



Preliminary Key Findings from Interviews in Accra on the Ebola Response

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Dr. Bartel Van de Walle

Dr. Tina Comes

Contact:

info@disasterlab.org

**THE DISASTER
RESILIENCE LAB**

www.disasterresiliencelab.org

The Disaster Resilience Lab

The Disaster Resilience Lab (DRL) was established in the response to Haiyan in 2013 as a joint initiative of researchers working in different fields of humanitarian information management, decision support and logistics. The DRL team has developed an interdisciplinary approach, which is grounded in the members' respective research expertise in information management, humanitarian logistics, decision support and human-computer interaction.

To conduct research that is relevant to practitioners' while applying scientifically sound and rigorous methodologies, we have developed an approach that is based on cooperation between research teams deployed to the field during the response while providing continuous remote expert support during the team's operations.

The approach developed by the DRL has in the past year been field tested in research missions to the Philippines (December 12-23, 2013) and Amman, Jordan (May 1-8, 2014). Our findings have been published in reports and academic conference and journal papers.

This Report

This work was carried out by DRL Team members Tina Comes and Bartel Van de Walle in December 2014 at the UNMEER and UNHRD offices in Accra, Ghana. The key findings presented here are derived from interviews conducted by the authors in Accra with individuals from different responding organizations.

The authors thank the interviewees for their sharing of their experiences. Their contributions have been anonymized by the authors to protect confidentiality.

The conclusions formulated in this report are the authors' alone, and do not reflect any formal or informal position from their respective universities.

Objectives

The DRL team conducts field research to better understand:

1. Decision Makers Needs

The number of problems that need to be addressed in the response to a disaster is overwhelming, so is the number of decision-makers. To find out more about which information is relevant, and for whom, we investigate decision-makers' needs and compare different roles and decisions that are made at different organizations and hierarchical levels. We aim at eliciting *information requirements* in terms of relevance, credibility, interoperability, accuracy and actionability for different decisions and perspectives.

Setting priorities: Starting from decision-makers' needs, we investigate how the response to Ebola was designed at strategic level, and how the interaction between headquarters and field level, UN agencies, national authorities and NGOs, experts from specific domains - such as healthcare, logistics or IM, shape the response. We aim at understanding how strategic decision-making processes are informed and the relations between different hierarchical levels, particularly field vs. headquarter driven decisions.

2. Information Sharing

Starting from decision-makers' needs, we investigate which information is available, and which information decision-makers use in the acute phase of the response. We collect information to analyze the flows of information between different actors and organizations including the mechanisms and tools that are used to communicate, process and share information. From there, we will develop *information flow models* that highlight different steps and phases of information management, and enable an identification of bottlenecks and redundancies.

3. Coordination

Aligning decision-making structures and models across different organizations is key to efficient response. Coordination remains a challenge between professional and volunteer actors; military and civil organizations; local and global actors across hierarchical levels or contexts, in which decision makers are acting. We aim at analyzing decision-making processes and investigate if information flows, preferences, and decision structures are aligned, and what the information gaps at various decision-making levels are.

4. Logistics and Supply Chain Management

The process of supplying disaster relief goods, such as food, water, or medical aid, to the right people and at the right time is a key challenge in disaster management. Supply chain management (SCM) serves as bridge between preparedness and response, procurement and distribution, headquarters and field operations, and the problems of decision-making, information sharing and coordination can be studied with this special logistics focus.

We propose a *business and flow modeling* approach that helps in understanding and evaluating logistics, by matching flows of actual goods and information. Practically, we collect information to map out different flows and provide business processes cartographies following standard notations. The resulting models can be used to improve the coordination capabilities and business transactions within and between relief organizations.



Preliminary Key Findings

1. Decision Makers Needs

This response is perceived as being difficult for decision makers because of its scope: this crisis covers a wide geographical area across three countries, and although the first cases were reported in March 2014¹, the crisis is still worsening in some of these areas as they respond². In addition, the data collection process remains unreliable; combined with the very dynamic situation, characterized by considerable uncertainty and variability, this implies that decisions are made on the basis of assumptions, and experience at headquarters level – rather than being driven by operational needs in the field.

The following points have been mentioned by the respondents:

Scope:

“We have in essence three different emergencies, because it covers three different countries. The ability to get information is different in each country.”

Cases:

- “Instead of starting with a spike and then going down, it is the opposite here: in Sierra Leone we have not yet reached the top even.”
- “There is a lot of under-reporting and lack of data, so that results are not reliable enough. We need to check what is ‘behind the curve’ in order to prioritize.”

Processes and Policies:

- “We want to use a uniform approach, but this approach changes on an almost daily basis.”
- “The standard “No Regret” UN policy is not possible here; we need more judgmental decision making.”
- “The biggest problem is that this crisis is not only medical, but yet the overarching aspects of the response are not sufficiently taken into account.”

¹ See <http://www.who.int/mediacentre/factsheets/fs103/en/>

²For longer term predictions, see <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/qa-mmwr-estimating-future-cases.html>



2. Information Sharing

Information shared is a requirement for a targeted and coordinated response, while avoiding redundancies in data collection efforts. Yet in this crisis, the most important information refers to people and their health situation – information that is usually treated confidentially, not only to protect the privacy of the person affected but also because of political sensitivity. The realm of Information Management (IM) had therefore to be defined carefully within UNMEER, through a so-called IM Directive. Agreeing on the IM Directive took considerable time and effort.

In the words of the interviewees:

- “Drafting the IM Directive was very cumbersome, lots of discussion on transparency. It had to be negotiated what IM was doing; there were many little policy fights.”
- “Expectations for IM are pretty high – it is supposed to be enabling, but also gap filling. You are helping everyone’s IM and help – and you look at what who is doing, and there are gaps everywhere.”

Obtaining information from the field also was described as a huge challenge, not in the least because of multiple communication lines among the responding organizations, and the lack of standardization and comparability between countries.

- “So many problems with data from the field; access to information is really difficult; difficult information flow from the country level. Most of them [in the field] do not have time to think about data or information.”
- “A lot of information that we need is going directly to Geneva, and not been shared with us here in Accra, although it is really important.”

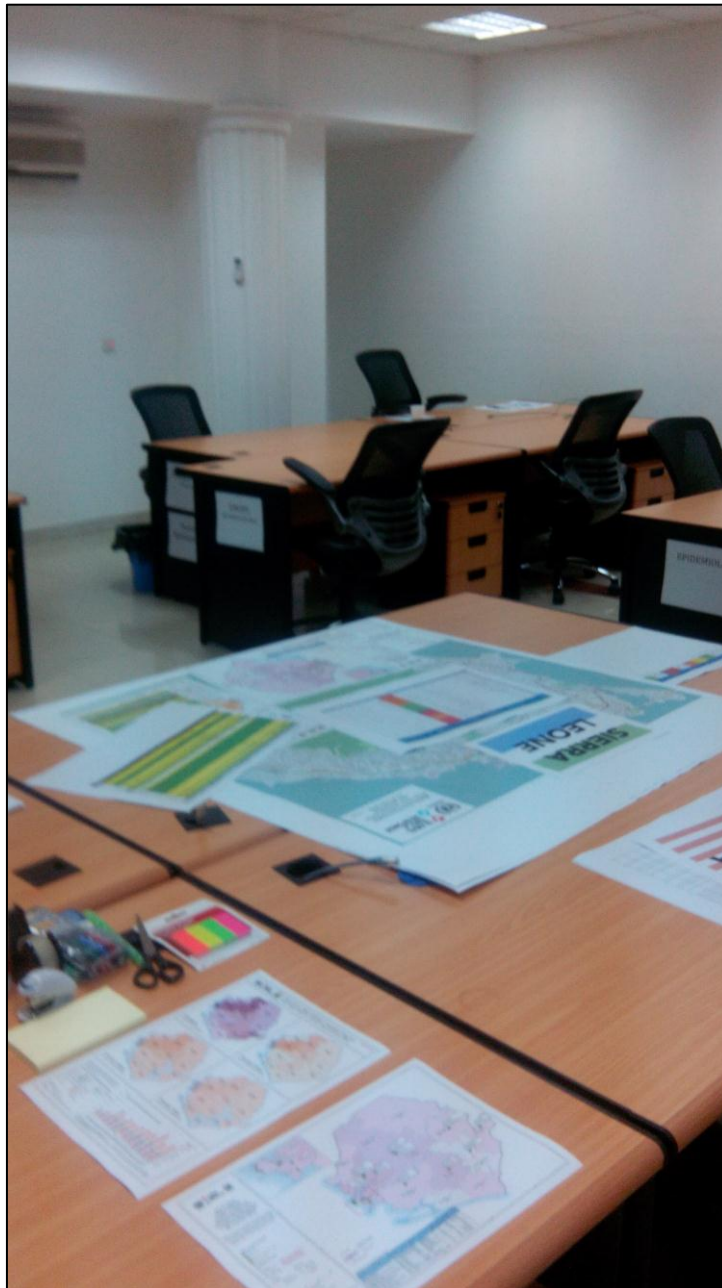
Moreover, it was decided that some of the standard tools such as the VOSOCC, or modern collaborative tools such as Google spreadsheets should not be used. Today, Excel files saved in dropbox or shared via email, are the standard tools for information sharing, with the usual problems of versioning. Yet this response also saw the breakthrough of HDX, the Humanitarian Data Exchange³, following a data warehouse approach, and offering a joint and platform to access different data sets. For geographic information and mapping, the geonode platform⁴ has received considerable attention, since it allows not only accessing products, but also creating maps with the available data.

- “We were not allowed to use Google Docs. Instead we had to use an Excel spreadsheet, so everyone has another version. We needed three or four days to bring all the data from Geneva and Accra together.”

³ <https://data.hdx.rwllabs.org/ebola>, counting 47 data sets as of December 27th, 2014.

⁴ <http://ebolageonode.org/>

- “It was decided that the VOSOCC should not be used; only this new portal. No idea why they decided this.”
- “UNMEER uses dashboards with lots of statistics and information. For us, the question is: is this information correct?”
- “An online FMT (Foreign Medical Teams) Registration Portal went online 3 weeks ago, but not a single FMT team registered yet. It is completely unknown to anyone.”
- “I think we have seen the breakthrough of HDX. WHO has become rather keen on putting the data onto HDX.”



3. Coordination

Ebola has been described as “the health disaster” by most of our interviewees, since it falls beyond the categories of natural disaster or conflict, for which dedicated coordination structures have been developed. The UN Mission for Ebola Emergency Response (UNMEER) has been set up by the General Assembly in September 2014⁵ in response to the unprecedented Ebola outbreak. UNMEER is responding to immediate needs related to the fight against Ebola, by aiming to provide a “unified operational structure”⁶ for coordination at operational level. The World Health Organization (WHO) is responsible for overall health strategy and advice within the Mission, while other UN agencies act in their area of expertise under the UNMEER umbrella. Perhaps not surprisingly, the operation of this new coordination structure is widely perceived by our respondents as unclear, bureaucratic, difficult, if not non-functional in many ways.

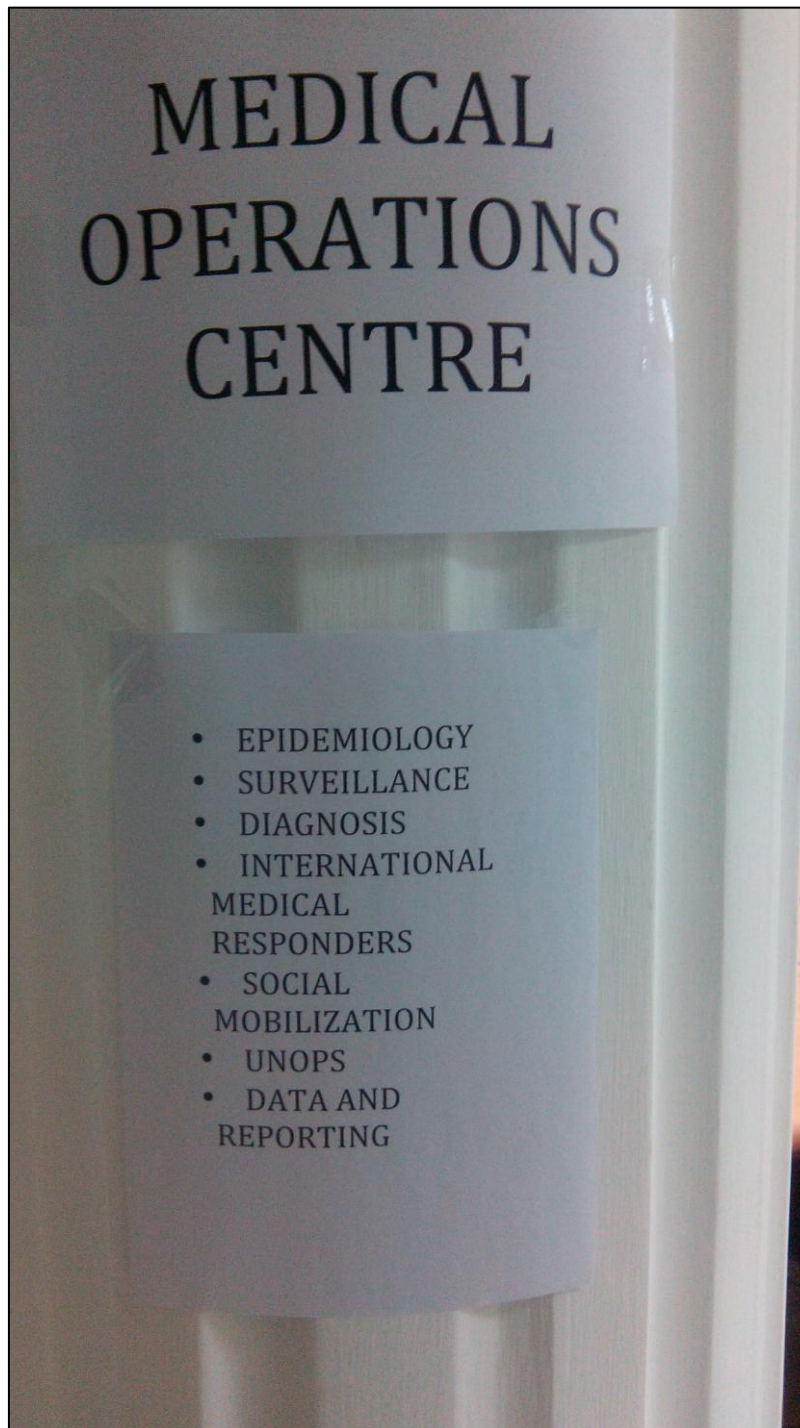
The following points have been mentioned by the respondents:

- “The UN is piloting a new way of responding to emergencies with UNMEER. Normally we have OCHA on the ground, and standard protocols based on government requirements, with an activation of different clusters. Then the clusters start working, get funds, get things moving, reporting back. OCHA is doing fund raising, donors’ relations... Yet in this operation OCHA was pushed aside and UNMEER came in, with very different protocols, but not tuned up for fast response, only logistics activated, health activated, WASH should have been, because this is about hygiene, so this is not done by the book.”
- “It is of course difficult when you take out the normal structures everybody is used to working under and you try to impose a new coordination structure, and everybody trying to figure out who is doing what and where do we go for information.”
- “UNMEER as new structure in the middle of a disaster. You see that in everything.”
- “Note that UNMEER is not a joint mission, but a “unified mission” - this is a new thing.”
- “This response is run by totally different type of people.”
- “Rotations of staff is a problem, people now all leaving that built up all the knowledge, and nobody to hand over to really. This system has only been built for going into an emergency for two months and then leaving again, these are very short assignments.”
- “This seems like a little WHO Headquarter here, they have been trying to build a small Geneva.”

⁵ Resolution 69/1 from September 18th, 2014, welcoming the establishment of UNMEER and calling for full support of the member states: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/1

⁶ Letter from the Secretary General, September 16th, 2014: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/69/389

- “There is no coordination of meetings... so we see spontaneous coordination: people are trying to set up informal meetings and try to invite partners.”
- “The NGOs are very confused about UNMEER – NGOs are not being invited or considered.”



4. Logistics and Supply Chain Management

The logistics of the response in Accra is centralized in and around the UNHRD depot and a strong presence of WFP there. Also the logistics planning is suffering to a large extent from unclear coordination and decision-making structures, but also the complexity of the medical equipment and health care supplies that are needed, and the fact that the resources of the humanitarian system are stretched to their limits. The difficulties of access include not only problems of last mile distribution and access to information from the field, but also simply finding carriers that are willing to deliver to the Ebola struck countries. The lack of infrastructure in the countries, such as warehouses and handling facilities slow down the delivery of goods – although owing to the volatile situation developments, quick adaptations at operational level would be required. Particularly in the early phases, there were reported problems with lacking material, kitting and pooling, and long waiting times for material to reach the sites where it was needed. The lack of information about the situation at local level leads to push based operations, and very long order cycles, in some cases six months ahead, leading to possible over- and understocking.

The following points have been mentioned by the respondents:

Set Up:

- “The Fact that a lot of airlines do not fly anymore directly into the countries. So getting equipment straight into countries is very difficult. UNHRD was used as logistics hub, providing flights to the capitals, UNHAS also has flights to the capitals, and has flight plan on helicopters and small planes, jump around also possible.”
- “We have a logistics cluster here in Accra; is like spider in the web. Requests are assembled here; how can they be prioritized or fulfilled; then we decide and say on this day we will fly for WFP.”
- “This is a Health emergency. But WHO screwed up, because they could not do logs, not manage foreign medical teams etc. etc. So, now we have a strong WFP component lead by a neutral body.”

Agility:

- “Then, things happen quite fast. There is an outbreak where there is no ETU⁷, so things move back and forth.”
- “We need to be agile, have been using a system of rapid response teams, but these require logs support.”
- “Here more ad hoc requests. What happens is constant firefighting.”

⁷ Ebola Treatment Unit

Logistics Planning and Distribution:

- “We have four L3 emergencies in the same time. Our planning assumption is two ongoing emergency operations at the same time. That much of equipment typically is in stock. But that was depleted after Philippines, replenishing takes a bit of time, then Iraq, then this emergency, there was a period when the Dubai warehouse was literally empty.”
- “What we are struggling with is to get distribution plans and figures, and figuring out who are the actual (decision makers) – that is what I hear from the ground – they spend a lot of time in coordination meeting because it takes a lot of time to figure out who takes the decision, who has the authority, and who informs.”
- “We are still receiving more than we are distributing. We still have the issue of getting distribution plan and be able to share it. Distribution capacity, and end receivers were not ready, health facilities were not yet ready, set up and staffed, and one of the challenges is finding medical staff.”
- “We have not been managing this type of operations. We are used to pushing food, which is very simple. Five, six different commodities, pretty basic stuff – not which one goes here, usually volume makes it difficult. But here – over 200 items, which are very critical, narrowed down to 23 critical items. Who we need to know when they need to be there.”
- “Usual approach is a push system, to always ensure that there are enough items out there, revised on a monthly basis. Here push only does not work, so how to set it up how to monitor.”



Next Steps

In this initial briefing we outlined the preliminary findings of the first part of an on-going field research project aiming at understanding decision-making and coordination of logistics processes and planning. We describe the complexity of the Ebola disaster, including the many challenges for coordination and decision-making. Needs are hardly predictable and have continued to rise for months now, and the situation is still volatile. In this situation, a thorough understanding of the data and processes that drive – or should drive – planning, coordination and decision making is vital. The DRL team will continue this work in the coming months.

If you are interested in our work, please contact us at info@disasterlab.org or visit our website at <http://www.disasterresiliencelab.org>.

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