



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT - VERSION 1  
DATE: 25/09/2017**

<p style="text-align: center;"><b>Project Number(s) and Title(s)</b></p> <p>#1. Common Services for the Health Response to the Ebola Virus Disease in West Africa</p>	<p style="text-align: center;"><b>Recipient Organization(s)</b></p> <p><b>RUNO(s)</b> World Food Programme (WFP)</p> <p><b>Project Focal Point:</b> Name: <b>Abdou Dieng</b> E-mail: <a href="mailto:abdou.dieng@wfp.org">abdou.dieng@wfp.org</a></p>										
<p style="text-align: center;"><b>Strategic Objective &amp; Mission Critical Action(s)</b></p> <p><b>SO2. Treat the Infected</b></p> <p>MCA03 Care for Persons with Ebola and Infection Control MCA04 Medical Care for Responders</p>	<p style="text-align: center;"><b>Implementing Partner(s)</b></p> <p>National counterparts (Government, private, NGOs &amp; others) and/or other International Organizations</p>										
<p><b>Location:</b></p> <p>Regional; Guinea, Liberia, Sierra Leone; Ghana, Senegal</p>	<p><b>Sub-National Coverage Area:</b></p> <p>Accra (Ghana), Dakar (Senegal), Conakry (Guinea), Monrovia (Liberia), Freetown (Sierra Leone)</p>										
<p style="text-align: center;"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project proposal document: \$40,023,716 MPTF<sup>2</sup>:</p> <ul style="list-style-type: none"> <li>• <i>by Agency (if applicable)</i></li> <li>Agency Contribution</li> <li>• <i>by Agency (if applicable)</i></li> </ul> <p>Government Contribution <i>(if applicable)</i></p> <p>Other Contributions (donors) <i>(if applicable)</i></p> <p><b>TOTAL: \$40,023,716</b></p>	<p style="text-align: center;"><b>Programme Duration</b></p> <table style="width: 100%;"> <tr> <td>Overall Duration (<i>months</i>)</td> <td style="text-align: right;">12-11-2014</td> </tr> <tr> <td>Project Start Date<sup>3</sup> (<i>dd.mm.yyyy</i>)</td> <td></td> </tr> <tr> <td>Originally Projected End Date<sup>4</sup> (<i>dd.mm.yyyy</i>)</td> <td style="text-align: right;">30-06-2015</td> </tr> <tr> <td>Actual End date<sup>5</sup> (<i>dd.mm.yyyy</i>)</td> <td style="text-align: right;">31-12-2015 (for project revision)</td> </tr> <tr> <td>Agency(ies) have operationally closed the programme in its(their) system</td> <td style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> <p>Expected Financial Closure date<sup>6</sup>: March 2016</p>	Overall Duration ( <i>months</i> )	12-11-2014	Project Start Date <sup>3</sup> ( <i>dd.mm.yyyy</i> )		Originally Projected End Date <sup>4</sup> ( <i>dd.mm.yyyy</i> )	30-06-2015	Actual End date <sup>5</sup> ( <i>dd.mm.yyyy</i> )	31-12-2015 (for project revision)	Agency(ies) have operationally closed the programme in its(their) system	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Overall Duration ( <i>months</i> )	12-11-2014										
Project Start Date <sup>3</sup> ( <i>dd.mm.yyyy</i> )											
Originally Projected End Date <sup>4</sup> ( <i>dd.mm.yyyy</i> )	30-06-2015										
Actual End date <sup>5</sup> ( <i>dd.mm.yyyy</i> )	31-12-2015 (for project revision)										
Agency(ies) have operationally closed the programme in its(their) system	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
<p style="text-align: center;"><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p style="text-align: center;"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>o Name: Mailin Fauchon</li> <li>o Title: Regional Government Partnership Officer, WFP</li> </ul>										

<sup>1</sup> Refers to programmes, joint programmes and projects.

<sup>2</sup> The amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

<sup>3</sup> The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online [MPTF Office GATEWAY](#).

<sup>4</sup> As per approval of the original project document by the Advisory Committee.

<sup>5</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>6</sup> Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

Evaluation Report - Attached  
☐ Yes ☐ No Date: *dd.mm.yyyy*

West Africa

- o Date of Submission: 13.10.2017
- o Participating Organization (Lead): WFP
- o Email address: [maulin.tauchon@wfp.org](mailto:maulin.tauchon@wfp.org)

*Signature:* \_\_\_\_\_

**Report Cleared By**

- o Name: (Head of Agency): Abdou Dieng
- o Date of Submission: 17.10.2017
- o Participating Organization (Lead): WFP
- o Email address: [Abdou.dieng@wfp.org](mailto:Abdou.dieng@wfp.org)

*Signature:* \_\_\_\_\_

# PROJECT/PROPOSAL RESULT MATRIX

OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the (one month) reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
# staging areas	Guinea	1 with 700m <sup>2</sup> capacity	<b>Guinea:</b> 1 staging area (5,692m <sup>2</sup> ) + 1 main hub <b>Liberia:</b> 1 staging area (4,240m <sup>2</sup> ) +	<b>Guinea:</b> 1 staging area (5,692m <sup>2</sup> ) + 1 main hub <b>Liberia:</b> 1 staging area (4,240m <sup>2</sup> ) +	<b>Guinea:</b> Staging Area – 100% <b>Liberia:</b> Staging Area – 100%

\* No request was received from the health partners to build full-fledged ETUs in the country. WFP therefore re-prioritized activities in line with the adaptive, flexible and decentralized approach to respond to the crisis. WFP implemented various activities beyond the planned indicators, including the building of ETUs in Guinea, the provision of connectivity to 7 ETUs in Sierra Leone, the provision of storage, transport and logistics coordination services over and above plans in Sierra Leone, construction support to health facilities to partially refurbish and equip over 20 ETUs across Sierra Leone, as well as temporary/prefabricated facilities, logistics and/or engineering support. A decontamination unit was also constructed in Freetown for the decontamination of ambulances and other vehicles that carried EVD affected patients. Etc.

\*

# FLBs equipped with 1 satellite phone kit, 1 GPS, 1VHF bases, 2 computers, 1 Printer networks each	Guinea	1	<b>Guinea:</b> Maintenance of services provided as required and resolution of connectivity issues when needed.	<b>Guinea:</b> 2 FLBs and a Main Hub have been provided with connectivity, as well as an UNMEER Logistics Base. All the FLBs and the MLB are provided also with printers, computers, GPS and satellite phones.	<b>Guinea:</b> connectivity provided. All the FLBs and the MLB are provided also with printers, computers, GPS and satellite phones.
	Liberia	3	<b>Liberia:</b> Maintenance of services provided as required and resolution of connectivity issues when needed.	<b>Liberia:</b> All five FLBs are currently provided with radio communications and internet connectivity. Internet connectivity and radio communication services are also provided to 2 logistics bases (MLBs) in Monrovia. All the FLBs and the MLB are provided also with printers and computers.	<b>Liberia:</b> connectivity provided. All the FLBs are provided with printers and computers (assigned to staff individually)
	Sierra Leone	1	<b>Sierra Leone:</b> Maintenance of services provided as required and resolution of connectivity issues when needed	<b>Sierra Leone:</b> Connectivity provided to logistics bases located in Port Loko, Makeni and Freetown, and to Cockerill Helipad. VHF radio communications, connectivity services and network printers provided in four logistics bases located in Makeni, Freetown, Port	<b>Sierra Leone:</b> connectivity provided.



				Loko and Kenema.	
# ETUs equipped and provided connectivity: each with 1 VHF bases, 1 Internet terminals, 2 computers	Guinea	5	<b>Guinea:</b> Connectivity services at Coya ETU have been decommissioned.	<b>Guinea:</b> 4 ETUs (Beyla, Kéraouné, Macenta and N'zérékoré) provided with connectivity	<b>Guinea:</b> connectivity provided to 4 ETUs
	Liberia	2	<b>Liberia:</b> internet connectivity at Bopolu ETU has been decommissioned	<b>Liberia:</b> Provided internet connectivity to two ETUs (Ganta and Bopolu)	<b>Liberia:</b> Connectivity provided to 2 ETUs
	Sierra Leone	2	<b>Sierra Leone:</b> Maintenance of services provided as required and resolution of connectivity issues when needed.	<b>Sierra Leone:</b> Provided connectivity to 7 ETUs in Freetown, Makeni, Moyamba and Port Loko.	<b>Sierra Leone:</b> Connectivity provided to 7 ETUs
# passengers transported per month	All 3 countries	1,300	2,357	15.10.14 – 31.07.15 21,804	181%
# UN clinic rehabilitated: fencing perimeter, enhanced security, functioning electrical power, telecommunication for staff	Guinea	1	<b>Guinea:</b> 1 completed	<b>Guinea:</b> 1 completed	<b>Guinea:</b> 100%
	Sierra Leone	1	<b>Sierra Leone:</b> 1 completed	<b>Sierra Leone:</b> 2 completed	<b>Sierra Leone:</b> 200%
<b>EFFECT INDICATORS (if available for the reporting period)</b>					

#### Improved capacity to respond to future emergencies by strengthening regional response, and best practices:

Under the transition strategy, facilities were handed over by WFP to the governments of the affected countries with the relevant training to ensure continuous operability and therefore sustainability. The facilities exist as part of the national back-bone infrastructure for the disaster response and enhance the commitment of the governments to the Economic Community of West Africa States Policy on Disaster Risk Reduction as well as support their own National Disaster Management policies. This is in line with WFP's regional EPR strategy which includes enhancing government national capacity across the region to prepare for and respond to emergencies.

For example, following the end of the EVD outbreak in March 2016 in Sierra Leone, the Main Logistics Base (MLB) in Port Loko district which WFP had opened in support of the humanitarian response operation to the EVD outbreak in 2014, continues to serve as an inter-agency preparedness and rapid response facility and remains in high demand. It is playing a critical role in response to disasters – case in point being the recent mudslides in Sierra Leone, as it is offering storage space, handling equipment for relief items for WFP and its partners including the Government. Furthermore, the MLB provides a rapid response training environment for, and in coordination with, Government counterparts and partner organisations. A classroom has been constructed to provide training to further enhance the operational response and onsite activities. WFP Logisticians, operations staff and specialists support preparedness and learning requirements of national institutions and partners upon request.

WFP's key national disaster management partner is the Office of National Security (DMD-ONS), responsible for emergency preparedness and response across Sierra Leone. During the last quarter of 2015, the Government had empowered ONS and its Disaster Management Department to take the lead for humanitarian responses and through a consultative process with the Office of the Vice President and ONS, WFP was requested to provide training and technical

assistance to build the DMD's capacity to respond to future emergencies including Ebola flare-ups and localized emergencies.

In addition, WFP continues its efforts to ensure an enhanced regional list of suppliers, making the best use of experience acquired with NFI suppliers developed in response to the EVD crisis. The list is being continuously reviewed and expanded with a view to an expanded Master Vendor list for the entire community and the governments in the three countries which would put us in good stead for an even more rapid and smooth supply of NFIs in the future.

In Sierra Leone, at the end of 2015, An interagency Rapid Response Plan for EVD, known under the concept/slogan "No Regret Approach" was designed under the coordination of the Resident Coordinator office. The objective of the IA RR Plan was to ensure a robust and timely response to a Public Health Emergency, and to support the control of an outbreak. It describes the capacity of the UN, International Organizations and NGOs to support the Ministry of Health and Sanitation (MOHS) to respond to a Public Health Emergency. WFP was nominated as the pillar lead for Logistics and was required to establish Emergency Operational Centers at the outbreak areas (supply of office prefabs, internet, generator, engineering services...) and provide if required transport and storage services. This plan has been maintained in its structure to respond to any other disasters (flooding, fire...) that may occur in the country. Three (3) Rapid Response Kits have been modularized to be able to timely respond to 3 simultaneous EVD outbreak / Disaster and these kits contain items required to set up an Emergency Operational Center.

Furthermore, WFP's disaster management training package currently consists of 11 modules that span from emergency planning to humanitarian supply chain management and rapid response. In August 2016, WFP and DMD-ONS prepared a joint plan of work to build its partnership and outline immediate capability enhancement opportunities through 2017. Several trainings in Logistics/supply chain were provided by WFP to Key personnel of ONS. The capacity strengthening process is ongoing and WFP intends to provide training and technical assistance in the areas of disaster planning, supply chain systems, geo-spatial mapping, nutrition-sensitive programming and food security monitoring and analysis.

FLBs / MLBs transferred remain in place as well as the equipment for running them. For example, the Port Loko MLB remains in high demand, currently managing stocks on behalf of UNICEF, WHO, Public Health England (PHE), Team and Team, Partners in Health (PIH) and the Department for International Development (DFID) , as well as relief items on Behalf of ONS/Government. That said, in order to maximise the MLB's potential and continue to serve the broader humanitarian and development community, operational standard upgrades are required e.g. to have a more permanent installation so that the MLB will continue to serve as a hub for preparedness and response for the Government and humanitarian partners ( i.e. modern hard wall steel framed warehouse, cold chain, accommodation etc). However, for now the base is still operational with mobile storage units with relief items in storage, office prefabs, training center and a simulation area. Similarly in Liberia the mobile storage units transferred serve as a hub linking the air and sea port to the storage facilities installed by WFP across the country. With the 'on-the-job' training provided by WFP for government staff, the hub (now under the government) offers the opportunity to improve Liberia's Emergency Preparedness and Response capacity, in line with the government's commitment and acknowledgement of the importance of disaster preparedness and response.

An other major development, is the Global Pandemic Supply Chain Network (PSCN), that was formed in response to lessons learned from the 2014 West Africa Ebola outbreak and discussions that followed at the World Economic Forum in Davos in 2015, where the need for a collaborative, multi-stakeholder response became clear. WFP and WHO are founding members alongside other public and private partners. An information platform has just been launched to support the PSCN, and work is continuing with a view to applying PSCN information and principles to other health emergencies to broaden its application.

## **FINAL PROGRAMME REPORT FORMAT**

### **EXECUTIVE SUMMARY – Situation Update**

From September 2014 until 31 December 2015, WFP rolled out a major system-wide common services platform for the first time in WFP history through the regional Special Operation 200773, using its significant in-house logistics capacity to support the response, becoming the enabling partner for the health responders across the affected countries. WFP's common services supported the response to Ebola, helping to maintain a high level of multidisciplinary services across the affected countries. Services included passenger and light cargo air transport capacity through the WFP-managed United Nations Humanitarian Air Service (UNHAS), the setup of emergency telecommunication services, the construction of logistics and health facilities, the provision of access to air, sea and surface transport capacity as well as storage capability to ensure the uninterrupted supply of relief items across the region and to the most remote locations in each affected country.

Towards mid 2015, the Special Operation while supporting the continuation of health efforts during the rainy season also adapted for the phase out of the UN Mission for Ebola Emergency Response (UNMEER), and integrated a new partnership with WHO to support sub-district efforts to get to zero cases.

During the last months of 2015, the provision of common services to the humanitarian community and national governments adapted to the evolution of the outbreak and partners' needs. Against the backdrop of reaching and sustaining zero Ebola cases, WFP adjusted the provision of services to enable rapid response mechanisms for a quick and efficient reaction to new outbreaks. While the regional Special Operation ended at the end of 2015, WFP continued to leverage the established infrastructure and logistics capacity through country-specific operations, tailored to the national contexts, to provide a highly dedicated rapid response mechanism to deal with potential small-scale outbreaks, while further increasing and enhancing the readiness and recovery activities of partners. WFP also facilitated an orderly and effective transition of assets and capacities put in place throughout 2014 and 2015 to Government counterparts in Liberia, Sierra Leone and Guinea.

### **Narrative section:**

#### **Key Achievements**

##### **MCA [3] - Care for persons with Ebola and infection control**

###### **➤ Logistics Staging Areas, Logistics and Telecommunications Infrastructure**

Through logistics coordination mechanisms, cargo transportation, handling and storage services as provider of last resort were facilitated as required. WFP augmented the logistics and operational capacity for the Ebola response, including the set-up of forward logistics bases (FLBs) and the building of Ebola Treatment Units (ETUs), drawing upon WFP-managed services such as the UN Humanitarian Response Depot (UNHRD) network. In its efforts to remain operationally flexible in responding to the needs of health and non-health partners during the rainy season, WFP set up and consolidation logistics, health premises and storage facilities across the three countries, establishing concrete foundations and drainage systems as well as security perimeters, and prepositioning necessary food supplies, non-food items and equipment.

Through the Emergency Telecommunications (ET) Cluster, WFP provided internet services to 80 humanitarian facilities across the Guinea, Liberia and Sierra Leone, allowing more than 3,300 humanitarian responders to use a reliable internet connection. The ET Cluster also provided radio services in 17 towns across Guinea, Liberia and Sierra Leone to ensure access to secure telecommunications for Ebola responders.

- **In Liberia**, WFP established two staging area, one main logistics hub, and five FLBs. WFP also supported the construction of two ETUs (SKD, Ministry of Defense) for a total bed capacity of 400, and rehabilitated the Island Clinic with an additional 100 beds. Amongst other examples, i) in partnership with the Ministry of Health, WFP supported the dispatch of Personal Protective Equipment kits to 700 health facilities across the country. ii) In July 2015, WFP technicians assembled tents for UNICEF staff who had reached the area in Margibi county where new cases arose to support the self-containment efforts of the local community. iii) WFP also re-assembled six Rapid Isolation Treatment of Ebola (RITE) kits at SKD Main Logistics Hub as a preparedness measure. iv) WFP also provided support to the implementation of a UNMEER Quick Impact Project (QIP) to renovate the Massaquoi Public School, the only public school in the West Point area in Monrovia. The school was closed with the onset of the Ebola epidemic and was used as a holding area for Ebola patients. The school was decontaminated but remained unusable, needing major rehabilitation. WFP supported the renovation project by providing technical engineering expertise and equipping it with a generator to help the team complete all necessary works before the rainy season started. v) WFP through the ET cluster, provided connectivity, telecommunication services and equipment to seven FLBs and two ETUs. These services helped to ensure for example that blood sample results were communicated quickly from testing labs to treatment centers and that patient information was transmitted without risk from within the ETU 'red zones'.

- In **Guinea**, WFP established one staging area, one main logistics hub, and two FLBs. WFP also supported the construction of five ETUs (Nongo, Coyah, Nzerekore, Kerouane and Beyla), for a total capacity of 520 beds. While no funds were specifically allocated by the MPTF to the building of ETUs in Guinea, WFP prioritized the funding received to respond to urgent requests from the Government; this re-prioritization of activities was based on the needs expressed at the time. Other examples of WFP achievements include support to the Government and UNICEF efforts for the safe reopening of schools by dispatching and delivering 30,000 WASH kits to 89 villages across Macenta, Nzérékoré and Lola prefectures. WFP also supported the Government's sensitization and early detection campaign in Ebola-affected areas by constructing and dismantling remote camps for humanitarian responders.
- In **Sierra Leone**, WFP established one staging area, one main logistics hub, and four FLBs. No request was received from the health partners to build full-fledged ETUs in the country. The situation was prone to unexpected changes and WFP's response was nimble and flexible, so as to continually adapt to needs while optimizing the use of the resources available. WFP therefore re-prioritized activities in line with the adaptive, flexible and decentralized approach to respond to the crisis. In the light of the above, WFP implemented activities beyond the planned indicators, including the building of ETUs in Guinea, the provision of connectivity to 7 ETUs in Freetown, Makeni, Moyamba and Port Loko, the provision of storage, transport and logistics coordination services over and above plans in Sierra Leone. WFP also provided construction support to health facilities in support of health partners to partially refurbish and equip over 20 ETUs across the country through the provision of assets, temporary/prefabricated facilities, logistics and/or engineering support. A decontamination unit was also constructed in Freetown for the decontamination of ambulances and other vehicles that carried EVD affected patients. In light of the continued transmission of the virus in Kambia and Port Loko, in the northern part of the country, the government launched the "Northern Push campaign" to reinforce existing emergency measures. In support of this initiative, WFP deployed light vehicles with drivers and fuel to provide transport support during the surge. WFP also provided support to UNICEF in setting up tents in Kambia as emergency coordination offices. Another example of achievement: following a new flare in Tonkolili, a district that had been Ebola-free for 150 days, WFP deployed two prefabricated units to create office space for WHO field teams within the framework of the WHO-WFP Joint Collaboration and provided connectivity services to the response.

➤ **Provision of air services through the United Nations Humanitarian Air Services (UNHAS)**

- The WFP-managed United Nations Humanitarian Air Service (UNHAS) ensured humanitarian access by transporting passengers and light cargo across the Senegal, Guinea, Liberia, Sierra Leone and Ghana.
- UNHAS performed 5,473 take-offs, transporting 31,777 passengers and 202 mt of light cargo over the course of the operation. This was made possible thanks to the overall coordination of air activities through a regional cell and the set-up of a temporary air terminal (terminal H) in Senegal out of which inter-capital flights were operated.
- Additionally, in view of the potential deterioration of road conditions during the rainy season, new helicopter routes were established for example between Conakry and some of the areas most affected by Ebola in Guinea, notably Forecariah, Boffa, Fria and Kindia.
- Throughout the Special Operation, 28 strategic airlifts were organized, nine of which took place in January and February 2015 and transported 770 mt of relief items of behalf of 37 organizations; airlifts were usually conducted out of Staging Areas such as the one set up at Cologne Bonn Airport, by the WFP led Logistics Cluster in cooperation with UNHAS and UNICEF.
- As of mid2015, the UNHAS fleet was reduced to three fixed-wing aircraft and five helicopters (two of which specially equipped for medical evacuations of EVD symptomatic health and humanitarian – see below).

**MCA [4] – Medical care for responders**

- Throughout the Ebola crisis, one of the key challenges has been to ensure the safety and security of humanitarian responders, due both to the nature of the disease and to the limited and inadequate facilities and medical care system. This concern was exacerbated by the lack of international agreements, protocols and procedures in terms of medical evacuation of responders to adequately equipped medical facilities elsewhere in the world.
- At the onset of the crisis, WFP rehabilitated two UN Clinics for humanitarian responders, one in Conakry (Guinea) and one in Freetown (Sierra Leone). WFP also provided engineering and rehabilitation support to health facilities throughout the three countries at the request of national governments and health partners.
- Due to the epidemiological context, protection of staff went beyond the general concept of physical safety and security, as the health and safety of relief responders were a critical concern. To prevent the spread of EVD, all humanitarian activities had to be carried out in a manner that mitigated the risk of large gatherings. Therefore, specific health safety and sanitation measures were put in place to ensure limited risk of transmission of EVD among beneficiaries. Personal protective equipment and health and disinfection kits were made available to staff and dependents to enhance protection and limit spread of disease.
- In addition, complementary activities were put in place to ensure that health responders would alternate in the



workplace to limit risk of transmission. To achieve this goal, connectivity, telecommunications equipment and networks were made available to ensure operational continuity and minimum security standards were respected.

- Further, in an effort to ensure that the implementation and monitoring of the emergency response was done in a manner that was safe for staff and beneficiaries alike, WFP developed safe distributions measures jointly with WHO that were put in place with the support of health advisors. Health advisors developed safe relief items distribution guidelines, door-to-door guidelines for Post Distribution Monitoring survey, Incoming staff also received specific Ebola Awareness Trainings by health advisors.
- Moreover, WFP has been performing another fundamental service for the protection of humanitarian staff involved in the response through the implementation of medical evacuations of Ebola-symptomatic humanitarian personnel. To provide this service, including transportation from remote areas to the capitals, WFP/UNHAS operated two specially equipped helicopter for Medevac, one in Guinea and one in Sierra Leone. One additional Medevac helicopter was operational in Liberia until the country was declared free of the virus. UNHAS has performed 68 Medevacs of humanitarian and UN personnel in Guinea, Liberia and Sierra Leone. In this framework, simulation trainings were undertaken to familiarize responders, the crew of the dedicated helicopter and staff with the Standard Operating Procedures (SOPs) required to perform this type of technically-specific Medevac. Trainings on medical evacuations procedures were also provided to the humanitarian community in Guinea (both including isolation bubble for the safe air transportation of humanitarian workers with EVD-like symptoms, and for regular health emergencies). WFP aimed to ensure that these complex procedures were correctly and efficiently replicated to facilitate the hand over phase with national health authorities. Other training provided included Basic First Aid course, Security Awareness Training, security and safety briefings, Basic and Advanced Security in the Field trainings which cover common safety and security scenarios, and prepare staff to respond to such scenarios using the right procedures.

✓ In Guinea, the United Nations medical facility in Conakry consisted in a single room structure with limited equipment located inside the UN compound. This facility quickly became obsolete and not adapted to the increasing demand following large deployment of response teams. In addition, the need arose to ensure that several facilities could be simultaneously available in the event of contamination of one of them. WFP was requested by the UNCT to set up a level 1 UN clinic in Conakry. Meanwhile UN staff were allowed access to the Centre de Traitement des Soignants (CTS) of the French Government in Conakry to meet most urgent needs.

WFP identified existing premises which were entirely refurbished and transformed into a full-fledged UN clinic. Rehabilitation included construction works, electricity network as well as water and sewage system set up, as well as the provision of high power generator, water tank, and technical support. The UN clinic comprises standard amenities including waiting room, diagnostic block, examination rooms, sick bay emergency/treatment room, beds ward pharmacy and a waste treatment and incineration area. The facility was further expanded to accommodate Ebola contact cases, including a dedicated container set up for triage and isolation area. The clinic has been fully connected and equipped to ensure minimum operating security standard communications.

With one specially equipped helicopter for Medevac in Guinea, WFP was the only humanitarian actor to provide this service from remote areas to Conakry.

✓ In Sierra Leone, WFP was requested to perform the rehabilitation and widening of the UN clinic in Freetown to treat and care for health workers. Subsequently, following assessments and urgent requirements arising from the closing of the UN clinic after the contamination of UN staff, WFP was requested to immediately provide a safe facility to immediately accommodate humanitarian workers in Freetown. Within 48 hours of the urgent request, WFP set up tents to accommodate the most urgent need. This structure was subsequently replaced by a fully functional prefabricated structure composed of ablution units, examination rooms and a holding unit for potential EVD patients composed of additional prefabricated modules. With the near collapse of non-Ebola health care services, the UN Clinic also provided basic health & medical services to UN humanitarian workers, such as treatment for malaria and other health needs. Moreover, WFP installed a screening unit before the clinic main door for all people entering the building, and two more independent structures to be used as dressing areas for doctors and nurses. The screening unit was utilized for all medical clearances for UN staff, mandatory for all staff exiting the country. In addition, the medical facilities were linked with a designated helicopter for medical evacuations of UN staff where necessary.

In addition, at the request of WHO, WFP rehabilitated a hospital in Kambia to be used as a holding centre with a capacity of 40 beds. This Centre was set up offering the possibility to be transformed and extended into an ETU of 100 beds, by erecting an additional 10m x 24m Mobile Storage Unit next to it. Partners in Health (PiH) are managing the hospital and health centre. The rehabilitation of the Kambia hospital was not part of the initial response plan; however, as the transmission of the virus continued to expand into new areas of the country, additional health facilities were required.

#### **MCA [9] – Logistics coordination, supply chain management, WFP – WHO Joint Collaboration<sup>7</sup>**

- Facilitation of transport and storage of cargo was provided throughout the operation on behalf of NGOs, Governments and UN agencies to and within the most affected countries. The WFP-led Logistics Cluster has facilitated across Guinea, Liberia, Sierra Leone the transportation of over 107,000m3 of cargo on behalf of 103 organizations, as well as the storage of over 157,000m3 of cargo on behalf of 77 organizations.
- Within the Common Services framework, WFP also supported the implementation of the WHO-WFP Joint Collaboration (In Guinea, nine prefabricated structures for office space and accommodation; in Liberia, five sites were set up on behalf of WHO; in Sierra Leone, Operation Northern Push led to an increase of activities in Kambia and Port Loko, resulting in staff increase and additional request for office space, accommodation and fuel supply which WFP responded to).

#### **Delays or Deviations**

- Throughout the Ebola response, WFP was requested to step in quickly, and at scale, with programmatic and common services operations across the region. At the onset of the crisis, the unprecedented and rapidly evolving nature of the outbreak meant that limited information was available to frame WFP's interventions, thus requiring an extraordinary agility as the context and situation on the ground was evolving.
- By acting as an enabler of the health response, WFP was prepared at all times to receive and respond to a wide range of requests from Governments and partners. WFP implemented a very dynamic response to follow a flexible and adaptable approach and provide optimal support to the responders. Deviations to the initial plans have therefore been implemented in real time to save lives and protect health responders, meet the most urgent and unanticipated needs from partners, and facilitate the uninterrupted supply of relief items where needed, while simultaneously optimizing the use of the resources available. Deviations from the original plan have been documented in the monthly MPTF report and ad hoc MCA reporting (ex: February and May 2015)

#### **MCA [3] - Care for persons with Ebola and infection control**

##### **☐ Logistics Staging Areas, Logistics and Telecommunications Infrastructure**

- Support to build Ebola Treatment Units (ETUs) was provided as required in the three countries upon request from health partners; the bed capacity was defined by partners, and varied on case by case basis. Where WFP did not receive requests from its partners, WFP re-prioritized activities in line with the adaptive, flexible and regional approach to respond to the crisis. In Sierra Leone no request was received from the health partners. WFP therefore re-prioritized activities in line with the adaptive, flexible and decentralized approach to respond to the crisis. The situation was prone to unexpected changes and WFP's response was nimble and flexible, so as to continually adapt to needs while optimizing the use of the resources available. In the light of the above, since no ETU was requested by partners in Sierra Leone, WFP implemented activities beyond the planned indicators, including the building of ETUs in Guinea.
- The WFP-led ET Cluster (ETC) has equipped and provided connectivity to ETUs constructed and managed by partners in Sierra Leone for example in Freetown, Makeni, Moyamba and Port Loko, Across the three countries, the ET Cluster supported partners to transition to local commercial service providers in line with the transition strategy, aimed at ensuring a smooth transition of the services to commercial solutions. Where ETC equipment was decommissioned, suitable commercial service providers were found to ensure that connectivity was not affected. This strategy was designed as the operation, needs and request were unfolding and areas became ebola-free.

##### **☐ Provision of air services through the United Nations Humanitarian Air Services (UNHAS)**

For operational reasons, flight schedules and destinations were revised regularly and changed as needed to adapt it to the evolving requirements.

#### **MCA [4] – Medical care for responders**

Please refer to details on MCA4 achievements

#### **MCA [9] – Logistics coordination, Supply Chain management, WHO-WFP Joint Collaboration**

WFP provided storage, transport and logistics coordination services over and above plans

- **Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

<sup>7</sup> MCA not funded by MPTF.

No. of Beneficiaries	
Women	N/A
Girls	N/A
Men	N/A
Boys	N/A
Total	N/A

Environmental Markers
e.g. Medical and Bio Hazard Waste
e.g. Chemical Pollution

- **Best Practice and Summary Evaluation** (*one paragraph*)
- WFP's lead in the logistics and ET clusters and services provided through the special operation were highly regarded by government stakeholders in the three countries for responding effectively to national priorities. Activities were deemed appropriately aligned to support relevant government sectoral strategies as determined by the National Emergency Response Plans.
- WFP's response and transition strategies in the three countries fed into the strategic objectives of the Mano River Union Post-Ebola Socio-economic Recovery Programme (April 2015) and Ebola Recovery Strategies (July 2015). WFP's response was found to be in alignment with humanitarian and international development cooperation principles as outlined in the Paris Declaration on Aid Effectiveness, and the Accra Agenda for Action.

- **Lessons learned**

- WFP special operation represented the first-time WFP deployed a common service platform of such a scale, making it the logistics backbone of the entire global response providing vital air transport capacity, emergency telecommunications facilities and urgently required logistics support.
- Given the fact that this was the first regional EVD crisis, there has been great opportunity for learning for WFP staff as individuals and for WFP as an institution. One of the key lessons retained is that WFP should actively promote its 'Ebola response' as a model of good emergency response practice: This was required to drive WFP's impact, relevance and sustainability. In future health emergencies, where isolation/containment measures and/or remote access is necessary, food assistance accompanied by a strong logistics backbone is highly likely to be a key determinant for a successful response for all humanitarian partners. The EVD response model thus represented an opportunity for WFP to promote a 'good response practice' to the international community that will ultimately improve global coordination and response mechanisms. Within this exercise, WFP took the opportunity to promote the common services platform as a 'service package' for a wider humanitarian community, and promote itself as a strategic provider of emergency response solutions across multiple sectoral disciplines.

- **Story on the Ground**

*With the Ebola flare-up in March, the Government of Guinea and its partners have reactivated the emergency response mechanism to contain the disease. While the primary Ebola response is medical, logistics services provided by WFP including storage and transportation play a crucial role by allowing health workers and medical supplies to reach the patients on time. WFP has also set up emergency sites in remote areas of the country so that medical teams and humanitarian responders can tend to those in need. Apart from logistical support, WFP is providing food to 1100 people affected by the recent flare-up, and to their families.*



*Photo: Jonas with his daughter who has just been cleared after contacting Ebola during the recent Ebola flare-up. Photo Credit: WFP/Djaounsede Pardon Madjiangar*

#### **Koropara, Forest Guinea:**

Jonas Boolamou remembers exactly the day he was relieved after two weeks of sleepless nights. It was on a Thursday morning. Boolamou came to see his 11-year-old daughter, Tonhon Boolamou, hospitalized in the Ebola Treatment Center (ETC) in Nzerekore, Forest Guinea's Regional capital. As he entered the safe area of the most feared health center in the region, a medical officer welcomed him with a big smile and the

greatest news of the day: Tonhon is free from Ebola!

Boolamou could not believe his ears. "It sounded like a dream. It looked like my daughter was born again to me," Boolamou recalled. "I was so happy, so excited to have her back."

The young girl got infected by the deadly virus disease in Koropara, 80 km north of Nzerekore in late March 2016. Like many people in his village, Boolamou thought Ebola cannot be cured. But his daughter who survived the disease turned that myth and many others down.





*Photo: emergency tents set up as soon as new Ebola flare-up occurs so that medical teams in remote areas can tend to the people who have been affected. Photo credit: WFP/Guinea.*

"I heard people saying that when you enter the Ebola treatment center, they [doctors] withdraw all your blood from your body. But this is completely wrong!" she said. "I was there but they treated me very well; they gave me medicines and all sort of food any time I needed it. They were so kind to me. So I believe any sick person who goes there can be cured and come back safe just like me," she says.

#### **New flare-up:**

Since the new flare-up in March, eight Ebola cases have been confirmed in Forest Guinea. The government and its partners are currently busy trying to contain the disease. WFP supports their efforts by providing logistics services and delivering lifesaving food assistance to meet the basic food and nutrition needs of Ebola-affected families and communities.

According to Boolamou, the key to surviving the deadly disease is timely diagnosis and provision of health care. "Whenever you don't feel well, rush to the hospital with the disease; do not wait for the disease to rush you to hospital," he said.

Time is indeed crucial not only for patients but also for health workers who have to travel long distances with time-sensitive medicines and blood samples. The epicenter of the disease is more than 1,000 km away from Conakry, Guinea's capital city where most of the organizations are based. In the absence of in-country commercial flights, this requires two days of journey by road.

Thanks to the WFP-managed United Nations Humanitarian Air Service (UNHAS), this journey is now reduced to one hour and half rendering it possible for health partners to deploy their teams on time, transport blood samples for testing, supply vaccines, medicines and equipment six days a week.



*Photo Credit: WFP/Maie Sahoury*

For the Deputy Representative of World Health Organization (WHO) in Guinea, Dr Mamoudou H. Djingarey, UNHAS plays a fundamental role in the fight against Ebola. Thanks to its regular flights, WHO teams are rapidly deployed to carry out awareness raising campaigns, monitor suspected contacts, conduct safe and dignified burials and all sort of activities required to contain the spread of the disease.

*Photo Credit: WFP/Djaounsede Pardon Madjiangar*

"We wish that WFP continues to provide this service so we can always respond in time and save lives," he said. As Tonhon, one of thousands of girls supported by WFP in Guinea, is welcomed home with songs and dances Boolamou says he is grateful to the people and organizations who have helped her get back on her feet.

