

Standard Project Report 2015

Reporting Period: 1 January - 31 December 2015

WEST AFRICA (DAKAR)

Support to Populations in Areas Affected by the Ebola Outbreak in Guinea, Liberia, and Sierra Leone

Project Number	200761
Project Category	Regional EMOP
Overall Planned Beneficiaries	3,344,400
Planned Beneficiaries in 2015	2,823,842
Total Beneficiaries in 2015	3,003,828

Project Approval Date	25 Aug 2014
Planned Start Date	25 Aug 2014
Actual Start Date	20 Aug 2014
Project End Date	31 Dec 2015
Financial Closure Date	n.a.

Approved budget as 31 December 2015 in USD	
Cash--based Transfer and Related Costs	16,410,758
Direct Support Costs	35,783,868
Food and Related Costs	143,429,673
Indirect Support Costs	13,693,701
Total Approved Budget	209,318,000

Commodities	Metric Tonnes
Total Approved Commodities	140,983
Planned Commodities in 2015	81,597
Actual Commodities in 2015	69,504

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Operational SPR

OPERATIONAL OBJECTIVES AND RELEVANCE

The Regional Emergency Operation (EMOP) 200761 was launched on 25 August 2014 primarily to focus on supporting the health response to the Ebola Virus Disease (EVD) outbreak by delivering food and nutrition assistance to care for the infected and contain the spread of the virus. In parallel, severely food insecure and Ebola-affected vulnerable groups (survivors, orphans) benefited from short-term support through the lean season given the impact of the virus on household food availability and access. Through the three pillars - care, contain and protect - WFP provided short term food assistance to those most affected by the disease.

To align and adapt the operation to the rapidly evolving rates of transmission and requirements of the humanitarian response, WFP carried out a total of six budget revisions throughout 2014 and 2015. These revisions ensured strategic alignment with leading health partners, including the World Health Organization (WHO) and national governments, in support of on-going efforts to achieve zero transmission of the virus.

In line with WFP Strategic Objective 1, the EMOP had the following objectives:

- I. To respond to the immediate food needs of people affected by the virus and receiving medical treatment;
- II. To ensure the food needs of Contact management and populations in Hot Spot Communities under the contain pillar;
and
- III. To promote food access in former EVD hot spots during lean season, restore access to basic services through temporary initiatives and protect Ebola-driven vulnerable groups.

RESULTS

Beneficiaries, Targeting and Distribution

In line with WFP's objective to deliver food and nutrition support to care for the infected and to support efforts to contain the spread of the virus, as well as address the residual effects of the outbreak, in 2015 three main beneficiary groups were targeted:

- I. Care: ensure nutritious meals for patients in health units receiving treatment and provide continued nutrition support to survivors upon discharge; and
- II. Contain: provide food rations to traced/isolated households and to communities with widespread and intense transmission where movements are disrupted and risk of further infection is high.
- III. Protect: promote food access in former EVD hotspots during lean season; restore access to basic services through temporary initiatives; and protect ebola-driven vulnerable groups, such as orphans.

Care

To ensure patients in ETUs were receiving the nutrients they needed to fight the virus, WFP provided three cooked meals a day to patients and caregivers. In Guinea, assistance was provided through the distribution of electronic vouchers to the health operators in ETUs, who were responsible for using the electronic vouchers to redeem hot meals for the patients and caregivers from a catering service. WFP provided food support to patients and staff in other types of health units as well, including holding centers, isolation centers, and community care centers.

Assistance to EVD survivors was provided in different forms. As the virus left survivors weakened and undernourished, WFP delivered take-home rations to ease reintegration into their communities and to provide continued nutritional support. WFP also provided a follow up assistance package in which survivors received two to three monthly cash transfers in the equivalent value of the in-kind food package, allowing survivors to meet their immediate food and nutritional needs whilst providing a cash injection to kick-start early recovery. In Guinea, due to operational issues with the implementation of cash based transfers, the launch of this activity was delayed until June 2015. To ensure survivor households received the necessary assistance, monthly general food distributions were organized in the meantime.

Contain

WFP provided food rations to registered contact cases for the duration of their isolation (21 days plus a seven day recovery) to ensure they were able to meet their basic food needs during the period of reduced mobility in accordance with quarantine regulations. Targeting was based on official lists of registered contact cases provided by local health authorities and WHO. As some contact cases were living in remote areas, WFP organized door-to-door distributions to mitigate the risk of spreading EVD, while assistance to communities with intense and widespread transmission was provided through general food distributions (GFDs).

Protect

Budget revision 3 introduced a new pillar in the WFP response, referred to then as transition support, drawing from the recognition that the impact of Ebola and its containment measures extend beyond health to the social and economic. Planned orphan care and mixed food/cash transfers in Ebola-free communities were implemented progressively from the second quarter of 2015 in collaboration with communities, partners, and governments. In line with the evolving health and recovery context, budget revision 4 expands food security and social protection support for Ebola affected groups and introduces temporary initiatives to restore access and uptake of basic services, which were disrupted as a result of Ebola.

A key element was assistance to Ebola orphans, who were either reintegrated into their communities with foster families or absorbed by institutions. Monthly food assistance was provided to children at institutions for the preparation of three daily meals; children in foster families also received monthly food assistance in a family-size ration.

In Guinea and Sierra Leone, 'modified' treatment of moderate acute malnutrition was implemented although no follow up was conducted. In Guinea, WFP targeted children aged 6-59 months and pregnant and lactating women suffering from moderate acute malnutrition (MAM) in the prefectures of Forecariah, Dubreka and Coyah. WFP extended the geographical coverage of the treatment of moderate acute malnutrition to provide MAM treatment services in Ebola affected areas, leading to higher than planned numbers of beneficiaries reached under this activity. A government led immunization campaign coupled with MUAC screening and referral enabled to detect a very large number of acute malnutrition cases because of its extensive coverage. Since nutrition capacity in terms of staff and commodities allowed, WFP was able to provide support to all the referred children and PLW, explaining the massive increase in the number of admissions.

In Sierra Leone, the treatment programme was included under the fourth budget revision and took up its activities when health centres were beginning to resume basic health services. In Sierra Leone during Ebola, a "no touch policy" was in place that did not allow health workers to undertake anthropometric measurements on individuals including children. Admission of children into the EMOP 'modified' targeted treatment of moderate acute malnutrition was based on MUAC collected by their mothers/caregivers during an immunization and malnutrition screening campaign in April 2015. No subsequent MUACs were taken. Children ages 6-59 months with MAM were provided with three months supplementary feeding. In Sierra Leone, this modified treatment was part of the EMOP activities because parallel CP activities could not be resumed.

Another activity carried out at the tail end of the regional response, was Food Assistance for Asset (FFA). In Liberia, WFP FFA to beneficiaries in formerly EVD-affected communities, using both food and cash transfer modalities. In Sierra Leone, more beneficiaries were reached than planned with FFA due to the inclusion of the school cleaning activity to support the government's early recovery programme.

Overall, in all activity categories, beneficiaries' selection was guided by information provided by national authorities and partners with the expertise in the various sectors. Information from the mobile Vulnerability Analysis & Mapping (mVAM) was used to identify food insecurity and price fluctuations in sub-national areas, among socio-demographic groups and variations every month. It was difficult to forecast the number of new Ebola cases. The target groups overlapped, particularly in isolated communities where all people (patients, contact cases, and local population) were being assisted. Accordingly, WFP maintained flexibility in beneficiary selection and geographic targeting to allow teams to respond appropriately throughout the cycle of the operation.

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Guinea									
Number of adults	217,571	226,451	444,022	189,182	222,084	411,266	87.0%	98.1%	92.6%
Number of children 5 to 18 years of age	115,729	120,453	236,182	94,591	111,042	205,633	81.7%	92.2%	87.1%
Number of children below 5 years of age	129,617	134,907	264,524	127,493	149,665	277,158	98.4%	110.9%	104.8%
Total number of beneficiaries in 2015	462,917	481,811	944,728	411,266	482,791	894,057	88.8%	100.2%	94.6%
Total number of beneficiaries in 2014	218,285	212,937	431,222	244,973	246,130	491,103	112.2%	115.6%	113.9%
The total number of beneficiaries includes all targeted persons who were provided with WFP food during the reporting period - either as a recipient/participant in one or more of the following groups, or from a household food ration distributed to one of these recipients/participants									
Liberia									
Number of adults	95,278	97,306	192,584	90,941	94,893	185,834	95.4%	97.5%	96.5%
Number of children 5 to 18 years of age	75,006	75,006	150,012	71,171	75,125	146,296	94.9%	100.2%	97.5%
Number of children below 5 years of age	32,435	30,408	62,843	31,632	31,632	63,264	97.5%	104.0%	100.7%
Total number of beneficiaries in 2015	202,719	202,720	405,439	193,744	201,650	395,394	95.6%	99.5%	97.5%
Total number of beneficiaries in 2014	202,720	198,665	401,385	292,687	292,136	584,823	144.4%	147.0%	145.7%
The total number of beneficiaries includes all targeted persons who were provided with WFP food during the reporting period - either as a recipient/participant in one or more of the following groups, or from a household food ration distributed to one of these recipients/participants									
Sierra Leone									
Number of adults	223,031	716,883	939,914	412,499	459,776	872,275	185.0%	64.1%	92.8%
Number of children 5 to 18 years of age	286,754	23,977	310,731	288,970	291,175	580,145	100.8%	1,214.4%	186.7%
Number of children below 5 years of age	127,446	95,584	223,030	130,612	131,345	261,957	102.5%	137.4%	117.5%
Total number of beneficiaries in 2015	637,231	836,444	1,473,675	832,081	882,296	1,714,377	130.6%	105.5%	116.3%
Total number of beneficiaries in 2014	458,486	678,413	1,136,899	393,142	589,714	982,856	85.7%	86.9%	86.5%
The total number of beneficiaries includes all targeted persons who were provided with WFP food during the reporting period - either as a recipient/participant in one or more of the following groups, or from a household food ration distributed to one of these recipients/participants									

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Guinea									
Beneficiaries of General food distribution (GFD)/ targeted food distribution/assistance (GFD-TFD/A)	451,111	488,702	939,813	368,411	429,868	798,279	81.7%	88.0%	84.9%
Children 24 to 59 months given food under supplementary feeding (treatment for moderate malnutrition)	776	808	1,584	3,075	3,612	6,687	396.3%	447.0%	422.2%
Children 6 to 23 months given food under supplementary feeding (treatment for moderate malnutrition)	808	841	1,649	3,076	3,612	6,688	380.7%	429.5%	405.6%
Pregnant and lactating women participating in targeted supplementary feeding (treatment for moderate acute malnutrition)		880	880		28,172	28,172		3,201.4%	3,201.4%
Cash-Based Transfer Beneficiaries	42,170	45,684	87,854	25,025	29,206	54,231	59.3%	63.9%	61.7%
Liberia									
Participants in Food For Assets	28,244	28,244	56,488	29,359	22,995	52,354	103.9%	81.4%	92.7%
Beneficiaries of General food distribution (GFD)/ targeted food distribution/assistance (GFD-TFD/A)	202,720	202,720	405,440	193,743	201,651	395,394	95.6%	99.5%	97.5%
Cash-Based Transfer Beneficiaries	97,875	97,875	195,750	91,557	95,294	186,851	93.5%	97.4%	95.5%
Sierra Leone									
Beneficiaries of General food distribution (GFD)/ targeted food distribution/assistance (GFD-TFD/A)	637,231	836,444	1,473,675	832,081	882,297	1,714,378	130.6%	105.5%	116.3%
Children 24 to 59 months given food under supplementary feeding (treatment for moderate malnutrition)	5,655	6,127	11,782	6,474	6,734	13,208	114.5%	109.9%	112.1%
Children 6 to 23 months given food under supplementary feeding (treatment for moderate malnutrition)	16,966	18,380	35,346	19,421	20,202	39,623	114.5%	109.9%	112.1%
Cash-Based Transfer Beneficiaries	5,530	7,640	13,170	5,107	7,053	12,160	92.4%	92.3%	92.3%

Commodity Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Guinea			
Beans	0	977	-
Bulgur Wheat	0	15	-
Corn-soya Blend (csb)	2,021	2,671	132.2%
High Energy Biscuits		4	
Iodised Salt	104	28	26.8%
Lentils	0	85	-
Ready To Use Supplementary Food	1,401	0	0.0%
Rice	23,255	15,723	67.6%
Split Peas	2,588	631	24.4%
Vegetable Oil	877	528	60.2%
Sum	30,246	20,663	68.3%
Liberia			
Beans	350	295	84.4%
Corn-soya Blend (csb)	3,071	3,161	102.9%
Dried Fruits		50	
High Energy Biscuits		7	
Iodised Salt	177	205	116.0%
Peas		3	
Ready To Use Supplementary Food	27	27	99.6%
Rice	11,220	12,143	108.2%
Split Peas	1,806	2,011	111.3%
Vegetable Oil	1,089	929	85.3%
Sum	17,740	18,831	106.1%
Sierra Leone			
Beans	1,100	1,142	103.8%
Bulgur Wheat		5	
Corn-soya Blend (csb)	4,417	4,326	98.0%
High Energy Biscuits		6	
Iodised Salt	247	219	88.8%
Lentils	2,824	330	11.7%
Peas		46	
Ready To Use Supplementary Food	6	4	72.4%
Rice	23,275	20,486	88.0%
Split Peas		2,058	
Sugar	115	30	25.8%
Vegetable Oil	1,627	1,357	83.4%
Sum	33,611	30,010	89.3%
Total for 2015	81,597	69,504	85.2%
Total reported in 2014 SPR	59,386	35,675	60.1%

Cash-Based Transfer	Planned Distribution (USD)	Actual Distribution (USD)	% Actual v. Planned
Cash	13,560,264.6	6,375,886	47.0%
Vouchers	537,228.9	47,087.84	8.8%
Total for 2015	14,097,493.5	6,422,974.24	45.6%

'Story Worth Telling'

Once declared free of Ebola, survivors still need support to manage the trauma of the illness, and the loss of livelihoods that persist long after the virus has left.

One way that WFP helped survivors was by providing cash transfers via mobile phone, allowing people to buy the food that they need the most. By enabling people to purchase food close to home, this initiative also provided much needed stimulus to the local market and economy.

Liberian gospel singer Amelia Wesseh, 36, is a mother of four. Along with one of her daughters, she fell sick to Ebola. Happily, both of them survived the virus after treatment.

However, though she regained her health, she lost all her belongings due to Ebola.

"When I was in the treatment centre, all of our belongings were burned to get rid of the virus. I lost everything. The only clothes I had were those on my back, and I had to start from scratch. After I was discharged from the treatment centre, no one came to help or support me as people were afraid of the disease."

Through WFP's support for survivors, Amelia and her daughters received much needed cash support through their mobile phone in the most critical moment. "We really needed WFP's help."

Through WFP's support for survivors, Amelia and her daughters received Liberian dollar equivalent of 85 USD monthly over a period of 10 months through mobile money transfer. The amount was helpful in replacing some of the household items that were lost to EVD and to pay house rent and cover gaps in the payment of the childrens' tuition.

Progress Towards Gender Equality

Gender, as a cross-cutting theme was integrated under all the core pillars in the Ebola response.

In Guinea, through TSF activities, WFP specifically targeted children and pregnant and lactating women to improve their nutritional status. Even though women usually tend to participate in the decisions over the use of food at the household level in Guinea, data from Post Distribution Monitoring (PDM) showed that the proportion of women deciding over the use of WFP's assistance amongst the assisted households went down to only 19 percent in 2015 as compared to 43 percent in 2014 PDM. Results from the PDM surveys thus indicate an increased need for awareness raising at community level on women's empowerment and gender equality.

In Liberia, WFP encouraged the issuance of household rations in the name of females and advocated for equal participation of women in conditional safety net activities. The assets created included farmlands; log bridges and feeder roads linking communities to each other as well as to markets and other facilities; and rehabilitated houses of Ebola affected households. The farmlands included lowland plots that were improved through small-scale irrigation techniques and cultivated with rice, vegetables and tubers such as cassava, potatoes and eddoes. The choice of assets to be produced was done through consultations with the targeted communities and women's concerns were expressed and taken into account by WFP and its partners. A PDM survey in the third quarter of 2015 found that women are essential to decision making in their households. In over 50 percent of households, women only decided; and in another 40 percent women and men decided jointly.

In Sierra Leone, the importance of gender equality and women's empowerment has gained momentum, translating to increased female-held roles in leadership position and involvement in decision making. UN Women worked with WFP to enhance advocacy on gender issues targeting rural communities where violence against women is prevalent. Where possible, WFP through its partners encouraged gender equality in decision-making, and control over resources through focus group discussions, social mobilization, networking and community sensitization in smaller groups or at the household level. The third PDM data collected found that in almost half of households, men are the sole decision-makers regarding use of food at household level. However, men were reported to have a greater say on the utilization of food assistance received (men only - 47 percent). Respondents in previous PDMs also indicated that, as a best practice, women should make the decisions about the use of food and nutritional assistance provided by WFP. Although the data indicates that the proportion of households where females and males make the decision over the use of food together is very low, the fact that women do tend to play a decision-making role within a large share of the assisted households and believe they should, is a positive trend in Sierra Leone where tradition is not favorable for women. Collecting gender sensitive information and data on women's empowerment, contributes to better understanding of the use of assistance provided by WFP and will be emphasized as a priority in the following three country specific EMOPs.

While gender variables were included in mVAM data collection, the proportion of response from female participants was significantly less than males. The gender breakdown of respondents in all three countries was approximately 75 - 80 percent male vs 20 - 25 percent female. While this discrepancy has been noted in mVAM deployments in other countries, WFP is researching ways to increase female representation in mobile surveying.

Cross-cutting Indicators	Project end Target <i>Target Val</i>	Base Value <i>(at start of project or benchmark)</i>	Previous Follow-up <i>(penultimate follow-up)</i>	Latest Follow-up <i>(latest value measured)</i>
Guinea				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
Previous Follow-up: Dec-2014, PDM survey, Programme monitoring. Latest Follow-up: Programme monitoring.	50		4.1	4
Proportion of households where females make decisions over the use of cash, voucher or food				
Previous Follow-up: Dec-2014, PDM survey, Programme monitoring. Latest Follow-up: Programme monitoring.	30		43.1	19
Proportion of households where males make decisions over the use of cash, voucher or food				
Previous Follow-up: Dec-2014, PDM survey, Programme monitoring. Latest Follow-up: Programme monitoring.	20		52.8	77
Liberia				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.	50	25.1		39.6
Proportion of households where females make decisions over the use of cash, voucher or food				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.	30	63.1		50.2
Proportion of households where males make decisions over the use of cash, voucher or food				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.	20	11.8		10.2
Sierra Leone				
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
Base value: Apr-2015, PDM, Programme monitoring. Previous Follow-up: Apr-2015, PDM, Programme monitoring. Latest Follow-up: Dec-2015, PDM, Programme monitoring.	30	6	34	24.91
Proportion of households where females make decisions over the use of cash, voucher or food				
Base value: Dec-2014, PDM, Programme monitoring. Previous Follow-up: Apr-2015, PDM, Programme monitoring. Latest Follow-up: Aug-2015, PDM, Programme monitoring.	50	49	23	28
Proportion of households where males make decisions over the use of cash, voucher or food				
Base value: Dec-2014, PDM, Programme monitoring. Previous Follow-up: Apr-2015, PDM, Programme monitoring. Latest Follow-up: Aug-2015, PDM, Programme monitoring.	20	44	43	47.02

Protection and Accountability to Affected Populations

The health and security of beneficiaries were primary concerns throughout the implementation of the project, and ensuring that the food and nutrition assistance was delivered in safe, accountable and dignified conditions were key considerations throughout food distributions. All delivery and distribution activities had to be carried out in a manner that mitigated the risk of large gatherings to prevent the spread of EVD. Additional health safety and sanitation measures were put in place at distribution sites such as no touch policy, use of long sleeves, hand washing, and temperature checking, to ensure limited risk of transmission. Partners were provided with personal protective equipment to ensure that they were safe while serving beneficiaries and health protection advisers and assistants helped to monitor implementation of SOPs for food distributions. Throughout 2015, WFP thus continued to apply the guidelines on health safety and sanitation that were developed in collaboration with WHO.

In Guinea, WFP ensured that beneficiaries were adequately informed about the assistance by closely collaborating with partners and local health authorities. PDM surveys show that a significant share of the beneficiaries were informed about the programme, targeting strategies and food rations. Very few beneficiaries reported safety problems while traveling to or from the distribution site or during distributions.

In Sierra Leone, WFP through its partners located multiple distribution sites reducing distances for beneficiaries to access WFP assistance and ensuring fewer people present at distribution sites, reducing risk of Ebola transmission. WFP paid special attention to ensuring that beneficiaries were informed about the registration procedures and the type of assistance they would receive by printing this information on ration cards and displaying it at distribution sites. However, post distribution monitoring indicated that there was a general lack of knowledge on targeting, entitlements, and the distribution process.

In Liberia, WFP initially relied largely on NGO partners and local leaders to inform beneficiaries about the programme and advise them about mechanisms for redress. However, results from a July 2015 PDM showed that only about half of beneficiaries reported that they were adequately informed about the programme.

In response to such feedback regarding lack of information, WFP set up a beneficiary feedback mechanism (BFM) all three countries, including a dedicated email address and telephone hotline. The number of the hotline was printed on CBT coupons and beneficiaries could call with questions or complaints about cash distributions. These measures are likely to have substantially increased the proportion of households who felt an increased sense of accountability from WFP. However, a follow-up PDM was not conducted up to the completion of this report to objectively confirm this view which is largely founded on anecdotal information.

In all three countries, mobile Vulnerability Analysis & Mapping (mVAM) was used to remotely monitor food security and market conditions. On a monthly basis, participants were randomly selected from a database of mobile subscribers and were asked socio-demographic questions, coping behavior questions, the prices of 3 commodities and manual labour wages. In addition, qualitative response from open-ended question provided valuable contextual information and allowed WFP to describe the situation in "the words of respondents". Over 30,000 observations were collected in the span of 2015 - 2016 and mVAM provided critical, high-frequency information on geographic priorities and monthly trends.

Cross-cutting Indicators	Project end Target	Base Value <i>(at start of project or benchmark)</i>	Previous Follow-up <i>(penultimate follow-up)</i>	Latest Follow-up <i>(latest value measured)</i>
Guinea				
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
Previous Follow-up: Dec-2014, PDM survey, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, Programme monitoring.	70		88.55	79
Proportion of assisted people who do not experience safety problems travelling to/from and at WFP programme sites				
Previous Follow-up: Dec-2014, Programme monitoring. Latest Follow-up: Jul-2015, Programme monitoring.	80		99	99.6
Liberia				
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.	70	62.2		54.4
Proportion of assisted people who do not experience safety problems travelling to/from and at WFP programme sites				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.	80	99.13		92.9
Sierra Leone				
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
Base value: Dec-2014, PDM, Programme monitoring. Latest Follow-up: Dec-2014, PDM, Programme monitoring.	70	1		28.07
Proportion of assisted people who do not experience safety problems travelling to/from and at WFP programme sites				
Base value: Apr-2015, PDM, Programme monitoring. Latest Follow-up: Aug-2015, PDM, Programme monitoring.	100	98		98

Outputs

EMOP 200761 maintained its focus on the outbreak and its impacts, recognizing that these impacts went beyond the virus itself and extended to livelihoods and access to basic services. Due to the volatile epidemiological context, it was often difficult to adequately plan the assistance, especially the number of patients, contact cases and survivors as these numbers changed on a daily or weekly basis. Remote monitoring of food security and price volatility through mVAM allowed WFP to monitor and assess each country's evolving food security situation. WFP produced monthly bulletins for each country, which were shared with partners and donors. mVAM results were also used in the region's Cadre Harmonise process, a donor funded process estimating the population figures in need of food assistance.

The ultimate objective was to provide assistance to all patients, contact cases and survivors registered by WHO and partners, but this figure was difficult to plan for.

WFP capacity to support health efforts to care for and contain EVD was maintained. In parallel, severely food insecure EVD affected communities and Ebola-driven vulnerable groups (survivors, orphans) benefited from short-term support through the lean season given the impact of the virus on household food availability and access.

WFP continued to provide food and nutrition support to suspected and confirmed EVD patients and their caregivers. This activity was progressively scaled down as Ebola treatment units, community care centers, and testing sites closed in some areas as transmission of the virus shifted and as districts were declared Ebola free. For instance in Guinea, WFP planned to provide food assistance to all patients in six ETUs. In total, 1,587 patients have benefitted from this assistance in Guinea in 2015. Assistance planned for Community Care Centres (CCC) in the fourth budget revision was never provided as CCCs played a limited role in Guinea. As a result, the number of patients receiving individual rations is significantly lower than planned.

To reduce risk of further transmission, contact tracing played a critical role, and ensuring basic food needs during this period supported households in reducing unnecessary movements. WFP continued to provide household rations to all registered contact cases. Distributions often took place in collaboration with other partners so that households received hygiene kits and sensitization at the same time as food rations in order to maximize the impact of the assistance. According to PDMs, communities surveyed reported that WFP food allowed them to reduce unnecessary movements during a period of intense EVD transmission. For instance in late March in Sierra Leone, to support the government's attempt to halt the remaining transmission chains in the Western Area, WFP provided food assistance during a three day 'stay home' operation reaching some 34,000 households in 14 urban slums where food insecurity threatened the success of the stay-home operation.

Over the EMOP, the coverage of hot spot distributions became increasingly tightened geographically, responding to more focused micro-outbreaks. A transition support started to be provided, drawing from the recognition that the impact of Ebola and its containment measures extended beyond health to social and economic impacts. In line with the evolving health and recovery context, WFP expanded food security and social protection support for Ebola affected groups and introduced temporary initiatives to restore access and uptake of basic services, which were disrupted as a result of the outbreak. Support was provided to Ebola orphans who were reintegrated into their communities in foster homes or in institutions. In Guinea, WFP delivered monthly family rations to all households with Ebola orphans registered by UNICEF, reaching 16,660 beneficiaries.

In Liberia, through work activities organized as part of conditional food assistance (including cash and food transfer), communities prepared several hectares of land for food cultivation by clearing them of invasive plants, rehabilitated a number of log bridges to improve road travel, and reconstructed a number of damaged houses belonging to Ebola affected households. WFP also supported the anti-Ebola psychosocial work of county health teams by providing the crucial food commodities that allowed the teams to meet the pressing food needs of persons in isolation while working with them to observe the period of isolation and the protocols for preventing infection.

Output	Unit	Planned	Actual	% Actual vs. Planned
Guinea				
SO 1: Ebola Prevention and Care				
C&V: Number of beneficiaries receiving cash transfers	Individual	79,974	52,644	65.8%
C&V: Number of beneficiaries receiving vouchers	Individual	7,880	1,587	20.1%
Number of Ebola caregivers who received an individual ration	Individual	801	476	59.4%
Number of Ebola patients who received an individual ration	Individual	26,343	1,226	4.7%
Number of health centres/sites assisted	centre/site	6	6	100.0%
Liberia				
SO 1: Ebola Prevention and Care				
C&V: Number of beneficiaries receiving cash transfers	Individual	197,750	186,850	94.5%
Number of beneficiaries receiving HH rations at home	Individual	405,440	392,397	96.8%
Number of Ebola caregivers who received an individual ration	Individual	29,150	130	0.4%
Number of Ebola patients who received an individual ration	Individual	37,450	192	0.5%
SO 1: FFA				
Hectares (ha) of land cleared	Ha	156	156	100.0%
Kilometres (km) of feeder roads rehabilitated (FFA) and maintained (self-help)	km	457	457	100.0%
Number of assets built, restored or maintained by targeted communities and individuals	Asset	14	14	100.0%
Number of bridges rehabilitated	bridge	16	16	100.0%
Number of latrines constructed/rehabilitated	latrine	14	14	100.0%
Number of refugee/returnee houses constructed/rehabilitated	house	22	22	100.0%
Sierra Leone				
SO 1: Ebola Prevention and Care				
Number of beneficiaries receiving HH rations at home	Individual	67,000	64,075	95.6%
Number of Ebola caregivers who received an individual ration	Individual	5,000	5,748	115.0%
Number of Ebola patients who received an individual ration	Individual	5,800	3,249	56.0%
Number of institutional sites assisted	site	90	60	66.7%

Outcomes

With the virus spreading into new zones in early 2015 and receding in previously affected areas, WFP remained flexible by adapting geographic targeting and beneficiary estimations in collaboration with partners. This meant deploying resources into newly affected areas where food assistance was required in order to contain the spread of the virus. Emergency Food Security Assessments (EFSA) and monthly mVAM data in each country helped to refine targeting for the protect pillar for communities most affected by the virus where food insecurity was highest.

WFP continued to implement PDM surveys amongst assisted households to support informed, evidence-based decision making and accountability for results.

In Guinea, as a result of overall low levels of food insecurity in the villages where WFP provided emergency food assistance in Upper and Lower Guinea, PDM results showed that 0 percent of the households (both female and male headed) had a poor Food Consumption Score after receiving food assistance. Data on diet diversity and coping strategies in these two regions also indicated lower levels of food insecurity amongst assisted households. However, it is important to analyse the results of these two regions within the context the assistance provided as WFP's food assistance was primarily targeted towards communities in which high levels of Ebola transmissions were reported and that these were not necessarily the most food insecure communities. Additionally, disaggregated data on food security per sex of the household head and region show several disparities. In Forest Guinea, food security levels tend to be the highest as compared to the other two natural regions in which WFP provided emergency food assistance. Data from the PDM surveys found that 3.5 percent of the male headed households and 4.7 percent of the female headed households had a poor Food Consumption Score. Data on dietary diversity is also the lowest in Forest Guinea, with an average of 4.73 for female-headed households and 4.94 for male headed households. The analysis of qualitative data from focus group discussions indicates that WFP's food assistance reached objectives that go beyond stabilized food security, and also reduced the risk of contamination of EVD over the assistance period for people living in areas of widespread and intense transmission by enabling them to reduce unnecessary movements. WFP assessed that the level at which beneficiaries were able to reduce their movements during periods of high transmissions was between 50 and 97 percent. This difference in reported limitations of movements were mainly due to the geographic location of communities, with urban communities reporting significantly lower limitations of movements than rural communities.

In Liberia, food assistance provided through the EMOP was intended to contribute to the containment of Ebola by supporting the treatment, care and recovery of persons infected with the disease; addressing the food and nutrition needs of contact cases under quarantine to minimize their desire to break the quarantine in search of food and thereby put others at risk; and helping individuals, households and communities transition from the effects of Ebola. The strategy for determining achievement in this regard is by measuring food security in key aspects: Food Consumption Score, Dietary Diversity Score and coping strategy. Statistically representative data collected through post-distribution monitoring in July 2015 showed a favourable situation in all aspects when compared with baseline values from November 2014.

In Sierra Leone, access of households to food was dominated by cash purchases in the market, followed by reliance on food assistance. Food assistance contributed positively to improving the food consumption score of more than 66 percent of households, relieving them of the burden of food purchases. Despite this progress, WFP and its NGO partners need to increase sensitization of beneficiaries about the assistance they are receiving to improve its effectiveness. The third PDM survey revealed that there is also a need for further gender advocacy, with only about 28 percent of females involved in decision making over resources, compared to 47 percent of males.

Outcome	Project end Target	Base Value <i>(at start of project or benchmark)</i>	Previous Follow-up <i>(penultimate follow-up)</i>	Latest Follow-up <i>(latest value measured)</i>
Guinea				
Strategic Objective 1: Save lives and protect livelihoods in emergencies				
CSI: Coping Strategy Index (average)				
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	18.2		18.2	18.89
CSI: Coping Strategy Index (average)				
Previous Follow-up: Dec-2014, PDM survey, data on Upper Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Upper Guinea, Programme monitoring.	1.1		1.1	0.48
CSI: Coping Strategy Index (average)				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	15.07		15.07	4.09
CSI: Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	22.1		20.72	17.05
CSI: Percentage of female-headed households with reduced/stabilized Coping Strategy Index				

Outcome	Project end Target	Base Value <i>(at start of project or benchmark)</i>	Previous Follow-up <i>(penultimate follow-up)</i>	Latest Follow-up <i>(latest value measured)</i>
Previous Follow-up: Dec-2014, PDM survey, data on Upper Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Upper Guinea, Programme monitoring.	22.1		0.53	0.74
CSI: Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	22.1		12.96	3.94
CSI: Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	21.8		17.6	19.71
CSI: Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
Previous Follow-up: Dec-2014, PDM survey, data on Upper Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Upper Guinea, Programme monitoring.	21.8		1.17	0.45
CSI: Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	21.8		15.36	4.13
Diet Diversity Score				
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	5.03		5.03	4.88
Diet Diversity Score				
Previous Follow-up: Dec-2014, PDM survey, Data on Upper Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Upper Guinea, Programme monitoring.	5.22		5.22	7
Diet Diversity Score				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	5.51		5.51	5.3
Diet Diversity Score (female-headed households)				
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	5.05		5.05	4.73
Diet Diversity Score (female-headed households)				
Previous Follow-up: Dec-2014, PDM survey, data on Upper Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Upper Guinea, Programme monitoring.	5		5.12	7
Diet Diversity Score (female-headed households)				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	5.56		5.56	4.98
Diet Diversity Score (male-headed households)				
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	5		5.02	4.94
Diet Diversity Score (male-headed households)				
Previous Follow-up: Dec-2014, PDM survey, data on Upper Guinea, Programme monitoring. Latest Follow-up: Mar-2015, Data on Upper Guinea, Programme monitoring.	5		5.22	7
Diet Diversity Score (male-headed households)				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	5.49		5.49	5.39
FCS: percentage of households with poor Food Consumption Score				
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	1.56		1.9	3.9
FCS: percentage of households with poor Food Consumption Score				
Previous Follow-up: Dec-2014, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring.	1		1	0
FCS: percentage of households with poor Food Consumption Score				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	2.16		0	0
FCS: percentage of households with poor Food Consumption Score (female-headed)				
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	1.56		0	4.7
FCS: percentage of households with poor Food Consumption Score (female-headed)				
Previous Follow-up: Dec-2014, PDM survey, data on Upper Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Upper Guinea, Programme monitoring.	1		5.9	0
FCS: percentage of households with poor Food Consumption Score (female-headed)				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	2.16		0	0
FCS: percentage of households with poor Food Consumption Score (male-headed)				

Outcome	Project end Target	Base Value <i>(at start of project or benchmark)</i>	Previous Follow-up <i>(penultimate follow-up)</i>	Latest Follow-up <i>(latest value measured)</i>
Previous Follow-up: Dec-2014, PDM survey, data on Forest Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Forest Guinea, Programme monitoring.	1.56		2.3	3.5
FCS: percentage of households with poor Food Consumption Score (male-headed)				
Previous Follow-up: Dec-2014, PDM survey, data on Upper Guinea, Programme monitoring. Latest Follow-up: Mar-2015, PDM survey, data on Upper Guinea, Programme monitoring.	1		0.5	0
FCS: percentage of households with poor Food Consumption Score (male-headed)				
Previous Follow-up: Mar-2015, PDM survey, data on Lower Guinea, Programme monitoring. Latest Follow-up: Jul-2015, PDM survey, data on Lower Guinea, Programme monitoring.	2.16		0	0
Liberia				
Strategic Objective 1: Save lives and protect livelihoods in emergencies				
CSI: Coping Strategy Index (average)				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.		18.2		10.8
Diet Diversity Score				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.		4.3		5.1
FCS: percentage of households with acceptable Food Consumption Score				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.		35.3		80.7
FCS: percentage of households with borderline Food Consumption Score				
Base value: Nov-2014, Programme monitoring. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.		48.2		17.7
FCS: percentage of households with poor Food Consumption Score				
Base value: Nov-2014, Mobile PDM (mPDM), WFP survey. Latest Follow-up: Jul-2015, Post Distribution Monitoring, WFP survey.		16.4		1.6
Sierra Leone				
Percentage of assisted communities that reported reduced unnecessary movements thanks to WFP food assistance in period of widespread and intense transmission				
Latest Follow-up: Aug-2015, PDM, Programme monitoring.	80			60
Strategic Objective 1: Save lives and protect livelihoods in emergencies				
CSI: Percentage of households with reduced/stabilized Coping Strategy Index				
Base value: Dec-2014, PDM, Programme monitoring. Latest Follow-up: Dec-2014, PDM, Programme monitoring.	80	7		11
Diet Diversity Score (female-headed households)				
Base value: Dec-2014, PDM, Programme monitoring. Latest Follow-up: Aug-2015, PDM, Programme monitoring.		7		8.91
FCS: percentage of households with poor Food Consumption Score				
Base value: Dec-2014, PDM, Programme monitoring. Latest Follow-up: Dec-2014, PDM, Programme monitoring.	19.2	24		34

Sustainability, Capacity Development and Handover

Early on in the Ebola response the Government of Guinea established a joint National Crisis Committee led by the Ministry of Health, which was responsible for coordinating the response to the crisis. Crisis committees were also established in all of the affected areas. As the epidemic continued to spread, the government established the National Ebola Coordination Cell, whose coordinator reported directly to the Office of the President, therefore streamlining decision making. WFP coordinated its operations at the national and local levels in the field, by participating in coordination meetings, implementing Ebola response directives adopted by the authorities and its partners especially in relation to the food security situation of Ebola-affected households and communities.

In June 2015, the government of Guinea launched its: "Strategie de relance et de resilience socio-economique post-Ebola 2015-2017". The strategy was designed to allow Guinea to recover from the consequences of the crisis, rebuild its economic and social development, and resilience. The above strategy resulted in a Post-Ebola Priority Action Plan (PAPP) built around programmes and investment projects, and relevant support measures for recovery and resilience. One of the actions that WFP implemented as a way to align its activities with the above strategy, was to reinforce its Third Pillar (Transition or Protect), reflecting the need for linkages across response, early recovery and longer term development strategies. At the same time, WFP reinforced the links between the EMOP and the CP, in order to ease the transition phase back to long-term development activities.

The Ebola outbreak exposed the fragility of Sierra Leone's social and economic systems and the risk of a re-emergence of EVD highlights the importance of maintaining functioning surveillance and rapid response capability through 2016 and beyond.

As in Guinea, the Government of Sierra Leone launched a National Ebola Recovery Strategy in July 2015 (July 2015 June 2017) with the goal of implementing immediate recovery priorities and transitioning back to the 2013 - 2018 Agenda for Prosperity. In line with this Strategy and upon request of the government, WFP will enhance the nutritional status of vulnerable groups, restore lost livelihood, strengthen the resilience of food insecure households, and augment national capability to respond to disasters, in line with Sustainable Development Goal (SDG) 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture. To do so, it will establish a PRRO in April 2016 (April 2016 April 2018).

In Liberia a two-year "Economic Stabilization Response Plan" (2015 - 2017) was launched by the government to confront the economic and social consequences of the Ebola Virus Disease (EVD). The purpose of this plan is to define the strategic interventions that will stabilize and spur rapid social and economic recovery while at the same time help to improve the economy's resilience to any future shocks.

WFP's country programme in Liberia (2013 - 2017) is aligned with the Government's Poverty Reduction Strategy and the United Nations Development Assistance Framework. Within the context of this CP, and throughout its second budget revision, WFP introduced a new activity to respond to vulnerabilities resulting from the Ebola Virus Disease (EVD) outbreak. The aim is to build a contingency capacity to respond to residual food and nutrition needs as a result of EVD in Liberia. Furthermore, WFP seeks to build adequate assorted food buffer to be able to respond rapidly should any EVD case re-emerge. The activity is prompted by the unpredictable resurgence of Ebola Virus after Liberia was declared 'Ebola-Free' in May 2015 but has since after that witnessed two other waves of resurgence of EVD. The activity will be implemented in collaboration with Ministry of Health and Social Welfare, the respective county level County Health Teams and sister UN agencies.

INPUTS

Resource Inputs

The EMOP benefitted from strong interest and support throughout its implementation from over twenty donors. Donor flexibility was critical to ensuring that WFP was able to adapt its response with the changing epidemiological trends of the virus. The operation received both cash and in-kind contributions. By using the Forward Purchase Facility (FPF), WFP ensured the timely distribution of food to vulnerable communities. Donor support was also used to offset loans from existing in country stocks made at the onset of the emergency when shortfalls would have otherwise prevented the necessary scale up of activities.

Donor	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
	In-Kind	Cash	
African Dev Bank		710	307
Brazil	2,705		2,705
Canada		3,371	4,155
China		192	0
Finland		160	927
France		590	922
Germany		6,154	3,926
Guinea The Republic Of		2,568	0
Italy		985	895
Japan	420		0
MULTILATERAL		857	3,627
Norway		625	528
Private Donors		3,054	1,730
Russian Federation		293	293
Saudi Arabia			54
Sierra Leone The Republic Of		1,643	1,209
Switzerland		113	0
UN CERF Common Funds and Agencies		282	1,219
USA		6,637	10,392
Total:	3,125	28,235	32,887

See Annex: Resource Inputs from Donors for breakdown by commodity and contribution reference number

Food Purchases and in-kind Receipts

WFP ensured timely arrival of commodities by purchasing most of the food from the Global Commodity Management Facility. Food Supply Agreements were signed with local suppliers of cereals from bonded warehouses. WFP purchased cereals from local farmer unions in Guinea, whereas in Sierra Leone some cereal and pulses were purchased directly from local small holder farmers through the P4P channel.

Commodity	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Beans	0	2,743	0	
Corn Soya Blend	0	968	2,749	2,122
Dried Fruits	0	0	54	
High Energy Biscuits	0	0	0	7
Iodised Salt	40	494	0	
Peas	50	0	0	
Ready To Use Supplementary Food	0	0	0	45
Rice	12,891	13,851	3,125	7,743
Split Peas	0	0	869	2,538
Sugar	0	0	138	
Vegetable Oil	91	472	0	1,688
Sum:	13,072	18,527	6,935	14,142

Food Transport, Delivery and Handling

All commodities purchased internationally were received by sea. Primary storage was at WFP port warehouses, from where commodities were transported to distribution sites or to extended delivery points such as WFP warehouses in other locations or partner warehouses. Food transport was generally done using both commercial and WFP-owned trucks.

Post-Delivery Losses

Post-delivery losses were very small, largely due to environmental storage conditions. Some thefts occurred in WFP warehouses with the value of the food being recovered from the invoices of the security company in charge. Engagement with local authorities helped to limit food diversions, recovering food commodities when reported.

MANAGEMENT

Partnerships

WFP's role was that of supporting the government and partners' health efforts aimed at containing the EVD outbreak, and caring for those affected. The response was thus strategically aligned with leading health partners, and two primary strategic documents provided the framework for the Ebola response in West Africa:

(1) The Ebola Virus Disease Outbreak Response Plan in West Africa launched 31 July 2014 by WHO and the governments of Guinea, Liberia and Sierra Leone outlining priority response and preparedness activities for the July-December 2014 and appealing for funds;

(2) The Joint Declaration of Heads of State and Government of the Mano River Union for the Eradication of Ebola in West Africa adopted on 1 August 2014 by the Presidents of Guinea, Liberia, Sierra Leone, and Cote d'Ivoire. It is through this declaration and subsequent partnerships that isolation measures were introduced as a form of managing the outbreak. Strong partnerships with UN agencies, INGOs and NGOs were fundamental to the implementation of WFP's Regional EMOP and the vast majority of project activities were carried out with the support of collaborative and complementary partners with varying capacities. To limit the risk of spreading the virus, these partners were trained on mitigation measures and provided with protective gear such as gloves and boots.

In Guinea, WFP was a key player in the Ebola response coordination cell at national level, taking part in strategic level deliberations. At the local level, WFP staff and sub offices took part in Ebola coordination cells led by Prefecture-level health authorities and participating in interagency response teams. WFP food was distributed alongside UNICEF hygiene kits for instance and many collaborative measures were put in place. As Medecins Sans Frontieres, Alima, the French Red Cross and other actors took a lead role in the management of Ebola Treatment Centers, WFP collaborated closely with those agencies for deliveries and distributions.

In Liberia, WFP partnered with a locally based continental bank and a mobile telecommunications company to implement cash-based transfers to Ebola survivors at scale across the country. The bank used its large network of branches across Liberia to deliver cash countrywide to communities affected by Ebola, but also adapted to the demand of this undertaking by deploying mobile cash delivery teams to areas without bank branches. WFP also partnered with the Liberian Red Cross and five NGOs, four local and one international, to implement the EMOP. The partnership with NGOs and the Red Cross helped WFP to achieve stronger field presence at lower cost owing to the complementary resources from these organizations. WFP also partnered with National and local government, particularly in identifying and registering beneficiaries to receive food assistance. In easy to access locations, especially the ETUs and affected communities around Monrovia, WFP and government jointly conducted food distribution to beneficiaries.

In Sierra Leone, the principal partners were the Ministry of Health and Sanitation and the Ministry of Social Welfare, Gender and Children's Affairs. Cooperating partners, with their extensive community networks, enabled WFP to reach quarantined communities and households and to better meet the needs of beneficiaries; they included, among others, Community Integrated and Development Organization, Caritas-Makeni, World Vision, COOPI, Community Action for the Welfare of Children, Kambia District Development and Rehabilitation Organization, Welthungerhilfe and Plan International. WFP also worked with reputable international health partners to provide care for patients in treatment and holding centres, including International Medical Corps, GOAL, International Federation of Red Cross and Red Crescent, Medecins Sans Frontieres, Emergency Hospital and Save the Children. WFP worked closely with the lead government agency for the Ebola response, the National Ebola Response Centre (NERC), as well as the District Ebola Response Centres (DERC) and supported by the UN Mission for Ebola Emergency Response (UNMEER). Cooperation with sister UN agencies increased efficiency and enhanced programme effectiveness. For instance, close collaboration with WHO enabled WFP to quickly prepare appropriate delivery and distribution modalities to mitigate risks and to collect data on contact cases, patients and hot spots communities. WFP also worked closely with UNICEF who provided complementary assistance to quarantined households and Ebola affected communities.

Partnerships	NGO		Red Cross and Red Crescent Movement	UN/IO
	National	International		
Total	22	17	4	8

Cross-cutting Indicators	Project end Target	Base Value	Previous Follow-up	Latest Follow-up
	Target Val	(at start of project or benchmark)	(penultimate follow-up)	(latest value measured)
Guinea				
Number of partner organizations that provide complementary inputs and services				
Previous Follow-up: Dec-2014, partnership data analysis, Programme monitoring. Latest Follow-up: Dec-2015, partnership data analysis, Programme monitoring.	6		8	7
Proportion of project activities implemented with the engagement of complementary partners				
Previous Follow-up: Dec-2014, Partnership data analysis, Programme monitoring. Latest Follow-up: Dec-2015, Partnership data analysis, Programme monitoring.	100		100	100
Liberia				
Number of partner organizations that provide complementary inputs and services				
Latest Follow-up: Jan-2016, Focus Group Discussion on Ebola EMOP Partnership, WFP survey.	6			11
Proportion of project activities implemented with the engagement of complementary partners				
Latest Follow-up: Jan-2016, Focus Group Discussion on Ebola EMOP Partnership, WFP survey.	100			100
Sierra Leone				
Number of partner organizations that provide complementary inputs and services				
Latest Follow-up: Dec-2015, Monitoring report, Programme monitoring.	6			5
Proportion of project activities implemented with the engagement of complementary partners				
Latest Follow-up: Dec-2015, Monitoring report, Programme monitoring.	100			100

Lessons Learned

The Ebola response was the first global health emergency in which WFP played a key role. The uniqueness of the crisis and the rapid evolution of the outbreak required that the EMOP be planned and implemented with the utmost flexibility. Hence one of the success factors of WFP's Ebola response was that the lessons were rapidly integrated in the early stages of the operation in order to make important adjustments. For example, early on WFP realised the need to develop specialized guidelines to protect staff and partners; WFP worked with WHO to develop specialized distribution guidelines and recruited dedicated public health specialists to ensure that infection prevention control measures were in place. These guidelines proved critical not only for mitigating risks for staff and partners, but also in building confidence of and acceptance by beneficiaries.

As the operation progressed, WFP refined its activities in order to adapt its operations to the rapidly changing needs. As the epidemic spiraled in the second half of 2015, it generated multiple impact channels (closure of markets, movement restrictions, and fear); capturing the impact of these channels on food security in real-time, was critical. Thanks to WFP's mobile Vulnerability Assessment technology (mVAM), data began to be captured in real time to monitor trends in impact and recovery time of key food security indicators. A budget revision approved in January 2016, drew from this learning, and expanding the WFP response from enabling care and containment of the virus, to also support Ebola-affected individuals (survivors and orphans) and wider affected communities with short-term recovery support (initially labelled "Protect" and later "Transition").

The role of the local community and traditional leaders was critical in sensitizing communities on food assistance activities and encouraging safe distributions. Focusing on informing beneficiaries by increasing signage at distribution points, encouraging community involvement among local leaders, and establishing complaint desks at distribution points contributed to the smooth implementation of activities.

As the implementation of the EMOP represented a huge scale-up of WFP's food and nutrition assistance, WFP opened or reinforced sub offices and significantly increased their logistics and human resource capacity. The opening and strengthening of warehouse facilities provided a strategic advantage by allowing WFP to preposition more food. In order to deliver its assistance in time, WFP purchased large quantities of cereals from bonded warehouses, thus reducing lead times. WFP also augmented its shipping capacity by using a combination of liner shipments and chartered vessels. The Ebola response demonstrates that working effectively with other agencies and government structures in a coordinated fashion can bring about a multiplier effect and allow a whole to produce more than the sum of its parts.

OPERATIONAL STATISTICS

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No	Commodity	Resourced in 2015 (mt)		Shipped/ Purchased in 2015 (mt)
			In-Kind	Cash	
African Dev Bank		Rice			0
African Dev Bank		Split Peas			216
African Dev Bank		Vegetable Oil			0
African Dev Bank	ADB-C-00025-01	Rice		403	0
African Dev Bank	ADB-C-00025-01	Split Peas		216	0
African Dev Bank	ADB-C-00025-01	Vegetable Oil		91	91
Brazil		Rice			1,803
Brazil	BRA-C-00109-02	Rice	902		902
Brazil	BRA-C-00109-03	Rice	902		0
Brazil	BRA-C-00109-04	Rice	902		0
Canada		Beans			707
Canada		Bulgur Wheat			0
Canada		Corn Soya Blend			1,916
Canada		Iodised Salt			74
Canada		Rice			0
Canada		Split Peas			0
Canada	CAN-C-00494-01	Beans		667	0
Canada	CAN-C-00494-01	Corn Soya Blend		1,013	249
Canada	CAN-C-00494-01	Iodised Salt			0
Canada	CAN-C-00494-01	Rice		141	715
Canada	CAN-C-00494-01	Split Peas			0
Canada	CAN-C-00513-01	Corn Soya Blend		630	0
Canada	CAN-C-00513-01	Rice		495	495
Canada	CAN-C-00513-01	Split Peas		370	0
Canada	CAN-C-00513-01	Vegetable Oil		55	0
China	CHA-C-00036-01	Rice			0
China	CHA-C-00036-01	Split Peas		192	
European Commission		Bulgur Wheat			0
European Commission		High Energy Biscuits			0
European Commission		Rice			0
European Commission		Split Peas			0
European Commission		Vegetable Oil			0
Finland	FIN-C-00107-05	Rice		160	927
France		Iodised Salt			216
France		Sugar			115
France	FRA-C-00210-03	Rice		590	590
Germany		Bulgur Wheat			0
Germany		Rice			0
Germany		Vegetable Oil			273
Germany	GER-C-00367-01	High Energy Biscuits		7	0
Germany	GER-C-00375-01	Corn Soya Blend		1,449	191
Germany	GER-C-00375-01	Iodised Salt		100	100
Germany	GER-C-00375-01	Ready To Use Supplementary		12	0
Germany	GER-C-00375-01	Rice		3,055	2,962
Germany	GER-C-00375-01	Split Peas		513	0
Germany	GER-C-00375-01	Vegetable Oil		1,019	400
Guinea The Republic Of	GUI-C-00005-01	Rice		2,568	0
Ireland		Split Peas			0
Italy		Beans			118
Italy		Rice			0
Italy	ITA-C-00180-01	Beans		118	0
Italy	ITA-C-00180-01	Rice		830	740
Italy	ITA-C-00180-01	Vegetable Oil		36	36

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No	Commodity	Resourced in 2015 (mt)		Shipped/ Purchased in 2015 (mt)
			In-Kind	Cash	
Japan		Bulgur Wheat			0
Japan		Corn Soya Blend			0
Japan		Rice			0
Japan		Split Peas			0
Japan		Vegetable Oil			0
Japan	JPN-C-00347-01	Rice			0
Japan	JPN-C-00406-01	Rice	420		0
Liberia		Iodised Salt			0
Liberia		Rice			0
Liberia	LIR-C-00004-01	Corn Soya Blend			0
Liberia	LIR-C-00004-01	Vegetable Oil			0
MULTILATERAL	MULTILATERAL	Beans		402	402
MULTILATERAL	MULTILATERAL	Canned Fish			0
MULTILATERAL	MULTILATERAL	Corn Soya Blend			1,421
MULTILATERAL	MULTILATERAL	High Energy Biscuits			7
MULTILATERAL	MULTILATERAL	Iodised Salt			104
MULTILATERAL	MULTILATERAL	Ready To Use Supplementary			37
MULTILATERAL	MULTILATERAL	Rice		455	413
MULTILATERAL	MULTILATERAL	Split Peas			586
MULTILATERAL	MULTILATERAL	Vegetable Oil			658
Norway	NOR-C-00251-02	Corn Soya Blend		47	0
Norway	NOR-C-00251-02	Rice			0
Norway	NOR-C-00251-02	Split Peas		50	
Norway	NOR-C-00251-02	Vegetable Oil		528	528
Private Donors	WPD-C-02766-02	Rice		278	278
Private Donors	WPD-C-02850-01	Rice		160	121
Private Donors	WPD-C-02859-01	Rice		49	49
Private Donors	WPD-C-02867-01	Rice		49	49
Private Donors	WPD-C-02875-01	Iodised Salt			0
Private Donors	WPD-C-02875-01	Sugar			23
Private Donors	WPD-C-02901-01	Rice		64	64
Private Donors	WPD-C-02912-01	Beans		48	48
Private Donors	WPD-C-02912-01	Vegetable Oil		164	0
Private Donors	WPD-C-02926-11	Rice		345	345
Private Donors	WPD-C-02929-01	Rice		114	114
Private Donors	WPD-C-02929-01	Split Peas		840	0
Private Donors	WPD-C-02931-01	Rice		109	0
Private Donors	WPD-C-02931-01	Split Peas		360	360
Private Donors	WPD-C-02931-01	Vegetable Oil		109	0
Private Donors	WPD-C-02963-01	Split Peas		48	
Private Donors	WPD-C-02973-02	Rice		280	280
Private Donors	WPD-C-03029-01	Rice		39	0
Russian Federation		Split Peas			293
Russian Federation	RUS-C-00045-01	Split Peas		293	0
Saudi Arabia		Dried Fruits			54
Saudi Arabia	SAU-C-00095-21	Dried Fruits			0
Sierra Leone The Republic Of		Beans			0
Sierra Leone The Republic Of		Corn Soya Blend			0
Sierra Leone The Republic Of		Iodised Salt			0
Sierra Leone The Republic Of		Peas			0
Sierra Leone The Republic Of		Rice			0
Sierra Leone The Republic Of		Split Peas			0
Sierra Leone The Republic Of		Vegetable Oil			0
Sierra Leone The Republic Of	SIL-C-00004-01	Vegetable Oil			0
Sierra Leone The Republic Of	SIL-C-00006-01	Peas		50	50
Sierra Leone The Republic Of	SIL-C-00006-01	Rice		1,377	1,159
Sierra Leone The Republic Of	SIL-C-00006-01	Split Peas		216	0
Switzerland		Bulgur Wheat			0

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No	Commodity	Resourced in 2015 (mt)		Shipped/ Purchased in 2015 (mt)
			In-Kind	Cash	
Switzerland		Iodised Salt			0
Switzerland		Rice			0
Switzerland		Split Peas			0
Switzerland	SWI-C-00390-01	Corn Soya Blend		113	
Switzerland	SWI-C-00390-01	Iodised Salt			0
Switzerland	SWI-C-00403-01	Rice			0
UN CERF Common Funds and Agencies		Corn Soya Blend			897
UN CERF Common Funds and Agencies		Rice			0
UN CERF Common Funds and Agencies	001-C-01105-01	Iodised Salt			40
UN CERF Common Funds and Agencies	001-C-01105-01	Rice			0
UN CERF Common Funds and Agencies	001-C-01158-01	Corn Soya Blend			0
UN CERF Common Funds and Agencies	001-C-01158-01	Rice		122	122
UN CERF Common Funds and Agencies	001-C-01158-01	Vegetable Oil			0
UN CERF Common Funds and Agencies	001-C-01199-01	Rice		160	160
United Kingdom		Bulgur Wheat			0
United Kingdom		Corn Soya Blend			0
United Kingdom		Rice			0
United Kingdom		Vegetable Oil			0
USA		Beans			744
USA		Bulgur Wheat			0
USA		Corn Soya Blend			522
USA		Lentils			0
USA		Peas			0
USA		Rice			4,500
USA		Split Peas			0
USA		Vegetable Oil			0
USA	USA-C-01065-02	Corn Soya Blend			135
USA	USA-C-01065-03	Beans			0
USA	USA-C-01065-03	Ready To Use Supplementary			0
USA	USA-C-01065-03	Rice		4,830	3,231
USA	USA-C-01082-01	Beans		554	415
USA	USA-C-01082-01	Rice		845	845
USA	USA-C-01082-01	Split Peas		408	
Total:			3,125	28,235	32,887