



EVALUATION QUALITY ASSURANCE SYSTEM

Office Of Evaluation
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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 factors¹

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.

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

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.

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.

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 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

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

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 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.

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

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 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

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.

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.

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 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

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.

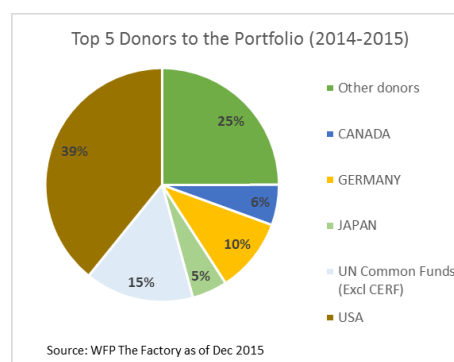
¹⁶ Refer to WFP's Risk Appetite Statement and related documents included in the evaluation e-library.

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 and vouchers 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.

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.

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.

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.

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.

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?

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.

- 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, 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.*

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

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).

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).

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

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

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 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.

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

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.

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;
- 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
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.

5.5. Budget

66. The evaluation budget will be co-financed by OEV and the RB Dakar. For independence of the evaluation, the RB portion of the evaluation budget will be transferred from the RB budget holder to OEV and the evaluation fully managed by OEV using those funds. Based on the team composition (section 5.2), the preliminary total cost of the evaluation is estimated at 450,000, including all expenses related to consultant and/or company rates, international travels, and logistics, as well as the OEV staff related travel and management for this evaluation.

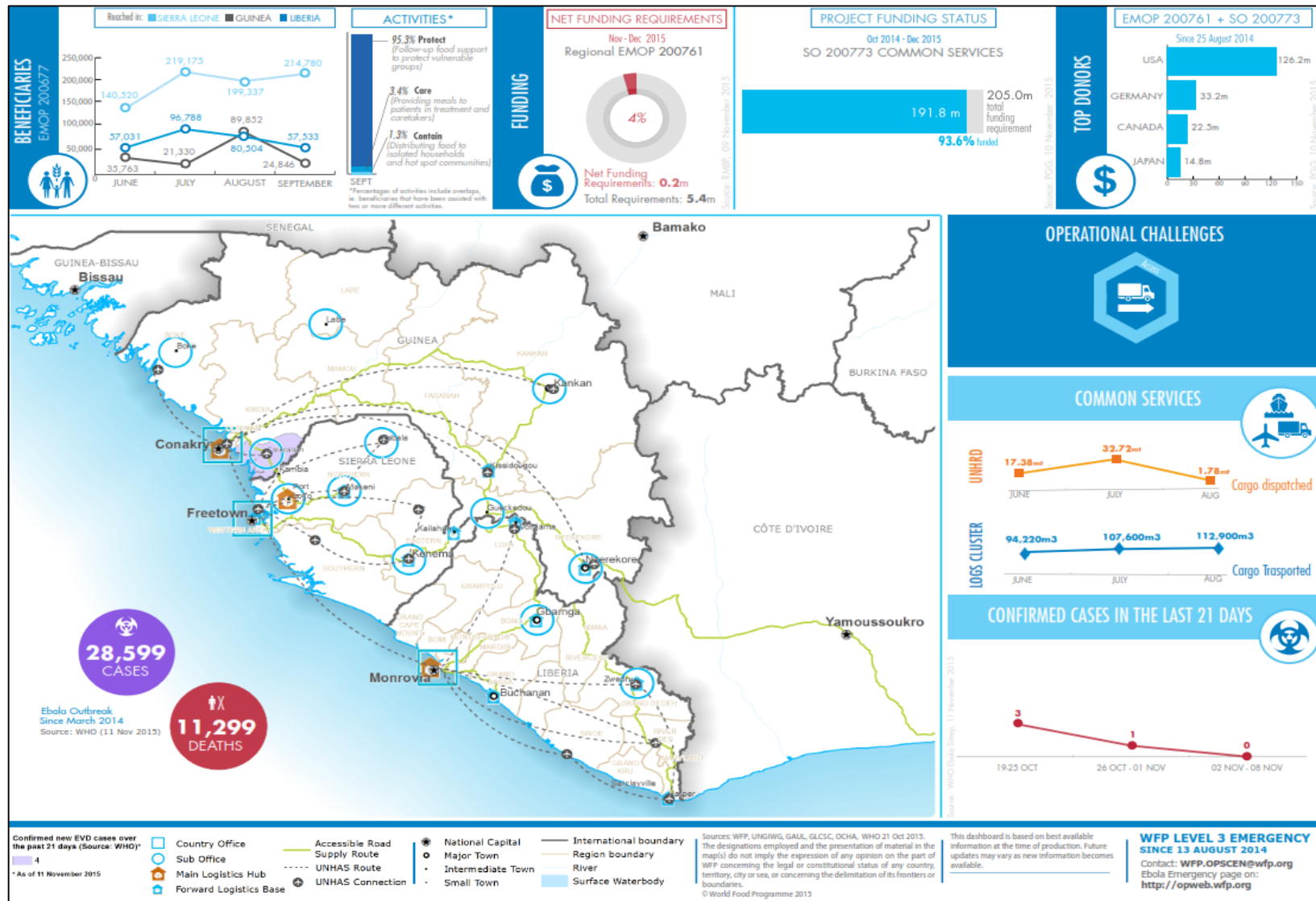
Acronyms

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

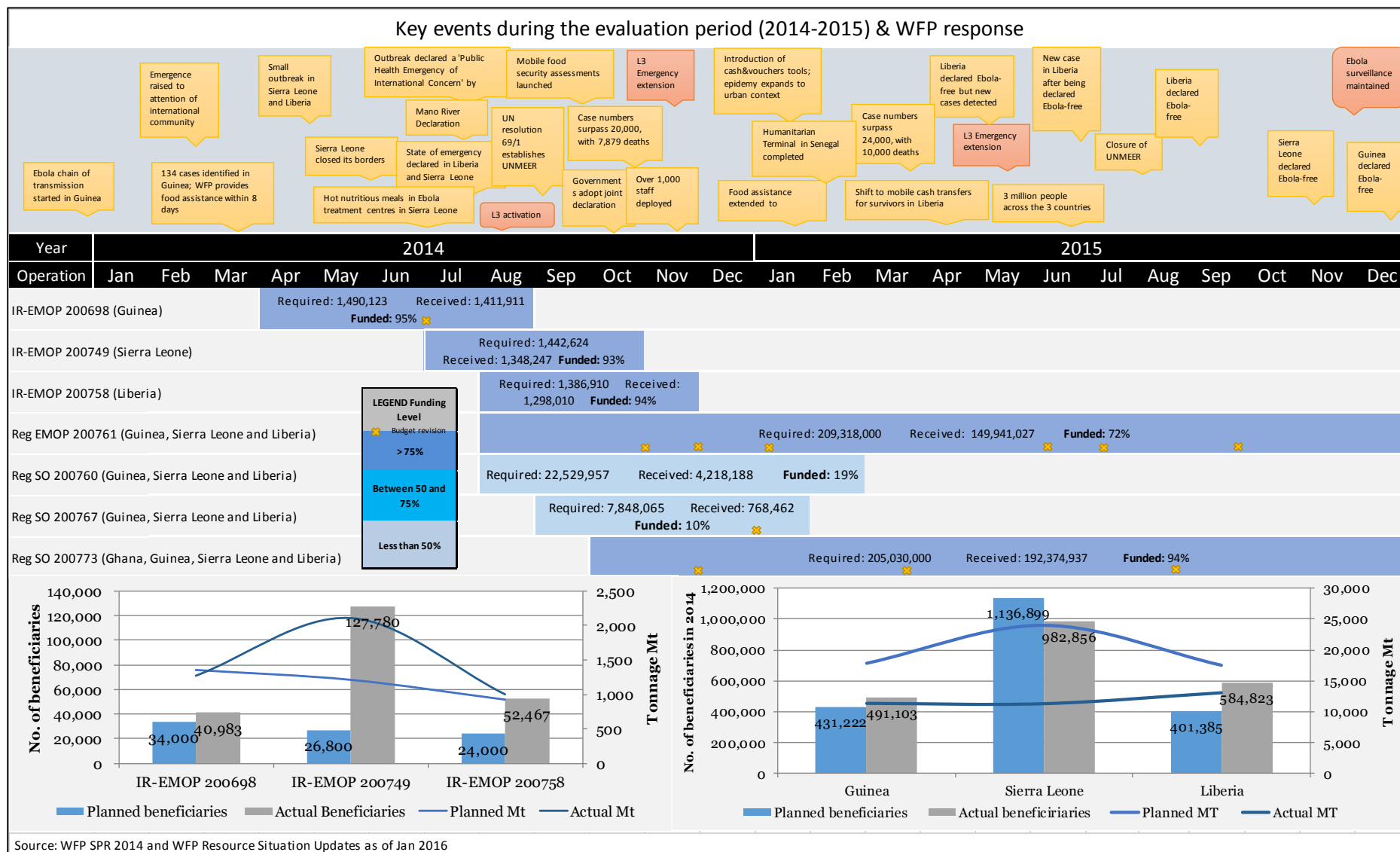
Annex 1: Proposed Detailed Evaluation Timeline

PHASES	ACTIVITIES	RESPONSIBILITY	KEY DATES (deadlines)
Phase 1	PREPARATION		
	Desk review of documents and consultation with RB, CO and UN stakeholders	EM	Oct-15
	Desk review and Draft TORs. OEV/D clearance for circulation to WFP staff (CO, RB, HQ)	EM	Dec-15
	Review of TORs based on stakeholders feedback from CO, RB and HQ stakeholders	EM	15-Jan-16
	Final TORs circulated to WFP and internal and external stakeholders	EM	31-Jan-16
	Contracting evaluation team/firm	EM	31-Jan-16
Phase 2	INCEPTION		
	Team preparation prior to HQ briefing (Document Review)	Team	Feb-16
	HQ Team briefing at WFP in Rome (4 working days)	EM and Team	1-4 March 2016
	Inception Mission in Regional Bureau Dakar and one of the COs (10 days)	TL/EM/RA	14 to 24.03.2016
	Submission of draft Inception Report (IR) to OEV (after company's quality check)	TL	15-Apr-16
	OEV quality assurance and feedback	EM	25-Apr-16
	Submission of revised Inception Report (IR)	TL	02-May-16
	Circulate final IR to WFP key Stakeholders for their information and post a copy on intranet.	EM	06-May-16
Phase 3	EVALUATION MISSION - FIELDWORK IN WEST AFRICA		
	Fieldwork (3-4 weeks). Team Field visits (RB Dakar and 3 Country Offices)	Team	Between 09 May to 08 June 2016
	Consolidation of preliminary findings/Aide-Memoire (PPT sent to OEV)	TL	06-Jun-16
	Exit briefing in Dakar with COs and HQ (by Telcon), to present initial findings: PPT presented by the TL.	Team	07-Jun-16
Phase 4	EVALUATION REPORT (ER) – high quality report from draft 0		
Draft 0	Submission of Draft 0 Evaluation Report (ER) to OEV (after the company's quality check)	TL	08-Jul-16
	OEV quality assurance and feedback	EM	20-Jul-16
Draft 1	Submission of revised draft ER to OEV	TL	29-Jul-16
	OEV reviews, OEV/D's clearance prior to dissemination of the ER to WFP stakeholders. Clarification with Team if needed. When cleared, OEV shares the ER with WFP stakeholders for their feedback (2 weeks)	EM	01-Sep-16
	OEV consolidates all WFP's comments in a matrix and shares it with the evaluation team	EM	20-Sep-16
	Proposed stakeholders' workshop in Dakar RB (2-3 days max.): Team Leader presents findings, conclusions and initial recommendations of the evaluation to RB/COs + major regional stakeholders, etc.	TL	27-29 Sept 2015
Draft 2	Submission of the revised draft ER to OEV based on WFP's comments, and team's comments on the matrix	TL	10-Oct-16
	OEV reviews the ER and matrix (clarification with the Evaluation Team, if needed)	EM	15-Oct-16
	Seek OEV/D clearance for Summary Evaluation Report (SER) circulation to EMG for comments	EM	20-Oct-16
	OEV reviews EMG comments on the SER/revisions with Evaluation Team	EM and TL	04-Nov-16
Draft 3	Submission of the final ER (with the revised SER) to OEV	TL	15-Nov-16
	Seek Final Approval by OEV/D. Clarify outstanding points/issues with the evaluation team if needed	EM and TL	21-Nov-16
Phase 5	EXECUTIVE BOARD (EB) AND FOLLOW-UP		
	Submission of SER/recommendations to RMP for management response + SER to EB Secretariat for editing and translation	EM	23-Nov-16
	Prepare Evaluation brief; posting of evaluation documents in websites; etc	EM	Jan-17
	Presentation of Summary Evaluation Report (SER) to the EB	D/OEV	Feb-17
	Presentation of Management response to the EB	D/RMP	Feb-17

Annex 2: Operational Map (WFP West Africa Ebola Dashboard as of 13 November 2015)



Annex 3: Key events during the evaluation period (2014-2015) & WFP response



Annex 4 : Portfolio Overview & External Stakeholders Matrix of WFP Response to the Ebola Outbreak

Operation	SO	Activities	Beneficiaries (EMOPs) / Activities (SOs)	Partners			Multi and Bilateral Funding donors
				Cooperating International Agencies	Operational Governmental Partners	Cooperating NGOs & Red Cross/Crescent Movement	
IR-EMOP 200698 (Guinea)	1	GFD	>Same beneficiaries targeted by UNICEF's for its hygiene intervention (households at risk of contracting the Ebola virus in the 3 major provinces affected and the capital)	UNICEF, UNFPA, WHO	Ministry of Health, National Humanitarian Service (Service National d'Action Humanitaire)	Guinea Red Cross Society, Medecins Sans Frontière (MSF), Organisation Catholique pour la Promotion Humaine (OCPH), Plan Guinée	
IR-EMOP 200749 (Sierra Leone)	1	GFD	>Vulnerable population >Patients and families	UNICEF, UNFPA, UN Women, FAO, UNAIDS, IOM, UNDP, WHO	Ministry of Health and Sanitation (MoHS), Emergency Operations Centre (EOC), District Task Force, Ministry of Social Welfare, Gender and Children's Affairs, District Health Management Teams	MSF, Community Integrated and Development Organization (CIDO), International Federation of Red Cross and Red Crescent societies	
IR-EMOP 200758 (Liberia)	1 & 3	GFD	>Patients In treatment centres >Household members in quarantine sites >Food insecure members of communities affected by Ebola virus	FAO, IOM, UNICEF, WHO	Ministry of Health and Social Welfare (MoHSW) and Country and District Health teams	Samaritan's Purse; Liberia National Red Cross Society; CARE International; Danish Refugee Council (DRC)	
EMOP 200761	1	GFD	<ul style="list-style-type: none"> > Confirmed/suspected cases in hospitals receiving medical care > Confirmed/suspected contact cases in quarantine/observation > Communities in "hot zones" where availability and access to food is anticipated to have deteriorated <p style="text-align: center;">Beneficiaries after BR 1</p> <ul style="list-style-type: none"> >Patients in Ebola treatment centres (where requested by partner/ counterpart) >Survivors of Ebola discharged from treatment centres >Communities with widespread and intense transmission – including families of persons infected with Ebola who are in treatment, deceased, or recovering <p style="text-align: center;">Beneficiaries after BR 2</p> <ul style="list-style-type: none"> >Patients in Ebola treatment centres (where requested by partner/ counterpart) >Survivors of Ebola discharged from treatment centres >Isolated households suspected to be at-risk following contact with Ebola cases >Communities with widespread and intense transmission – including families of persons infected with Ebola who are in treatment, deceased, or recovering <p style="text-align: center;">Beneficiaries after BR 3</p> <ul style="list-style-type: none"> > Larger-scale Ebola treatment units and community-based care centres (called CTCOM in Guinea) >Survivors and their households >Persons in areas of intense transmission >Isolated persons >Persons in areas formerly of intense transmission >Orphans <p style="text-align: center;">Beneficiaries after BR 4</p> <ul style="list-style-type: none"> > Suspected and confirmed patients and their caregivers; >Survivors and their households upon discharge >Contact traced households registered by local health authorities > Hot spot communities >Food insecure populations in former hot spots (reduction from earlier Cadre Harmonisé projections and adjusted in line with preliminary EFSA results) >Moderately acute malnourished children aged from 6-59 months in line with national protocols and coordinated with UNICEF and nutrition counterparts (Guinea and Sierra Leone) > Participants involved in the clean-up of school structure (Sierra Leone) > Orphans and households and institutions in line with UNICEF and government line ministries > Survivor households (Liberia) 	WHO (incl. Sub-regional Ebola Outbreak Coordination Centre (SEOCC)); UNICEF; UNMIL; UNMEER	<ul style="list-style-type: none"> >Sierra Leone Ministry of Health and Sanitation; Ministry of Social Welfare Gender and Children's Affairs; Ministry of Agriculture; Presidential Task Force; Emergency Operation Centres; Country Health Teams >Guinea National Crisis Committee at the Ministry of Health; >Liberia National Response Task Force on Ebola at the Ministry of Health and Social Welfare; County Task Forces 	ADRA, Catholic Relief Services, Danish Refugee Council, Emergency, International Medical Corps, MSF, Plan International, Save the Children, World Vision International, Caritas, Association Espoir Sante, International and National Red Cross Societies	African Development Bank, Brazil, Canada, China, Finland, France, Germany, Republic of Guinea, Iceland, Israel, Italy, Japan, Liberia, Lithuania, Norway, Private donors, Russian Federation, Saudi Arabia, Republic of Sierra Leone, Spain, Switzerland, UK, UN CERF, UN Common Funds and Agencies (excl CERF), USA, Multilateral

Operation	SO	Activities	Detailed Activities	Partners			Multi and Bilateral Funding donors
				Cooperating International Agencies	Operational Governmental Partners	Cooperating NGOs & Red Cross/Crescent Movement	
Reg SO 200760	1	Provision of common logistics services (UNHAS)	Movement of Humanitarian personnel, Medical supplies, Equipment and other essential humanitarian cargo with one aircraft and 2 medium size helicopters	39 different organizations			Denmark, Switzerland, UN CERF, USA
Reg SO 200767	1	Provision of common logistics services	<p>>Logistics Coordination</p> <p>>Information Management, including the consolidation of information from the humanitarian community and local authorities on the overall logistics situation; provision of updated operational information, such as road conditions, logistics infrastructure, SitReps, snapshots, flash news and briefings, and Geographic Information Systems products; creation of information management and sharing platforms for collation and dissemination of data</p> <p>>Logistics Common Services (providing additional storage capacity available in specific locations)</p> <p>>Logistics and Engineering Support, including planning and technical direction for engineering services, supporting the assessment/design of local and supporting infrastructure, utilities, and services both "on the ground" and with "back-office" support; assessing requirements for staff or office accommodations; planning/design for workshops for medical support, supporting the wider humanitarian community in establishing medical and/or logistics hubs where necessary</p> <p>>Establishment of Communications Centers, including inter-agency emergency telecommunications systems and communication centers (COMCEN)</p> <p>>Establishment of regional and national logistics staging areas, national hubs in the three capitals, forward logistics bases and satellite hubs to assemble health kits, support the air and ocean transport operations, consolidate the incoming cargo, ensure immediate response to call-forwards of Ebola Treatment Units (ETUs), Ebola Care Units (ECUs), and provide vehicles and leasing of trucks and light vehicles</p> <p>>Provision of UN Humanitarian Air Services (UNHAS) and strategic airlifts with aircrafts, medium-size jets and helicopters for passengers and light cargo</p> <p>>Interagency logistics coordination and service provision</p> <p>>Logistics and telecommunications infrastructure to support the establishment of the Ebola Treatment Units (ETUs) and Ebola Community Centres (ECCs); rehabilitate United Nations clinics and provide training on Medical Protocol for non-medical personnel and partners; implement UN and NGO security communications and provide internet connectivity services to the humanitarian community</p> <p>>Supply chain capacity augmentation, including the facilitation of ad-hoc equipment procurement, and procurement of supplies for the Ebola Treatment Units and Ebola Community Units for the governments</p> <p>>Strategic preparedness and response measures, including the development of policy and guidance related to the Ebola and other related hazards, and support its integration into wider WFP policy and guidance</p> <p><i>The provision of common services was adjusted to the evolution of the Ebola outbreak (see Budget Revisions for more details)</i></p>	Liberia logistics cluster facilitated transport on behalf of 14 organizations (Chinese Embassy, the Clinton Foundation, Direct Relief, International Medical Corps, Japan International Cooperation Agency (JICA), Ministry of Health, Liberian Embassy Ghana, Medecins Sans Frontieres, Samaritan's Purse, Save the Children, UNICEF, USAID Office of US Foreign Disaster Assistance, WFP and the World Health Organization)			Norway
Reg SO 200773	1	Logistics and infrastructure support, emergency telecommunications, logistics coordination and humanitarian air services	<p>>Establishment of regional and national logistics staging areas, national hubs in the three capitals, forward logistics bases and satellite hubs to assemble health kits, support the air and ocean transport operations, consolidate the incoming cargo, ensure immediate response to call-forwards of Ebola Treatment Units (ETUs), Ebola Care Units (ECUs), and provide vehicles and leasing of trucks and light vehicles</p> <p>>Provision of UN Humanitarian Air Services (UNHAS) and strategic airlifts with aircrafts, medium-size jets and helicopters for passengers and light cargo</p> <p>>Interagency logistics coordination and service provision</p> <p>>Logistics and telecommunications infrastructure to support the establishment of the Ebola Treatment Units (ETUs) and Ebola Community Centres (ECCs); rehabilitate United Nations clinics and provide training on Medical Protocol for non-medical personnel and partners; implement UN and NGO security communications and provide internet connectivity services to the humanitarian community</p> <p>>Supply chain capacity augmentation, including the facilitation of ad-hoc equipment procurement, and procurement of supplies for the Ebola Treatment Units and Ebola Community Units for the governments</p> <p>>Strategic preparedness and response measures, including the development of policy and guidance related to the Ebola and other related hazards, and support its integration into wider WFP policy and guidance</p> <p><i>The provision of common services was adjusted to the evolution of the Ebola outbreak (see Budget Revisions for more details)</i></p>	UNHRD, WHO, UNMEER, UN Medical Service	Ebola Treatment Units (ETUs), Ebola Care Units (ECUs), Ministries of Health and more largely, Governments	-	Canada, Denmark, European Commission, Finland, Germany, Greece, Holy See, Ireland, Japan, Luxembourg, Netherlands, Norway, Private donors, Sierra Leone, Spain, Switzerland, UK, UN CERF, UN Common Funds and Agencies (excl CERF), USA

Source: WFP Project Documents, Budget Revisions, SPR 2014, Resource Situation updates as of August 2015.

**Annex 5: Reviews, lessons learned, assessments and evaluations on EVD
(non-exhaustive list)**

Who	What	Title	Timing
UN			
WFP	Review	Management Review of WFP Response to Ebola crisis (full report & summary)	Feb-15
WFP	Lessons learned	Lessons learned exercise	Expected early 2016
WFP	Audit	Audit report	Nov-15
UNICEF	Assessment	Children's Ebola Recovery Assessment: Sierra Leone	Mar-15
UNICEF	Evaluation	Evaluation of UNICEF response to the 2014-15 Ebola outbreak in West Africa	TOR – Sep-2015
			Rep. expected Apr-2016
WHO	Review	Independent expert panel review of WHO response to the Ebola epidemic	Jul-15
Government institutions			
Gov. of Sierra Leone	Audit	Report on the audit of the Management of the Ebola Funds	Feb-15
Gov. of Sierra Leone	Assessment	Rapid assessment of Ebola impact on reproductive health services and service seeking behaviour in Sierra Leone	Mar-15
NGOs & International organizations/institutions			
ACAPS	Assessment	Sierra Leone Multi-sector Needs Assessment Report	Apr-15
ACF	Case study	Case Study on Community led Ebola management and eradication	Jun-15
CORDS	Lessons learned	Lessons learned from past Ebola outbreaks	Sep-14
IFRC	Evaluation	Report of the real time evaluation of Ebola control programs in Guinea, Sierra Leone and Liberia	Jan-15
Mercy Corps	Other	Economic impact of the Ebola crisis on select Liberian markets	Nov-14
MSF	Other	Report on Ebola Response: Pushed to the Limit and Beyond: A year into the largest ever Ebola outbreak	Mar-15
OXFAM	Paper	Discussion Paper on improving international governance for global health emergencies: lessons from the Ebola crisis	Jan-15
OXFAM	Evaluation	Evaluation of OXFAM Ebola response in Liberia and Sierra Leone	Jul-15
Save the Children	Lessons learned	Lessons from Ebola for the world's health systems	Mar-15
World Bank	Other	The Economic Impact of the 2014 Ebola Epidemic: Short and Medium Term Estimates for Guinea, Liberia, and Sierra Leone	Oct-14
World Hope Int.	Lessons learned	World Hope International - Lessons Learned on the Ebola Response in Sierra Leone	Sep-15
World Vision	Lessons learned	Real-time learning report on World Vision's response to the Ebola virus in Sierra Leone	Nov-14
Research centers and other			
ECDC	Assessment	Rapid Risk Assessment of Outbreak of Ebola virus disease in West Africa	Oct-14
EC Joint Research Centre	Other	Impact of the West African Ebola Virus Disease Outbreak on Food security	Dec-14
IDS	Paper	Series of Practice Papers in Brief on Ebola	Feb-15
Int. Crisis Group	Other	Report on The Politics Behind the Ebola Crisis	Oct-15
ODI	Paper	The Ebola response in West Africa: Exposing the politics and culture of international aid	Oct-15
ODI	Other	Special feature on The Ebola crisis in West Africa	Jun-15

Annex 6: Guinea, Liberia and Sierra Leone Core Standard Indicators

Indicator		Year	Value - Guinea		Value - Liberia		Value - Sierra Leone		Source
General	Population (total, millions)	2014	12,275,527		4,396,554		6,315,627		World Bank. WDI.
		2005	9,669,023		3,269,786		5,071,271		
	Average annual growth (%)	2010-2015	2.5		2.6		1.9		UNDP HDR 2014
		2000 - 2005	1.8		2.5		4.3		
	Urban Population (% of total)	2013	36.4		48.9		40		UNDP HDR 2014
Human Development Index	2013	0.392		0.412		0.374		UNDP HDR 2014	
	Rank	179 /187		175 /187		183 / 187			
Gender	Gender- Inequality index	2013	n.a.		0.655		0.643		UNDP HDR 2014
		Rank	n.a.		145 / 152		141 / 152		
	Maternal Mortality ratio (per 100,000 live births)	2010	610		770		890		UNDP HDR 2014
	Seats in national parliament (% female)	2013	n.a.		11.7		12.4		UNDP HDR 2014
	Population with at least some secondary education, female, male (% aged 25 and above)	2005 - 2012	M	F	M	F	M	F	UNDP HDR 2014
			n.a.	n.a.	39.2	15.7	20.4	9.5	
	Births attended by skilled health staff (% of total)	2012-2013	45 (2012)		61 (2013)		60 (2013)		World Bank. WDI.
	Labour force participation rate (%)	2012	M	F	M	F	M	F	UNDP HDR 2013
			78.3	65.5	64.7	58.2	68.9	65.7	
Employment in services, female (% of female employment)	2010	n.a.		47		26 (2004)		World Bank. WDI.	
Primary Enrollment (% net)	2013-2014	75 (2013)		38 (2014)		n.a.		World Bank. WDI.	
Economic	Income Gini Coefficient	2003-2012	39.4		38.2		35.4		UNDP HDR 2014
	GDP per capita (current US\$)	2014	540		461		775		World Bank. WDI.
		2005	304		166		321		
	Foreign direct investment net inflows (% of GDP)	2013	2.2		36		2.9		World Bank. WDI.
Net official development assistance received (% of GNI)	2013	8.6		32.5		9.8		World Bank. WDI.	
Poverty	Population living below \$1.25 a day (%)	2002-2012	43.34		83.76		51.71		UNDP HDR 2014
	Population vulnerable to poverty (%)	2010	7.7		12.9		16.7		UNDP HDR 2014
	Population in severe poverty (%)	2010	68.6		52.8		46.4		UNDP HDR 2014
Nutrition	Weight-for-height (Wasting), prevalence for < 5 (%)	2009-13	Mod & Sev		Mod & Sev		Mod & Sev		UNICEF SOWC 2015
			10		3		9		
	Height-for-age(Stunting), prevalence for < 5 (%)	2009-13	Mod & Sev		Mod & Sev		Mod & Sev		UNICEF SOWC 2015
31			42		45				
Weight-for-age (Underweight), prevalence for < 5 (%)	2009-13	Mod & Sev		Mod & Sev		Mod & Sev		UNICEF SOWC 2015	
		19		15		21			
Health	< 5 mortality rate	2013	101		71		161		UNICEF SOWC 2014
		1990	238		248		268		
	Maternal Mortality ratio (Lifetime risk of maternal death: 1 in:)	2009-2013	720		990		860		UNICEF SOWC 2014
	Life expectancy at birth	2013	56.1		60.6		45.6		UNDP HDR 2014
	Estimated HIV Prevalence (%)	2014	1.6		1.2		1.14		World Bank. WDI.
Public expenditures on health (% of GDP)	2011	6.0		19.5		18.8		UNDP HDR 2014	
Education	Literacy Rate Youth (15-24 y) (%)	2009-2013	M	F	M	F	M	F	UNICEF SOWC 2014
			38	22	63	37	72	54	
	Population with at least secondary education (% ages 25 and older)	2013	n.a.		27.3		14.8		UNDP HDR 2014
Public expenditures on education (% of GDP)	2005-2012	3.1		1.9		2.7		UNDP HDR 2014	

Annex 7 : Library list

Folder name / File name	Author	Date
1 - EQAS & Technical Notes		
Guidance for process and content	WFP OEV	2014
1.1. Inception report		
Template & Quality Checklist for Inception Report	WFP OEV	2013-2014
Team members work plan and proposed stakeholders meeting	WFP OEV	2011
1.2. Evaluation report		
Template & Quality Checklist for Evaluation Report & SER	WFP OEV	2013-2014
1.3. Technical notes		
TN - Integrating Gender in Evaluation	WFP OEV	2014
TN - Conducting evaluations in situation of conflict & fragility	WFP OEV	2014
TN - Evaluation Criteria & Theory Of Change	WFP OEV	2013
TN - Efficiency	WFP OEV	2013
TN in the booklet (Formatting Guidelines, Evaluation Recommendations, Stakeholder analysis, evaluation matrix)	WFP OEV	2011-2013
2 - DATA		
Ebola Outbreak L3 - Tables ToR	WFP	2015
3 - WFP POLICIES & DOCS		
WFP Orientation Guide	WFP	2014
3.1. Policies & Strategic Plans		
WFP evaluation policy	WFP	2008
Strategic Plan 2008-2013 & 2014-2017	WFP	2008-2013
Consolidated framework of WFP policies	WFP	2010
WFP Policy Formulation	WFP	2011
Performance Management Policy	WFP	2014
Implementation of Strategic Results Framework 2008-2012 and SRF 2014-2017	WFP	2010-2014
Management Results Framework	WFP	2011
WFP Annual Performance Report 2014	WFP	2014
Program Category Review	WFP	2010
WFP Organigramme	WFP	2015
3.2. Nutrition		
WFP Nutrition Policy, Update & Follow up	WFP	2012-2013
Food and nutrition handbook	WFP	2000
Food and nutrition needs in emergencies	WFP	2003
Programming for nutrition specific interventions	WFP	2012
The Right Food at the Right Time	WFP	2012
3.3. Emergency		
Food aid and livelihoods in emergencies strategies for WFP	WFP	2003
Transition from relief to development	WFP	2004
Synthesis Report of Evaluation Series on Emergency Preparedness and Response	WFP	2015
Targeting emergencies WFP policy	WFP	2006
Definition of emergencies	WFP	2005
Exiting emergencies	WFP	2005
WFP's use of Pooled Funds for Humanitarian Preparedness and Response Evaluation report & Management Response	WFP	2014-15
3.4. Gender		
WFP Gender Policy & update (2009-2014)	WFP	2009-14
WFP gender policy corporate action plan & Update on implementation	WFP	2009-12
WFP Gender Policy 2015-2020	WFP	2015

UN SWAP performance indicators	UNEG	2014
Gender Policy Evaluation report, SER & Management Response	WFP	2013-14
Gender mainstreaming from the ground up	WFP	2014
WFP Gender Marker Guide	WFP	2014
UN Women Evaluation Handbook	UN WOMEN	2015
3.5. Food security		
Food distribution guideline	WFP	2006
FSMS Indicators Compendium & Technical guideline	WFP	2010-12
Comparative Review of Market Assessments Methods Tools Approaches and Findings	WFP	2013
Comprehensive Food Security and Vulnerability Analysis Guidelines	WFP	2009
Emergency Food Security Assessment Handbook	WFP	2009
Food consumption analysis - Calculation and use of the FCS in FS analysis	WFP	2008
Labour Market Analysis Guidance For FS Analysis and Decision-Making	WFP	2013
Market Analysis Tool - How to Conduct a Food Commodity Value Chain Analysis	WFP	2010
Technical Guidance - The Basics of Market Analysis for Food Security	WFP	2009
Technical Guidance - Calculation and Use of the Alert for Price Spikes Indicator	WFP	2014
VAM Standard Analytical Framework	WFP	2002
Joint Evaluation of FS Cluster Coordination in Humanitarian Action & MR	FAO & WFP	2014
3.6. Capacity Development		
Operational Guide to strengthen capacity of nations to reduce hunger	WFP	2010
Guideline for Technical Assistance and Capacity Strengthening to End Hunger	WFP	2014
Complementary Guidelines - Capacity gaps and needs assessment 2014	WFP	2014
3.7. Partnerships		
WFP Partnership & fundraising Strategy & update	WFP	2008-13
WFP Corporate Partnership 2014 - 2017	WFP	2014
3.8. Resilience & Safety nets		
WFP Programme design framework & WFP Contributing to Resilience Building	WFP	2014
Policy on building resilience for food security and nutrition	WFP	2015
Programming food aid in urban areas - Operational guidance	WFP	2004
WFP and food-based safety nets - Concepts & experiences	WFP	2004
Update of WFP Safety nets policy	WFP	2012
WFP's Role in Social Protection and Safety Evaluation & Management Response	WFP	2011
3.9. Monitoring		
Beneficiaries, Targeting and Distribution Guidance	WFP	2013
Counting Beneficiaries in WFP	WFP	2012
Third Party Monitoring Guidelines	WFP	2014
SOPs for Monitoring & Evaluation	WFP	2013
Monitoring and Evaluation Guidance modules	WFP	2014-2015
3.10. Cash & Voucher		
Cash & voucher Policy & update	WFP	2008-11
WFP C&V Manual & update	WFP	2009-14
Cash and Food Transfers - A Primer	WFP	2007
WFP Cash for change Initiative Distribution Models	WFP	2012
Financial Directive Operations & Procedures for the use of C&V to beneficiaries	WFP	2013
Cash and voucher policy evaluation & Management response	WFP	2014
Internal Audit of Cash & Voucher Modalities in the Field & Management response & Project Design & Set up	WFP	2015
3.11. Logistics		

Global Logistics Evaluation - Evaluation report & Management Response	WFP	2012
3.12. Protection & Humanitarian Principles		
Humanitarian principles	WFP	2004
WFP's Protection Project	WFP	2008
WFP Humanitarian Protection Policy & Update	WFP	2012-2014
Note on Humanitarian Access, Humanitarian Assist. System & update	WFP	2006-2012
4. WFP L3 Response to Ebola Outbreak		
4.1. Operations		
IR-EMOP 200698 Guinea		
Project document, Standard Project Reports, Budget Revisions (BR)	WFP	2014
IR-EMOP 200749 Sierra Leone		
Project document, Standard Project Reports, Budget Revisions	WFP	2014
IR-EMOP 200758 Liberia		
Project document, Standard Project Reports, Budget Revisions	WFP	2014
Reg EMOP 200761		
Project document, Resource Situation, Standard Project Reports, BR	WFP	2014-2015
Reg SO 200760		
Project document, Resource Situation, Standard Project Reports	WFP	2014
Reg SO 200767		
Project document, Resource Situation, Standard Project Reports, BR	WFP	2014
Reg SO 200773		
Project document, Resource Situation, Standard Project Reports, BR	WFP	2014-2015
4.2. Assessment Reports		
Emergency Food Security Assessments (EFSA)	WFP	2014-2015
Food Security Monitoring Systems (FSMS - national and regional)	WFP	2014-2015
Market assesments & updates	WFP	2014-2015
Crop and Food Security Assessment (CFSAM)	FAO & WFP	2014-2015
Joint Assessment Mission (JAM) in Liberia	WFP & UNHCR	2014
Macro Financial Assessment in Liberia	WFP	2015
4.3. Executive & Operational briefs (monthly)		
Executive Briefs	WFP	2014-2015
4.4. Regional Updates & Situation Reports & EWR		
SIT REPs & Early Warning Report (EWR)	WFP	2015
4.5. Dashboards		
Dashboards	WFP	2014-2015
4.6. Operational & Strategic task force		
NFR and Notes on task force activities (gender, food security)	WFP	2015
4.7. Press Releases & Communication		
Decision Memorandums	WFP	2014-2015
4.8. Evaluations & Reviews		
Management Review	WFP	2015
4.9. Emergency Preparedness		
Matrix on Ebola Emergency Preparedness and Response status	WFP	2014
4.10. Logistics - Engineering - UNHAS		

Logistics Capacity Assessments (LCA)	WFP	2009-2010
SIT REPs	WFP	2014-2015
UNHAS Standard Administrative and Operating Procedures	WFP	2015
NFR Logistics Cluster (Liberia)	WFP	2014-2015
Engeneering Updates	WFP	2014
Transition strategy of the EVD Response Logistics and Supply Chain Platform	WFP	-
4.11. Resource mobilisation- Partnerhsips - Donors Relations		
Donor reports and progress reports	WFP	2015
Memorandums of Understanding (MOU)	WFP	2012-2015
List of Field Level Agreements (FLA)	WFP	2014
4.12. Guidelines - Organizational management - Procurement		
Standing Operational Procedures (SOPs)	WFP	2014-2015
Delegation of authority - Memos	WFP	2014-2015
4.13. Nutrition		
Nutrition strategy in response to Ebola	WFP- UNICEF	2014
4.14. Finance		
Financial reports	WFP	2014-2015
4.15. Human Resources		
Deployment list	WFP	2014-2015
Organigrammes & Structure Overview	WFP	2014-2015
5. EBOLA OUTBREAK RESPONSE EXTERNAL DOCS		
5.1. Government docs		
National Health policy and framework	GoL; GoG;	2007-2014
Nutrition policy & Implementation Plan	GoL; GoSL	2010-2012
National socio-economic strategies and recovery plans	GoL; GoG; GoSL	2015
National Operational Plans for Outbreak response	GoL; GoG; GoSL	2014
SMART & MICS surveys	GoG	2012-2015
Mano River Union - Post-Ebola Socio-economic Recovery Programme	GoL; GoG; GoSL	2015
5.2. UN Docs		
Global Ebola Response - Outlook & Progress report & Overview of needs and requirements & SIT REPs	UNMEER	2014-2015
Global Ebola Response - Updates, Bulletins, SIT REPs & Factsheets	UNMEER	2015
Global Ebola Response - Operational Framework for Scaling up UN-system approach to Ebola response	UNMEER	2014
IOM - SIT REPs Flux migratoires	IOM	2015
UNDP's Ebola Response Factsheets & Strategy	UNDP	2014-2015
UNDP - Early Recovery and Resilience Support Framework	UNDP	2015
UNDP - Assessment of the socio-economic impacts of EVD	UNDP	2014
UNDP - Interim reports	UNDP	2015
UNDG - Socio-Economic Impact report	UNDG	2015

UNFPA - Response to sexual and reproductive health in Ebola context (SL)	UNFPA	2015
UNICEF & Plan & World Vision & Save the Children - Children's Ebola Recovery Assessment (Sierra Leone)	UNICEF & partners	2015
WHO - SIT REPs & Progress updates	WHO	2015
WHO - Response Roadmap & Response Plans	WHO	2014-2015
WHO - Report of the Ebola Interim Assessment Panel	WHO	2015
WHO - Report on the role of WHO within the UNMEER	UN Secretariat	2015
5.3. Other		
African Union Support to Ebola Outbreak (ASEOWA) - SIT REPs & Factheets	African Union	2014-2015
FEWS NET - Special Reports on Ebola	FEWS NET	2014
ODI - Infographics	ODI	2015
Diverse reviews, lessons learned, assessments and evaluations on the EVD	TOR annex	-
6. MAPS		
UNHAS routes and access constraints	WFP	2014-2015
Concept of Operations, Operation Overviews and Logistics Overviews	WFP	2014-2015
Geographical distribution of Ebola cases and treatment centres	WHO	2014-2015