



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME¹ NARRATIVE REPORT
DATE: 7 JULY 2016**

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¹ Refers to programmes, joint programmes and projects.

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

³ 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](#).

⁴ As per approval of the original project document by the Advisory Committee.

⁵ 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](#).

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

Yes (Performance evaluation by RC and handover/status report to Acting RC)

- Participating Organization (Lead): UNDP
- Email address: chencho.dorjee@one.un.org

Signature:

Report Cleared By

- Name: (Head of Agency): Margaret Gulavic
 - Date of Submission; 25 Oct 2016
 - Participating Organization (Lead): UNDP
- Email address Margaret.gulavic@one.un.org

Signature:

PROJECT/PROPOSAL RESULT MATRIX

Strategic Objective to which the Proposal is contributing⁷	<i>Strategic Objective MCA13: Multi-faceted preparedness</i>				
Output Indicators	Geographical Area	Target⁸	Final achievement	Means of verification	Responsible Org.
# of Incident Management System, UNCT and other relevant meetings with key representatives from national intuitions, UN agencies, CDC and civil society organizations involved in Phase 3 (BCG, GERC, MNDSR, IDSR, EPR, HAC, etc.) attended	<i>National</i>	40	40	Minutes of meetings; written recommendations	UNDP/UN RCO
# of program and policy consultations provided to national institutions	<i>National</i>	5	5	Minutes of meetings, written recommendations	UNDP/UN RCO
# <i>GERC participation</i>	<i>Regional /teleconference</i>	20	20	Minutes of meetings,	UNDP/UN RCO

⁷ Proposal can only contribute to one Strategic Objective

⁸ Assuming a ZERO Baseline

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

Several times after Liberia was declared free of Ebola Virus Disease (EVD) transmission on 9 September 2015, Liberian health authorities confirmed new EVD positive cases several times thereafter, confirming thereby the reemergence of Ebola in the country. The country's Incident Management System was activated each time and responded quickly and effectively to the flare-ups with support from the UN system, CDC, civil society members and line ministries. The country was most recently declared free of EVD transmission on 14 June 2016.

After UNMEER and subsequently OCHA left Liberia, it became critical for some with an emergency profile to support the UN Resident Coordinator in closely coordinating the response/preparedness work of the involved United Nations Agencies; creating linkages between the various operational parties that facilitates the flow of information, both within the counties and up to the national level; and ensuring timely detection of bottlenecks or problems as well as identification and implementation of solutions.

With the first declaration of the end of the Ebola outbreak, there was a strong need to maintain coordination capacity to respond to the high probability of another outbreak, to manage residual risk, and support the Ebola recovery activities. The transition back to a regular UNCT highlighted the need for additional staff and capacity to be available in-country inside the UN system to ensure that Ebola could not take the country backwards again, including the requirement to cater for Ebola survivors, during the fragile recovery period. A dedicated Ebola focal point for the Resident Coordinator was therefore recruited to advise and support the Resident Coordinator during this period.

Background and Situational Evolution:

The RC's Ebola Coordination Specialist ensured a seamless implementation of the UN agencies' contribution to Phase 3 of the EVD response, with specific attention to the highest risk counties i.e. Bong, Lofa and Montserrado, Margibi and Nimba. She acted as the principal advisor on all matters relating to emergency preparedness and response and EVD coordination to the UN Resident Coordinator. She did so by having close technical interactions with Heads of Agencies and key staff of the UN Agencies and civil societies supporting Phase 3 activities. She worked hand in hand with the Incident Management System/Ministry of Health and Ministry of Gender, Children and Social Welfare to ensure the UN is a central element in all national preparedness and response plans that relate to Ebola. The EVD Coordination Specialist supported two-way information flow between the CHT and the IMS; provided regular updates to the UN Resident Coordinator and Country Team and ensured follow up of agreed actions. One of the main features of her role was that she consistently advocated urgent needs of affected target communities (e.g. EVD survivors) to the county authorities, I/NGO partners, relevant national authorities and UNCT at national level. She supported capacity assessment of national institutions in the field of Ebola management, advocated for key reforms (improvements) in the area of Ebola management and helped build strategic partnerships with key stakeholders.

Key Achievements:

As principal collaborator to the RC in relation to the Ebola crisis, the Ebola Coordination Specialist played a key role in supporting the UNCT through participation in coordination, information and decision making mechanisms, and provided analytical strategic advice related to Ebola preparedness and response:

- 1) EVD outbreak response in November-December 2015
- 2) EVD outbreak response in April 2016
- 3) Contributed advocacy and technical efforts in support of the Government of Liberia to achieve Phase 3 deliverables as follows:
 - a) Survivor policy and 5-year strategic framework as well as key issues relating to EVD survivors (support and care, reintegration package, clinical research, etc.)

- b) Disease surveillance and lab capacity
- c) National and County Epidemic Response Plans and Rapid Response Capacity — through response plans, SOPs, training and simulations
- d) Deactivation of the Incident Management System (IMS)
- e) Routine monitoring (visits) with the National Incident Manager and key partners to priority EVD border counties
- f) Coordinated the visit of the Office of the Chef de Cabinet for a lessons learned exercise as it relates to the Ebola response in Liberia
- g) Coordinated visit of the World Economic Forum to look at the potential for public-private partnerships in future public health emergencies
- h) Preparations for the landmark WHO 3-country meeting in Conakry on March 1-2 2016 and cross-border meeting in April 2016
- i) Facilitated participation of key EVD actors in Liberia in the UN General Assembly in January 2016
- j) Development of MPTF proposal on phase 3 and liaison with Special Envoy for Ebola and his team (and MPTF) on the funding
- k) Regular follow-up with government and non-government actors, including key UN agencies
- l) Participation in regular Global Ebola Response Coalition calls with UN Secretary General's Special Envoy for Ebola, key donors and major actors globally.

- m) Regular briefings to the RC and the wider UNCT, keeping the UN family well informed at all times.

Delays or Deviations

N/A

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

N/A

Best Practice and Summary Evaluation / Lessons Learned:

In West Africa the Ebola epidemic has required innovative solutions to unprecedented problems for which the RCO has been constantly adapting, responding, supporting and facilitating, as and when necessary, within the wider global response to the epidemic. New expertise and flexible approaches have been developed throughout this difficult period, which will continue through the recovery phase.

Important lessons have been learned from experiences of Ebola Virus Disease (EVD) outbreaks or flare-ups in the country following the first declaration of the EVD outbreak on May 9, 2015. The Phase 3 program focused on maintaining a resilient zero (transmission of EVD cases) and these efforts continue to be led by the Government of Liberia through the Incident Management System (IMS) at the national level and County Health Teams (CHTs) led by the County Health Officers (CHOs) at the county level. Partners including UN and non-UN agencies continue to provide key technical, logistical and financial support to Liberia's EVD response efforts.

A planning process took place to ensure that international partners maintain back-up capacity to complement Government of Liberia efforts aimed at preventing, detecting and rapidly responding to consequences of residual risks of EVD reintroduction/reemergence. This process, which is part of the Phase 3 EVD Outbreak Response Strategy adopted in all three countries worst-affected by the outbreak, namely Guinea, Liberia and Sierra Leone, provided an important opportunity for harmonization of available resources and organization competencies with national priorities.

New challenges related to Ebola survivors must be addressed in a sensitive manner, alongside ongoing medical research and development. The World Health Organization is a principal contributor to the nine pillars of the outbreak response at all levels. There is also ongoing effort to ensure a seamless flow from Phase 3 to recovery efforts as articulated in Liberia's Investment Plan for a Resilient Health System and other recovery plans.

Report reviewed by (*MPTF M&E Officer to review and sign the final programme report*)

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Signature: Ellora Guhathakurta