministry of Health	District Medical Officer, Bombali	26.5.16
41	KAMARA	Foday S.	WHO	Administration Assistant	26.5.16
42	KAMARA	Adama	WFP	Snr. Programme Assistant	27.5.16
43	KAMARA	Ibrahim	WFP	Truck Driver	27.5.16
44	KARGBO	Salieu	WFP	IT Assistant	27.5.16

Sierra Leone (continued)					
#	Last Name	First Name	Organization	Position	Date
45	KARIM	Ansu	Plan International	Ag. Business Develop. Manager	23.5.16
46	KARIM	Abu Bakar	DERC	Nutrition Focal Person for DERC, Makeni	27.5.16
47	KHNA	Nasir	IFRC	Programme Coordinator	23.5.16
48	KOMWONO	Jared	WFP	Head of Logistics	18.5.16
49	KOROMA	Aminata Shamit	Ministry of Health	Director Food and Nutrition	25.5.16
50	KOROMA	John	Bombali District Council	Council Chairman, Makeni	26.5.16
51	KOROMA	Diana	UNICEF	Health Officer, Makeni	26.5.16
52	KOROMA	Abdul P.	WFP	Logistics Assistant/ Warehouse	27.5.16
53	KOROMA	Abu Bakarr	WFP	Light Vehicle Driver	27.5.16
54	KOUACHI	Jerome	UNICEF	Emergency Coordinator	25.5.16
55	LEWIS	Jonathan Bob	Bolloré Africa Logistics (SLSA)	Client operations manager airfreight	30.5.16
56	MACFOY	Victor	WFP	Snr. Admin Assistant	27.5.16
57	MADUMA	Fortune	WFP	Programme Officer	18.5.16
58	MANSARAY	Zainab	WFP	Programme Associate – Nutrition	20.5.16
59	MANSARAY	Foday	WFP	Light Vehicle Driver	27.5.16
60	MASSAQUOI	Edward	Caritas-SL	Project officer	23.5.16

Sierra Leone (continued)

#	Last Name	First Name	Organization	Position	Date
61	MBANGURA	Mabel	Responsible	WFP Port Operations	30.5.16
62	MENJOR KOROMA	Mohamed	WFP	Food Aid Monitor	27.5.16
63	MOSES	Dr. Francis	Ministry of Health	District Health Officer, Kabala	28.5.16
64	MUANA	Taplima	Plan International	Ag. Project Unit Manager	23.5.16
65	MUKWABI	Bernard	IFRC	PMER Delegate	23.5.16
66	MUPINDA	Catherine	Port Loko FLB	Deputy Head	31.5.16
67	MYERS	Gon	WFP	(Previous) Country Director for Sierra Leone	1.6.16
68	NASIR KHAN	Mohammad	WFP	M&E Officer	24.5.16
69	NGUGI	Beatrice	WFP Sub-Office Port Loko	Head	31.5.16
70	NORDSTROM	Anders	WHO	WHO Representative	20.5.16
71	NYUKEH	Henry	Sierra Leone Red Cross (SLRC)	Disaster Management Coordinator	23.5.16
72	NYUND	Amos	Concern	Programme Coordinator	26.5.16
73	O'CONNOR	Jonathan	WHO	Logistics Coordinator	31.5.16
74	ORTIZ	Marta	WFP	Programme Officer (P4P)	18.5.16
75	OSORO	Dr. Eric	WHO	Epidemiologist (Bombali)	26.5.16
76	PYNE-BAILEY	Solade	Ministry of Social Welfare	DeputProgramme Mnager/ Nutrition Project	24.5.16

Sierra Leone (continued)					
#	Last Name	First Name	Organization	Position	Date
77	RASHID	Fatmata Bintu	UNICEF	Programme Associate, Makeni	26.5.16
78	RASHID	Fatmata B.	WFP	Programme Assistant	27.5.16
79	ROSS	Brian	WFP	Programme Officer	27.5.16
80	SAFFA	Isata	WFP	HR Assistant	18.5.16
81	SAMAI	Evelyn	WFP	Logistics Assistant	18.5.16
82	SAMBA	Kinday	WFP	Deputy Country Director	30.5.16
83	SAMURA	Dr. Fasineh Sanason	DERC	Coordinator, Koinadugu	28.5.16
84	SAMURA	Ishmael Abib	WFP	Logistics Assistant	27.5.16
85	SANNOH	Lovetta	WFP	Logistics Field Monitor	27.5.16
86	SARKOR	Linus	WFP	Head of Sub-Office	27.5.16
87	SCOTT-BOWDEN	Peter	WFP	Country Director	30.5.16
88	SCOTT-BOYLE	Akinyemi	WFP	Programme Officer	18.5.16
89	SENESIE	Duramany	Concern		26.5.16
90	SENESSIE	Lilian	WFP	Snr. Procurement Associate	18.5.16
91	SEONI	Idrissa	ACE (AUDIT CONTROL & EXPERTISE)	Acting Director	30.5.16
92	SESAY	Foday	Ministry of Health	District Nutritionist, Kabala	28.5.16
93	SESAY	Sallieu	WFP	Light Vehicle Driver	27.5.16
Sierra Leone (continued)					
#	Last Name	First Name	Organization	Position	Date
94	SESAY	Dominic M.	Bolloré Africa Logistics (SLSA)	Client Operations Manager Airfreight	30.5.16

95	SINNAH	Peter	Ministry of Social Welfare	Chief Social Welfare Officer	24.5.16
96	SOWA	Emurana K.	Welt Hunger Hilfe		23.5.16
97	STANLEY	Michael	WFP	Logistic Associate Pipeline	24.5.16
98	SWARRAY	Abubakarr	WHO	Community Engagement Officer	26.5.16
99	TORKPOH	Gbessay	WFP	Programme Assistant	18.5.16
100	WIFFIN	Geoff	UNICEF	Representative	25.5.16
101	WIGGINS	Mark	DFID Logistics	DFID - Sierra Leone	1.6.16
102	WURIE	Amadu	WFP	Administration Associate	18.5.16
103	ZIRAGUMA	Tom	UNICEF	Chief Supply and Procurement	31.5.16

WFP Headquarters, Rome (1-4 March 2016)

Office of Evaluation (OEV)

#	Last Name	First Name	Unit/Division	Title
1	BENOIT	Elise	OEV, Office of Evaluation	Senior Evaluator
2	GUINOT	Mar	OEV, Office of Evaluation	Research Analyst
3	SENDE	Miranda	OEV, Office of Evaluation	Evaluation Officer
4	WEDGWOOD	Helen	OEV, Office of Evaluation	Director

WFP Headquarters, Rome (1-4 March 2016)

Operations Service Department (OS)

#	Last Name	First Name	Unit/Division	Title
1	ARROYO	Cesar	OSLA, Supply Chain Division & Aviation Service	Deputy Director
2	BAUER	Jean-Martin	OSZAF, Vulnerability Analysis Unit	Policy and Programme Officer
3	BURATTO	Francois	OSP, Procurement Division	Procurement Officer
4	DUFFY	Gaby	OSE, Emergency Preparedness and Support Response Division	Emergency Framework and Knowledge Management Division
5	HONNORAT	Pierre	OSLHRD, UN Hum. Response Depot	Logistics Officer
6	HOWE	Paul	OSZPH, Humanitarian Crises and Transitions Unit	Chief
7	HUSAIN	Arif	OSZA, Analysis and Trends Service	Chief Economist & Deputy Director
8	KEMP	Olivia	OSZ, Policy and Programme Division	Policy and Programme Officer
9	LOPES DA SILVA	Ramiro	Assistant Executive Director	OS, Operations Services Department
10	PAJEVIC-ALP	Dragica	OSLT, Logistics and Transport Service	Logistics Officer
11	HOWE	Paul	OSZPH, Humanitarian Crises and Transitions Unit	Chief
12	PERDISON	Eric	Supply Chain Division	Officer in Charge Aviation
13	PORRETTI	Stefano	Director	OSE, Emergency Preparedness and Support Response Division
14	SKOVBYE	Rebecca	OSZPH, Humanitarian Crises and Transitions Unit	Policy and Programme Officer Protection and Accountability to Affected Population
15	THIMKE	Judith	OSLS, Shipping Service	Chief

WFP Headquarters, Rome (1-4 March 2016)

Partnership and Governance Services Department (PG)

#	Last Name	First Name	Unit/Division	Title
1	LORISTON	Alix	PGG, Government Partnership Division	Senior Donor Relations Officer
2	WOODS	Corinne	PGM, Communications Division	Director

WFP Headquarters, Rome (1-4 March 2016)

Resource Management Department (RM)

#	Last Name	First Name	Unit/Division	Title
1	CAO	Dr. Yimei	RMWM, Medical Service	Chief
2	CARTER	Donna	HRM, Human Resources Division	Emergency Response Roster Cell Officer
3	DENTON	Gloria	RMWM, Medical Service	Staff Health Protection Advisor
4	ENGSTROM	Per	RMBP, Project Budget & Programming Service	Consultant
5	HOLTSBERG	Peter	RMPS, Strategy Implementation & Risk Management	Programme Officer
6	KOLOMOU	Bhele	Monitoring and Evaluation, Guinea CO	Head
7	MARTINO	Chad	RMPP, Performance Management and Reporting Unit	Programme Adviser
8	RYAN	Michael	RMMI, Facility Management Branch	Consultant
9	SAINTE-LUCE	Veronique	GEN, Gender	Programme Officer
10	TEYSSIER	Caroline	RMTE, Emergency Telecommunications Cluster	Information and Telecommunications Officer

Regional Bureau, Dakar (14-18 March 2016 and 1-7 June 16)

#	Last Name	First Name	Title & Location Ebola Response	Current Title & Location
1	ALGHASSIM	Wurie	Deputy Country Director, Liberia	Deputy Country Director, Liberia CO
2	BROWN	Denise	Regional Director	RBD
3	CONTE	Annalisa	Emergency Coordinator, Guinea	Country Director, Kenya CO
4	CORSINO	Rick	Emergency Coordinator, Liberia	Consultant, RBJ
5	CRISCI	John	Emergency Coordinator, SL	Project Manager, LESS OSLL, Logistic Division
6	DIONGUE	Aliou	Emergency Preparedness and Response Officer, WHO-WFP	Programme Officer, Cameroon
7	FAUCHON	Mailin	Donor Relations Officer, RBD	Donor Relations Officer, RBD
8	HANSEN	Henrik	Log EMOP, Supply Chain, REG	Logistics Officer, RBD
9	JOANNIC	Nicolas	Regional Nutrition Adviser, RBD	Regional Nutrition Adviser, RBD
10	KOISHA	Aboubacar	M&E, RBD	Programme Adviser, RBD
11	LODI	Luca	Deputy Country Director, Guinea	Deputy Country Director, Guinea CO
12	LUCAS	Pierre	UNHAS, RBD	Regional Aviation Officer, RBD
13	MERCARDO	Doug	USAID	Washington
14	NADAZDIN	Natasha	Programme Adviser, RBD	Senior Regional Programme Adviser, RBD
15	NDIAYE	Malik		VAM Officer
16	NDIAYE	Marienne	Staff Counselor	Left WFP
17	NYEKO	Willy	Security Officer, RBD	Security Officer, RBD
18	ODEINDE	Oyinkan	Senior Logistics Officer, Accra	Senior Logistics Officer, RBD
19	OSLANSKY	Katia		Emergency Response Roster HR Officer
20	PRADO	Irving	SOLO	Head of Supply Chain, Uganda CO

Regional Bureau, Dakar (14-18 March 2016 and 1-7 June 16)

#	Last Name	First Name	Title & Location Ebola Response	Current Title & Location
21	REHM	Margaret		Regional Emergency Programme Officer
22	RENK	Simon	VAM Officer, RBD	Regional Programme Officer, RBD
23	SANATAMARINA	Maria		Asst. to RD
24	SIDYANE	Denis	Procurement Officer, RBD	Consultant, RBD
25	THOMSPON	Tommy	WHO Ebola	Bangkok
26	WATTS	Jamie		Regional Compliance Officer
27	YUSTE	Pablo	Emergency Coordinator, Guinea	Logistics Officer, OSLHRDL, United Nations Humanitarian Response Depot, Las Palmas

Interviews/Field

Ghana	6
Guinea	66
Liberia	77
Senegal	5
Sierra Leone	103
RB/Dakar	27
Total	284

Interviews/Headquarters

OEV	4
OS	15
PG	2
RM	10
Total	31

Rome, January 2017, OEV/2016/004

Office of Evaluation
www.wfp.org/evaluation

