

Rapid Review of Evaluative Literature

A few lessons from responding to the Ebola Crisis in West Africa

Rationale: as UNHCR prepares to respond to a potential outbreak of COVID 19 in refugee, internally displaced persons (IDP) settings, the Evaluation Service offered to do a quick extraction of key findings and recommendations emerging from independent assessments of similar responses – with specific reference to Ebola (other outbreaks may also be relevant but are beyond the scope of this first review).¹ The main audiences for this review are Division of Emergency Security and Supply (DESS) and Division of Resilience and Solutions (DRS).

Some Key Take-Aways

1. Over-arching findings

Ebola response evaluations noted that the humanitarian system does not always easily understand the health system as led by the WHO. Actively seeking to understand a) the global health system, responses and structures and b) the national health structures and response plans will help to close the “gap” between the two systems.

A political-economy analysis specific to health authorities and government could help anticipate the effectiveness of state institutions in addressing the epidemic - for example assessing public trust in specific government bodies such as the health service and the overall executive, and the likelihood that the public will follow government's advice. An analysis of who is trusted by the public in general and by specific groups may help organisations to understand how effective governments' responses may be and where and when other influential thought leaders may need to play a role.

Epidemics have a high likelihood of spillover affecting key markets and private sector supply lines. While starting as a health crisis, Ebola mitigation measures had a substantial negative impact on local economies and livelihoods – and required significant post-crisis recovery support.

Everyone is busy reacting. It is important to ensure adequate spaces of reflection during the emergency, whether at an operational, strategic, or response governance level.

Gender analysis was noted as particularly weak during the Ebola response. For example, there was limited sex and age disaggregated data and limited attempts to understand the protection issues that might arise in the context of infection mitigation measures. Quarantine was a form of isolation that was particularly psychologically difficult for children. School closures and suspension of education further negatively impacted children's well-being and their future prospects. Quarantine was also linked to an increase in sexual exploitation and abuse.

2. Supporting Staff to respond

Consider HR profiles of staff when planning responses and interventions. In some areas retraining and reallocating staff with previous relevant experience in health promotion and community mobilization could accelerate our ability to respond. Re-deploying staff with medical or public health backgrounds working in other roles could also boost capacity.

Training and knowledge transfer can at times become key strategies for scaling up response capacity and must be considered early in crisis response planning.

Anticipate staff and organizational fatigue from the outset, particularly in areas such as water, sanitation and hygiene (WASH), public health, and other key basic assistance areas (food, energy). One potential avenue to support less experienced staff is real-time mentoring, in addition to training and briefings.

National staff:

- Concerns of and mechanisms to support national staff were under-invested in during the Ebola response.
- National staff were viewed as under-briefed and under-trained for many of the roles they were assigned.

refugee hosting countries and UNHCR operations thus may not adequately speak to the specific contexts of refugees and displacement.

- Evaluations view Ebola as a relatively contained response in a specific geographic area. Covid 19, being a pandemic, will require multiple responses simultaneously across a wide geography.

¹ Limitations of exercise:

- Evaluations tended to have an inward focus. This reduces the utility of the evaluations' findings and recommendations more generally as a tool for learning from the Ebola response.
- Evaluations are predominantly in West Africa period 2014-2016 in 3 countries with similar development challenges and geographies. Extrapolating lessons for all

- Recommendations from evaluations include greater inclusion of national staff voices in the design of interventions, utilizing local knowledge and networks, and greater HR support for national staff including physical and psychosocial support.

International staff: Support for international staff was similarly seen as generally in need of improvement:

- Lack of clarity on deployment policies, entitlements and actions that would be taken in the event of the need for staff evacuations. Policy and guidance were noted as sometimes contradictory between different units/levels in the organization. Clarity on communication hierarchy and policy implications is a recommendation shared across evaluations.
- Limited and insufficient understanding of the risks posed created an unwillingness of staff to be re-assigned to new roles or to be deployed into affected areas.
- Lack of physical and psychological support and welfare and, general insufficient support from centralized HQ HR systems. Some recommendations include instituting and staffing 24-hour HR and staff wellness lines.

3. Key Role of Information Management and Data Collection

Good epidemiological data collection and analysis is essential to tracking and identifying trends and patterns. All actors should be able to understand what epidemiological data is important, how to collect it, and who to share it with.

Non-epidemiological data collection and use were noted as generally weak across the evaluations. This includes uneven needs assessments, poor monitoring of delivered items, not having the data to understand the effectiveness of interventions.

In epidemics, there is likely a decline in needs assessment, post-distribution monitoring, and other monitoring data. In the Ebola response, cellular phones and social media were successfully used to collect data and keep in touch with isolated or quarantined communities, adapting data collection protocols, and simplifying data collection tools.

4. Coordination

Develop relationships with relevant public health bodies and ensure a good understanding of existing health architecture – including understanding the hierarchy of health response. This includes understanding the anticipated role of government leadership and the role of responding agencies.

Instituting partnerships with other lead agencies or delineating authority for specific technical areas could benefit the overall coherence of the response, especially for actors without substantial experience in epidemics.

There could be benefits in developing a coherent overall multi-agency strategy and articulating a common narrative and establishing an

appropriate forum for strategic decision-making, reflection, and course correction.

Ensure that advice cascaded to implementing partners is coherent and not contradictory. Technical guidance and approaches varied between government, NGOs and UN agencies in the Ebola response, leading to confusion for partners. The consistency of messaging and information given to affected communities is key.

Provide avenues for clear technical guidance to field operations and ensure areas of concern are flagged upwards quickly.

Provide a space in which effective responses, promising practices and useful tools can be shared with counterparts.

5. Pressure on Procurement and Logistics

Unpredictable levels of demand for basic assistance including rapid surges in demand for example for food and sanitation items may stretch procurement pipelines and supplies. Adapting procurement guidelines and relaxing some procedures could increase the ability of supply chains to adapt.

Investing in partnerships with other UN agencies with strong logistic capacities early on and arranging stock sharing/swapping in situ may help to better manage surging demand- although this was challenging during the Ebola response when multiple partners' supply chains were simultaneously stretched.

Innovative solutions by some agencies and NGOs to overcome barriers such as direct contracting of airplanes/ helicopters was noted as a successful avenue to mass cancellation of commercial airline routes.

6. Basic assistance: Food and Energy

In health emergencies, where isolation/containment measures and remote access is necessary, food assistance accompanied by a strong supply chain backbone is likely to be a key determinant for a successful response for all humanitarian partners. Other key supplies will include fuel/ energy, WASH supplies.

During the Ebola epidemic market systems and supply chains were disrupted by controls in place to reduce mobility, community fears of outsiders, and a significant decline in the production of goods and services. Important regional and national supply chains were challenged as traders and other private sector actors withdrew and economic declines associated with the loss of livelihoods led to reduced purchasing power. This increased the need for direct distribution of basic assistance until market systems were restored.

Typical distribution modalities may have to be adapted to reduce the probability of exposure. Some actions taken during the Ebola response included reducing the waiting time and size of distributions, ensuring Personal Protective Equipment (PPE) for those distributing items, adapting some of the post-distribution monitoring requirements. Moving to cash-based interventions (CBI) as soon as market systems were restored was also highlighted as a potential option.

Distribution of mobile phones to communities likely to be in quarantine or affected by isolation protocols was noted as a relatively successful way of maintaining contact and understanding the evolving needs of communities.

Importance of distribution of energy sources/ fuel for cooking for those under isolation orders.

7. WASH responses

WASH is likely to be a major and central element of overall responses but is often under-invested in.

Clarity of the roles and responsibilities of health/hygiene promoters is important. Decisions on the respective role of health teams and WASH teams should be taken. Within WASH teams, it was noted that during the Ebola response a lack of coordination between the engineering & construction units (Hard WASH) and public health promoters and hygiene promoters (Soft WASH) led to confusion and missed opportunities.

Home protection kits in combination with strong health promotion messages can be an appropriate strategy to enable people disinfect their homes in order to reduce the risk of transmission.

8. Behavior change

Utilise socio-cultural assessments from the outset to guide a better understanding of cultural practices that may encourage transmission. Learning on medical anthropologists or previous socio-anthropological research will allow a better understanding of community practices and better community engagement and behavior change strategies.

While information campaigns are vital, in the Ebola response it was noted that genuine community engagement was more effective than generalized top-down messaging. Where community fears of a disease are high, and acceptance of an intervention is at stake, one avenue may be to integrate dedicated staff for local communications from the very beginning of a response. A proper analysis of the cultural understanding, needs and dynamics should take place and strategies developed accordingly and in good interaction with health promoters.

Look at potential avenues to include communities in designing and managing behavior change interventions.

Understanding demographics and identifying specific groups at risk will allow for more specific and effective messages.

There is often more resistance to behavior change programmes when addressing practices that are essential to community rituals - weddings, burials, and coming of age ceremonies. In particular, burial and mourning rituals are deeply embedded practices that are vital to communities' sense of respecting the deceased and supporting the affected family. Burials and mourning rituals are often viewed by communities as having effects that cascade into the afterlife both for the community who fail to appropriately care for the deceased and the deceased's status in the afterlife.

9. Adaptation of policies and protocols

As the Ebola crisis evolved organizations had to create either new guidelines or relax policies and procedures in an ad hoc fashion. An a priori adaption of policies or prioritization of policies may reduce confusion and improve efficiency.

Areas of further research

1. Understanding the impact COVID-19 could have on refugee populations with Non-Communicable Diseases (NCDs)/ pre-existing conditions.
2. Understanding the effects of poor nutrition on the fatality rate of groups without pre-existing health conditions/outside the age range.
3. Understanding what potential role WASH interventions will have in preventing the spread of COVID-19.
4. What role may UNHCR play in supporting broader epidemiology on COVID-19, and how can data UNHCR already gathers feed into national identification and response plans.
5. Looking at other pandemics, what lessons can be extrapolated in terms of prevention.
6. Forecasting how the COVID-19 pandemic might play out in urban settings, in camp settings, in mixed rural settings in terms, not only of its health impacts, but of how the response might support or erode social cohesion, local economies, and asylum conditions.

Evaluations/ Reviews consulted

Evaluation Title	Published by	Link
Evaluation of UNICEF's response to the Ebola outbreak in West Africa 2014–2015	UNICEF	https://www.unicef.org/evaldatabase/files/2232-UNICEF-Ebola_Eval_report_web.pdf
An Evaluation of WFP's Response to the Ebola Virus Disease (EVD) crisis in West Africa	WFP	https://www.wfp.org/publications/evaluation-wfps-response-ebola-virus-disease-outbreak-terms-reference
MSF - OCB EBOLA REVIEW	MSF	http://evaluation.msf.org/outbreaks
Evaluation of the Benefits and Risks of Introducing Ebola Community Care Centers, Sierra Leone	NCBI	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4344293/
Evaluation of Disasters Emergency Committee and Age International funded: Responding to the Ebola outbreak in Sierra Leone through age-inclusive community-led action	AGE international	https://www.alnap.org/help-library/evaluation-of-disasters-emergency-committee-and-age-international-funded-responding-to
CARE International DEC Ebola Emergency Response Project	CARE	https://www.alnap.org/help-library/care-international-dec-ebola-emergency-response-project
The Oxfam Ebola Response in Liberia and Sierra Leone: An evaluation report for the Disasters Emergency Committee	OXFAM	https://www.alnap.org/help-library/the-oxfam-ebola-response-in-liberia-and-sierra-leone-an-evaluation-report-for-the
Fear and Isolation: The impact of Ebola and war on child protection in the Democratic Republic of Congo	SCI	https://resourcecentre.savethechildren.net/library/fear-and-isolation-impact-ebola-and-war-child-protection-democratic-republic-congo
Webinar: What have we learned from the Child Protection response to Ebola?	SCI	https://resourcecentre.savethechildren.net/library/webinar-what-have-we-learned-child-protection-response-ebola
After the Outbreak: Analysis of the post-Ebola recovery period of Sierra Leone and Liberia with lessons for future health emergencies	Tearfund	https://resourcecentre.savethechildren.net/library/after-outbreak-analysis-post-ebola-recovery-period-sierra-leone-and-liberia-lessons-future
Evaluation of Save the Children's Community Care Centres in Dolo	SCI	https://www.alnap.org/help-library/evaluation-of-save-the-childrens-community-care-centers-in-dolo-town-and-worhn-margibi
Ebola Interim Response Assessment	WHO	https://www.who.int/docs/default-source/documents/evaluation/report-ebola-interim-assessment-panel.pdf?sfvrsn=df4e705d_2

Other useful material on Ebola Crisis 2014-2016

Paper/ Article	Published by	Link/Source
Emergency Risk Communication: Lessons Learned from a Rapid Review of Recent Gray Literature on Ebola, Zika, and Yellow Fever	Journal of Health communication	https://www.tandfonline.com/doi/full/10.1080/10410236.2017.1405488
Humanitarian Exchange 2015 Ebola	ODI/ HPN	https://odihpn.org/wp-content/uploads/2015/06/he_64.pdf
Systematic Review and Meta-Analyses The 2013–2016 Ebola epidemic: evaluating communication strategies between two affected countries in West Africa	European Journal of public health	https://pubmed.ncbi.nlm.nih.gov/31177274/
Community-Centered Responses to Ebola in Urban Liberia: The View from Below	PLOS Neglected Tropical diseases	https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003706