



## UN EBOLA RESPONSE MULTI-PARTNER TRUST FUND



# 2017 ANNUAL REPORT

The Office of the Director of the Sustainable Development Unit,  
Executive Office of the Secretary-General at the United Nations  
Multi Partner Trust Fund Office, UNDP  
<http://mptf.undp.org/ebola>

# STEPP Strategy

## Strategic Objective 1:

**STOP**

the outbreak

- Mission Critical Action 1: Identify and Trace People with Ebola
- Mission Critical Action 2: Safe and Dignified Burials

## Strategic Objective 2:

**TREAT**

the infected

- Mission Critical Action 3: Care for Persons with Ebola and Infection Control
- Mission Critical Action 4: Medical Care for Responders Provision

## Strategic Objective 3:

**ENSURE**

essential services

- Mission Critical Action 5: Provision of Food Security and Nutrition
- Mission Critical Action 6: Access to Basic (including non-Ebola Health) Services
- Mission Critical Action 7: Cash Incentives for Workers
- Mission Critical Action 8: Recovery and Economy

## Strategic Objective 4:

**PRESERVE**

stability

- Mission Critical Action 9: Reliable Supplies of Materials and Equipment
- Mission Critical Action 10: Transport and Fuel
- Mission Critical Action 11: Social Mobilization and Community Engagement
- Mission Critical Action 12: Messaging

## Strategic Objective 5:

**PREVENT**

outbreaks

- Mission Critical Action 13: Preventing Outbreaks
- Other: Enabling Support to all Objectives

# RECOVERY Strategy

## RECOVERY Objective 1:

**RS01**

- Health, Nutrition, and Water, Sanitation and Hygiene (WASH)

## RECOVERY Objective 2:

**RS02**

- Socio-Economic Revitalization

## RECOVERY Objective 3:

**RS03**

- Basic Services and Infrastructure

## RECOVERY Objective 4:

**RS04**

- Governance, Peace Building and Social Cohesion

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## Recipient ORGANISATIONS



FAO



ICAO



ILO



IOM



UNAIDS



UNDP



UNESCO



UNFPA



UN HABITAT



UNHCR



UNICEF



UNMEER



UNOPS



UN WOMEN



WFP



WHO

## CONTRIBUTORS



AUSTRALIA, Government of



BAHRAIN ROYAL CHARITY ORG



BELGIUM, Government of



BOLIVIA, Government of



BRAZIL, Government of



CANADA, Government of



CHILE, Government of



CHINA, Government of



COLOMBIA, Government of



CYPRUS, Government of



CZECH Republic, Government of



DENMARK, Government of



ESTONIA, Government of



FINLAND, Government of



GEORGIA, Government of



GERMANY, Government of



GUYANA, Government of



HOLY SEE



INDIA, Government of



IRISH AID



ISRAEL, Government of



JAPAN, Government of



KAZAKHSTAN, Government of



LATVIA, Government of



LUXEMBOURG, Government of



MALAYSIA, Government of



MALTA, Government of



MAURITIUS, Government of



MONTENEGRO, Government of



NEW ZEALAND, Government of



NORWAY, Government of



PERU, Government of



PHILIPPINES, Government of



PORTUGAL, Government of

REPUBLIC of KOREA,  
Government of

ROMANIA, Government of

SWEDISH INTERNATIONAL  
DEVELOPMENT COOPERATIONSWISS AGENCY FOR  
DEVELOPMENT & COOPERATIONTHE RUSSIAN FEDERATION,  
Government of

TOGO, Government of



TURKEY, Government of

UNITED KINGDOM,  
Government of

VENEZUELA, Government of

**VOLVO**

Volvo Group

PRIVATE SECTOR

UNITED NATIONS  
FOUNDATION



## FOREWORD

This 2017 Annual Report discusses how the Ebola Response MPTF helped meet needs in Guinea, Liberia, and Sierra Leone, the epicenter of the 2014 Ebola outbreak. In its fourth year of operations, the Fund continued to provide the UN Ebola Response with a nimble and effective central financing mechanism. In accordance with its mandate, it successfully enabled the mobilization, allocation, and targeting of resources to meet under-funded and unfunded needs in its focus countries.

This past year, the Fund worked towards strengthening fragile healthcare systems and services that were further weakened by the outbreak. It revitalized routine healthcare and improved health infrastructure. It supported initiatives on meeting the medical needs of survivors and other at-risk groups, and it helped extend a socio-economic safety net to people and communities left vulnerable by the outbreak. Funded projects increased preparedness and coordination in countries and communities by fostering local and national leadership, and improving surveillance, alert and rapid response protocols and capacity. The overall result has been enhanced preparedness and readiness in West Africa for Ebola or any health emergency.

In its maturity and with operations set to conclude in September 2018, it will be essential for countries - and all partners - to build on the Fund's achievements. Continued progress is critical, because in Ebola-stricken countries and beyond, preparedness for the next health emergency is not just an imperative of the SDGs – it is paramount to the basic security and safety of our shared global community.

This was clearly illustrated when, on 8 May 2018, the Government of the Democratic Republic of the Congo (DRC) declared an Ebola outbreak in Bikoro, Equateur Province.<sup>1</sup> As this Annual Report was going to press, the Government, with partners, was rapidly mobilizing to stop transmission, just like they did one year prior, when Ebola emerged in Likati Health Zone, Bas Uele Province.<sup>2</sup> These outbreaks in the DRC underscore the importance of strengthening preparedness for the next health emergency – Ebola or otherwise – and highlight the ability of the MPTF to quickly respond with flexible financing when necessary. They demonstrate the imperative of investing in health system resilience long before a crisis hits.

Now is the time to make strides towards recovery and resilience, extend the safety net to those in need, and to press for greater health security and readiness. This was also the conclusion of the 2016 independent Lessons Learned Exercise (LLE) on the Ebola Response Multi-Partner Trust Fund's (MPTF or the Fund) operations. The LLE recommended increased support towards more resilient health systems through improved surveillance, infection prevention and control, health workforce readiness, and community outreach. Building robust health systems that function in crisis and non-crisis situations will also be critical to meeting the Sustainable Development Goal on health and well-being (SDG 3) as well as other related health targets.



**Ms. Michelle Gyles-McDonnough**

Director, Sustainable Development Unit,  
Executive Office of the Secretary-General at the United Nations

<sup>1</sup> World Health Organization Press Release. See: <http://www.who.int/news-room/detail/08-05-2018-new-ebola-outbreak-declared-in-democratic-republic-of-the-congo>

<sup>2</sup> World Health Organization Press Release. See: <http://www.who.int/en/news-room/detail/12-05-2017-statement-on-ebola-in-the-democratic-republic-of-the-congo>



## EXECUTIVE SUMMARY

This 2017 Annual Report discusses the fourth year of Ebola Response Multi-Partner Trust Fund (MPTF) contributions to the UN Ebola Response. It describes how MPTF-funded projects have supported recovery, resilience, and preparedness in Guinea, Liberia, and Sierra Leone, the countries hardest hit by the 2014-2016 Ebola outbreak. In these countries, funded projects helped meet the healthcare and livelihood needs of vulnerable groups, such as survivors and their families, fostered continued community engagement and preparedness, and built out health infrastructure and emergency processes and plans. At the regional-level, the report recounts the Fund's contributions to national-level preparedness in the Democratic Republic of the Congo (DRC), where Ebola flared in 2017 and has, one year later (May 2018) reemerged.

Having met its mandate of offering quick and nimble finance to the UN Ebola Response, the Ebola Response MPTF is scheduled for operational close in September 2018. For the 2017 reporting period, many projects had already completed their activities or were in the process of operationally closing. For those projects reporting in 2017, national- and community-level emergency preparedness and capacity for response were touchstones, as was livelihood support and healthcare for vulnerable populations and communities. Projects sought to fill gaps in health services created by the outbreak, with these interventions largely targeting maternal and neonatal health, and sexual and reproductive health needs, and offering psychosocial support, especially for survivors, their families and their intimate contacts.

### Guinea

In Guinea, especially Forest Guinea, which was hard hit by the outbreak, interventions strengthened the capacity to respond to Ebola as well as other infectious diseases. One intervention, which focused on Forest Guinea, supported a comprehensive response to Ebola resurgence through community engagement, infection prevention and control (IPC), and care of Ebola survivors. Through the National Ebola Response Coordination (NERC), the project maintained micro-cerclage capacity, and in Nzérékoré, it refurbished a Center for the Treatment of Infectious Potential Epidemics (CTEPI). The project also trained 23 staff in four CTEPIs (Nzérékoré, Lola, Beyla, and Yomou), produced an IPC manual with technical

protocols, and created 19 support tools to extend its care model. Project funds were also used to develop a rapidly deployable, transparent, isolation unit prototype that allowed for patient interaction with caregivers. Also in the Nzérékoré region, MPTF supported UNICEF's efforts to maintain its rapid response capacity through 2017, especially as emergency funding waned.

Throughout Guinea, five UN agencies – UN Development Programme (UNDP), UN International Children's Fund (UNICEF), UN Population Fund (UNFPA), World Food Programme (WFP), and the World Health Organization (WHO) - collaborated to enhance post-Ebola preparedness and readiness for future health emergencies. This joint project filled gaps observed during the initial Ebola response and drew from lessons learned. Under this intervention, UNICEF, with health districts (project beneficiaries), drafted an implementation plan, while UNDP held training workshops and disbursed IT equipment to key institutions. In the most vulnerable zones (Forecariah, Kindia, Guéckedou, and Macenta), communities participated in a voluntary vulnerability analysis of their capacity to adapt to crisis situations. In October 2017, WHO held a workshop to establish a health emergency risks map to guide short- and long-term emergency preparedness. The agency also conducted a Vulnerability Risk Assessment and Mapping (VRAM) workshop to reveal capacity gaps within communities and health systems. WHO helped identify 35 private health structures to be integrated into surveillance within the health districts of Forecariah, Coyah, Guéckedou, Macenta, Nzérékoré, Téli-mélé, Gaoual, Koundara, and Fria.

In Guinea, 2017 Ebola Response MPTF Recovery Window projects reported notable outputs, especially for vulnerable populations. One project focused on providing psychosocial and economic recovery support to Ebola survivors and affected communities. For survivors in Forest Guinea, the project held 574 community healing dialogues and reached 13,768 people. It also trained 66 Guinean Red Cross volunteers in Guéckedou and Nzérékoré, and Red Cross volunteers identified 24 people in need of special services for psychosocial trauma.

This same project also deployed 272 health staff to support implementation of the SACEINT strategy for survivors and bolstered the treatment, epidemiological, and prevention centers (CTEPIs) that provide medical care and follow-up for survivors. As a result: 33 CTEPIs were equipped with human resources; and 416 survivors benefited from follow-up and medical care. During the first two months of 2017, survivors and sick contacts/family members completed 158 medical visits. CTEPI staffing also strengthened overall medical services in the target areas. As a result, the National Agency of Sanitary Surveillance (ANSS) registered 2,480 medical visits at the CTEPIs from August 2016 to February 2017.

To reduce stigmatization and improve psychological first aid, this project also broadcast 160 radio programs in Nzérékoré, reaching at least 13,000 people since its inception. The project increased visibility of aid actors, distributing 150 jackets and hats with their logos and releasing a documentary on its psychosocial activities.



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## EXECUTIVE SUMMARY



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This intervention also completed 20 projects to strengthen basic community infrastructure and economic activity, benefiting approximately 23,697 people in Forest Guinea. The key achievements included: at least 2,000 people given socio-economic support through civil society-implemented projects; at least 13 cooperatives received tools and support to implement income generation activities; at least 1,000 people provisioned with farming tools, seeds, and machinery; and at least 650 people trained on income generation activities.

This project also helped frontline workers (Red Cross volunteers) to reintegrate into society. It finalized a needs assessment in December 2016, based on 4,548 interviews conducted by social workers. Then, a local NGO trained 354 workers on finding employment and on starting businesses. The thirty best individuals graduated and attended a 10-day skill building workshop. In addition, 324 front line workers completed complementary IT and driving license trainings.

Finally, the project strengthened the Ministry of Social Action and the Advancement of Women and Children / Ministère de l'Action Sociale, de la Promotion Féminine et de l'Enfance (MASPFE). With project support, the Ministry deployed 60 social workers for seven months in the targeted prefectures to support data gathering for "baseline survey" on survivor and community needs. The Ministry was also given: financial support to coordinate socio-economic investments and meetings to support Ebola survivors and their communities; and IT and office equipment.

A different Recovery Window project in Guinea focused on strengthening maternal and neonatal health services that were weakened by the diversion of funds and resources to stop the Ebola outbreak. The UNFPA collaborated with the Ministry of Health (MoH) and other partners to improve access to quality reproductive health services through the provision of 60 trained midwives, reproductive health commodities, materials, and equipment in 30 health facilities.

### Liberia

Two projects in Liberia also focused on strengthening reproductive, maternal, newborn, child and adolescent health (RMNCAH) service delivery. The first intervention targeted Maryland County, where it helped ensure that mothers and their children, including adolescents, received health services, and that Ebola, as well as other infectious diseases, did not spread. By July 2017, three health facilities - the Karloken, Fish Town, and Glofarken clinics - were refurbished, creating an enabling environment for Basic Emergency Obstetric and Newborn Care (BEmONC) services and RMNCAH referrals and services. Under the project, coverage of antenatal care (ANC4+) increased from 46 to 81 percent, delivery in health facilities increased from 38 to 73 percent, and postnatal care increased from 12 to 56 percent. The number of adolescents and youth accessing family planning increased from 489 to 1,347. The project also supplied essential commodities and ensured that drugs were available. Facilities with no stock out improved from 66 percent to 93.3 percent.

This intervention also strengthened local health structures in the County to provide community-based RMNCAH services. It reactivated dormant health facility development committees (HFDCs) and increased community health workers' referrals from 139 to 683, exceeding a set target of 504. The project also improved data collection and reporting and offered trainings for data managers that improved the accuracy, completeness, and timeliness of reporting from 56 percent in 2015 to 89.8 percent in 2017 (Health Management Information System - HMIS).

Maryland also became the first County to pilot implementation of the revised national maternal perinatal neonatal deaths surveillance and response (MPNDSR) guidelines. MPTF funding was used to train 41 health workers from 24 health facilities, including district surveillance officers and data managers, on using these guidelines. Because of this project, in 2017, all maternal and neonatal deaths in health facilities were reviewed and at the community level, verbal autopsies for maternal deaths were conducted using the new field form.

A different MPTF-funded project in Liberia, delivered a standard package of maternal and newborn interventions in the remotely-located Todee and Careysburg Districts of Montserrado County. It built on existing adolescent healthcare programs, targeting three health facilities with high numbers of maternal and newborn deaths. In 2017, the project trained 20 service providers on adolescent-friendly RMNCAH services, and 12 skilled birth attendants on death reporting and IPC guidelines. It constructed WASH facilities; strengthened

## EXECUTIVE SUMMARY

the referral system, increasing ANC visits and health facility deliveries; and it equipped the laboratories of the three health facilities and the operating theater of one of the hospitals.

In a separate intervention, WHO partnered with the Center for Liberia's Future (CFLF) to better understand perceptions of Ebola and the type of support survivors needed to reintegrate into society. The project surveyed 880 study participants and found that: because of low adherence to IPC, the risk of transmission to healthcare workers remains high; that orphans and their caregivers face isolation, stigma, poverty, malnutrition, and threats of abuse; that survivors face stigma and ongoing emotional trauma; and that should an Ebola outbreak of the 2014-2016 magnitude occur, the nation is unprepared to respond efficiently and effectively (minimizing infection rates and associated casualties). Project partners visited 15 counties and delivered rice to 500 beneficiaries.

Projects also boosted preparedness in Liberia. One MPTF-funded project sought to strengthen multi-hazard preparedness, coordination, and response in the country. Towards this end, UNDP supported agreement from the National Disaster Management Agency (NDMA) on the National Early Warning and Emergency Operations Center (NEWEOC) structure and functions, a procurement plan, and detailed floor plan, which has commenced. UNDP also helped security agencies harmonize communications and understanding of the NEWEOC and draft standard operating procedures (SOP), as well as bolster personnel and capacity for the NEWEOC's operation. For its part, the International Organization for Migration (IOM) completed a baseline assessment at seven ground crossings and one seaport using an updated point of entry (PoE) toolkit. The agency also developed Public Health Emergency Contingency Plans (PHECPs) for ground crossing PoEs and trained 39 port officials and county health team (CHT) staff on seaport public health emergency contingency plans and SOPs.

To further preparedness under this project, WHO assessed National Action Plan for Health Security (NAPHS) gaps; undertook hand hygiene audits in 18 public and private hospitals in collaboration with the MoH; and completed reassessments at 746 health facilities to ensure adherence to IPC standards, which showed a 25 percent improvement from baselines completed one year prior. National hand hygiene compliance

rose to 70 percent, up from 45 percent. WHO also piloted an e-surveillance platform to improve alerts in Margibi and Grand Cape Mount Counties. The agency established microbiology testing at one laboratory, and approximately 118 specimens were tested during in the fourth quarter of 2017. WHO trained 48 personnel from the five targeted facilities in bacteriology testing, basic and/or advanced testing and continued mentoring 40 personnel in four of the five laboratories.

### Sierra Leone

In Sierra Leone, several reporting projects in 2017 focused on supporting vulnerable groups – survivors, response workers, and families and communities heavily impacted by the outbreak. One project provided 1,454 survivors and many vulnerable families a mix of psycho-social support and counselling, solidarity packages, stipends (cash transfers), and livelihood and career counselling as well as start-up grant transfers. Under this initiative: five hundred families received a family recovery kit; and 2,500 project beneficiaries received periodic stipends to enable their access to social services and assure familial food security. Alongside the cash distribution, 2,500 Ebola survivors and approved caregivers of minor Ebola survivors received career counselling and skills acquisition trainings.

A different project fostered the socio-economic reintegration of Red Cross Society (SLRCS) Ebola response volunteers into their communities. With MPTF funds, 800 SLRCS safe and dignified burial (SDB) team volunteers either furthered their education or received business development support or career advisory/ placement services. The project's fiscal prudence allowed for the expansion of the initial target number of beneficiaries from 800 to 1,300, with these additional 500 volunteers receiving livelihood support. Support kits were provided to all 1,300 SLRCS volunteers to bolster the training component of their packages. A psycho-social support (PSS) needs assessment conducted in January 2017 indicated that the volunteers had recuperated and returned to their normal lives, in part because of the project's continuous PSS support.

This project's specific outputs in 2017 included: 374 volunteers resuming their studies; small scale solar power systems installed across 14 branches; 402 volunteers completing vocational training by July 2018; 95 percent (385/405) of the 405 SDB/IPC volunteers that streamed through business development completing the training and 80.2 percent (325/405) developing 186 business plans that were provided with start-up capital; the new set of (additional 500) volunteers completing their eight-weeks training in July 2017; of the 62 volunteers that opted for career advancement placement services, five were employed and 57 were in internship programmes; and 1,256 people completed financial literacy training with support from Ecobank.



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## EXECUTIVE SUMMARY



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A third project in Sierra Leone supported Ebola survivors by complementing implementation of the country's Comprehensive Programme of Services for Ebola Survivors (CPES). It supported services for Ebola survivors living with HIV (PLHIV), Ebola survivors and their partners/communities; and mitigated the risk of the sexual transmission of Ebola.

This project reached 20,070 sex workers with Ebola/HIV prevention messaging, and it trained two support groups per district with integrated Ebola/HIV and anti-discrimination messaging. The project also counselled 3,500 adults on Ebola, HIV, and sexual reproductive health. Through this initiative, implementation partners reported important outcomes. The Christian Aid Sierra Leone (CASL) vetted partners and boosted their capacity for implementation. The National Aids Control Programme (NACP) completed 82 community entry sensitization meetings, reaching 3,500 people with counselling services. It also trained 43 counsellors and 15 CPES supervisors to support Ebola survivors. The Network of HIV Positives (NETHIPS) and the Sierra Leone Association of Ebola Survivors (SLAES) trained 15 peer motivators to work in targeted communities. Women in Crisis (WIC) created Watch Networks and set up a 'One-Stop Shop' to provide counselling and other support. The project also scaled-up services for sex workers to reduce the sexual transmission of Ebola and other diseases to high-risk groups, and it established integrated drop-in centers for vulnerable people to access prevention, treatment, and psychosocial counseling services in hard to reach locations.

In Sierra Leone, the Ebola Response MPTF supported a Preparedness Joint Programme implemented by the UNFPA, UNICEF, WHO, and partners. Under this project, UNFPA strengthened community-based maternal death surveillance and response (MDSR) while building capacity for maternal and newborn care. The agency trained 40 Ministry of Health and Sanitation (MoHS) BEmONC facilitators from 10 of the 14 districts, using a newly developed, harmonized curriculum. The facilitators then rolled out BEmONC training to 160 service providers from eight districts. UNFPA also worked with the MoHS to develop MDSR Social Autopsy (SA) guidelines, and it distributed information, education and communication (IEC) materials on maternal health, maternal death notification, and danger signs.

For its part on this project, UNICEF collaborated with the MoHS to prepare 14 district preparedness plans for community engagement and social mobilization, and it supported the development of 190 chiefdom communication and social mobilization plans. From all 14 districts, 48 people were trained on micro-level communication and social mobilization planning for emergencies, and this information was then communicated to 149 paramount chiefs. UNICEF also identified 15 members from the various Village Development Committees (VDC) to support chiefdom-level communication and community social mobilization. The project updated, validated, and printed extra copies of the country's emergency message guide. It supported radio broadcasts to support learning on maternal and neonatal health issues. UNICEF also prepositioned IEC materials on Ebola across Makeni for the northern districts and Kenema for the southern and eastern districts.

For its contribution, WHO set the stage for the implementation of MPTF-funded activities. These included: holding International Health Regulation (IHR) stakeholders' meetings to review the National Action Plan for Health Security (NAPHS); holding a National Surveillance Review Meeting; and conducting integrated disease surveillance and response (IDSR) trainings.

### Regional







Regionally in 2017, the MPTF supported a project to strengthen the DRC's preparedness at the national level for an Ebola outbreak. This project responded to the 2017 outbreak in the Likati Health District, and its outcomes will support the country's response to the current (May 2018) outbreak in Bikoro.

Under this project, from 17-18 September 2017, WHO convened a workshop with the Ministries of Health of the DRC, Guinea and Sierra Leone, representatives from major partners in the DRC Ebola response, and stakeholders likely to provide future support to identify gaps and lessons learned. With 54 participants in attendance, outcomes included: the identification of gaps and lessons learned; and a draft workplan on key actions to guide the future use of experimental Ebola vaccines under an Expanded Access Framework.

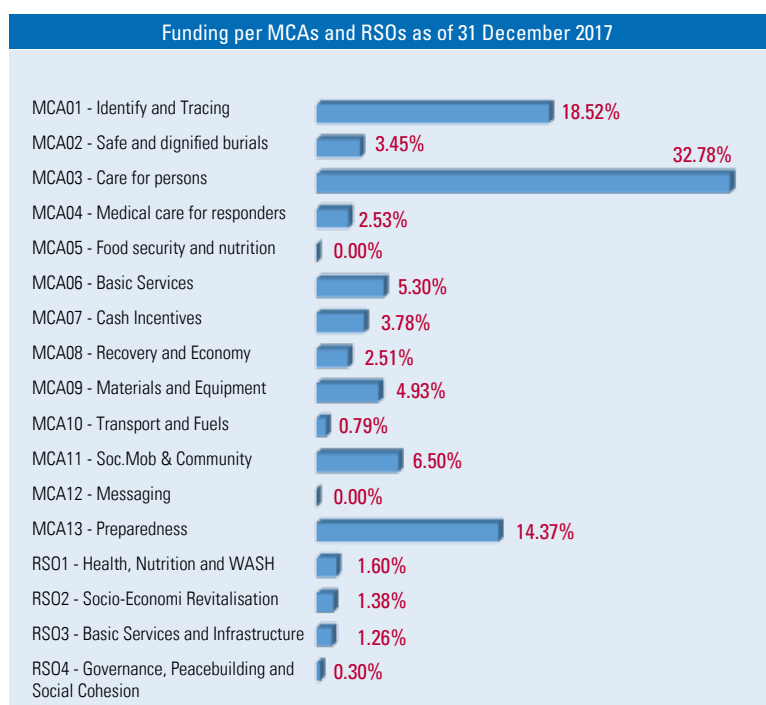
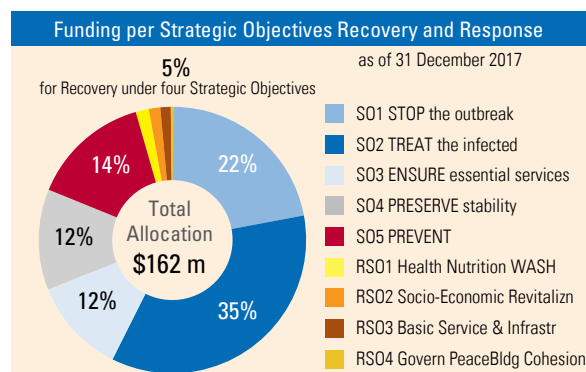
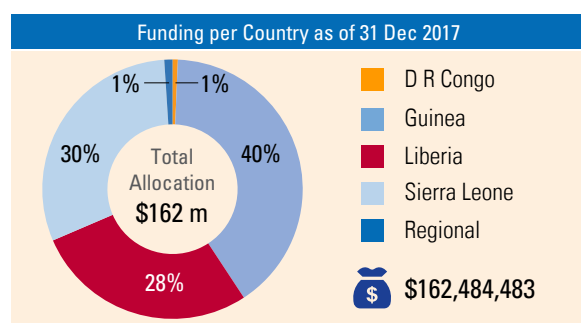
The project also advanced consultations on an updated Ebola/Marburg Virus Preparedness, Alert, Control and Evaluation (PACE) strategy. Further, with MPTF support, the project procured kits, medical supplies and items needed to trace cases and contacts, conduct clinical trials, and procure supplies for a ring vaccination. The project also developed: methods and protocols for the rapid analysis of vaccine and intervention effectiveness for future Ebola outbreaks; mathematical models of the effectiveness and optimal implementation of appropriate trial designs for Ebola outbreaks across different settings; trial designs for experimental therapeutics to fight Ebola; and a statistical analysis plan of selected trial designs for candidate Ebola vaccines. Protocols and tools were published to guide Ebola vaccine trials. Project outcomes will contribute to the rapid response currently ongoing in the DRC.



## EBOLA RESPONSE MPTF AT A GLANCE

	<b>166 million</b> Contributed		<b>47 donors</b> Including Private Sector
	<b>162 million</b> Allocated		<b>14 UN</b> Entities
	<b>11 MCAs</b> Supported		<b>4 RSOs</b> Supported

RESPONSE				
STOP	TREAT	ENSURE	PRESERVE	PREVENT
36 million	57 million	19 million	20 million	23 million
RECOVERY				
RS01	RS02	RS03	RS04	
Health, Nutrition and WASH	Socio-Economic Revitalization	Basic Services and Infrastructures	Governance, Peacebuilding and Social Cohesion	
2.5 million	2.2 million	2 million	0.49 million	



## REPORT STRUCTURE

This Annual Report discusses the achievements of the UN Ebola Response MPTF in 2017, discussing operations and projects approved for funding as of 31 December 2017. It describes how the Fund supported progress in Guinea, Liberia and Sierra Leone as well as regionally towards the Mission Critical Actions (MCAs) and Recovery Strategic Objectives (RSOs) of the UN Ebola Response. The report also presents a financial analysis, detailing fund disbursements and expenditures as of 31 December 2017.

In line with the Memorandum of Understanding (MOU), the report presents a comprehensive, consolidated review of progress, based on information and data contained in the individual progress reports and financial statements submitted by Recipient Organizations to the MPTF Office. The report serves neither as an evaluation of the Ebola Response MPTF nor as an assessment of the performance of the Recipient Organizations. However, it does provide the Ebola Response MPTF Advisory Committee and its stakeholders with an overview of achievements and challenges associated with projects funded through the UN Ebola Response MPTF.



## OPERATIONS AND GOVERNANCE STRUCTURE

The Ebola Response MPTF has been guided by the five strategic objectives of the UN Response STEPP strategy: Stop the outbreak; Treat the infected; Ensure essential services; Preserve stability; and Prevent outbreaks in countries currently unaffected. In addition, the Fund's Recovery Window, established in April 2015, commenced finance to projects supporting achievement of the four Recovery Strategic Objectives (RSOs): Health, Nutrition, and Water, Sanitation and Hygiene (WASH); Socio-Economic Revitalization; Basic Services and Infrastructure; and Governance Peacebuilding and Social Cohesion.

The funding priorities for the Trust Fund have been defined by the following variables: i) the latest assessment of the evolving epidemiology of the outbreak (from WHO and other sources); ii) priority needs in the Ebola Response, as assessed by regular interaction with all stakeholders in the Response; iii) the comparative advantage of the UN System, as assessed by the Chair of the Advisory Committee and with input from UN agencies, funds and programs; and iv) the preparedness key components to build more resilient health system: surveillance, infection prevention and control, health workforce readiness, and community outreach

### Governance Structure and Procedures

The Ebola Response MPTF has a transparent structure, which includes the Director of the Sustainable Development Unit of the Executive Office of the Secretary-General serving as a Chair of the Advisory Committee, an Advisory Committee, a Fund Secretariat, Recipient Organizations and a Fund Administrator. The Chair articulates the Ebola Response MPTF funding priorities and makes fund allocation decisions in consultation with the Advisory Committee. Recipient Organizations include the UN Mission for Ebola Emergency Response (UNMEER), UN organizations and departments, and NGO Implementing Partners.

The UNDP Multi- Partner Trust Fund Office (<http://mptf.undp.org>) acts as the Trust Fund Administrator and is responsible for fund design, legal agreements with UN entities and donors, administration of donor contributions, fund disbursement, and consolidated reporting. The MPTF Office also serves as the Fund Secretariat, providing support to the Advisory Committee; supporting fund mobilization efforts led by the Chair; organizing calls for and appraisal of proposals; and monitoring and reporting on the fund's programmatic performance to the Chair and Advisory Committee. The Advisory Committee provides guidance to the Chair in the management of the fund, and its views are sought on the allocation of donor resources. The Committee also serves as a forum for discussion and information sharing on key issues. The UN Resident Coordinators in each country prioritize and endorse proposals prior to submission to the Chair and the Advisory Committee.

### Advisory Committee

The Advisory Committee is a unique facet of the Ebola Response MPTF that supports and facilitates the dialogue needed to make informed, fast, and strategic decisions on how funds should be allocated. It is composed of the Director of the Sustainable Development Unit of the Executive Office of the Secretary-General (as Chair), three representatives of contributing donors, and one representative from each of Guinea, Liberia and Sierra Leone, the three most affected countries. The Advisory Committee met eleven times since the inception of the Fund and has allocated over US\$162 million for 85 projects. Each meeting provided an opportunity for substantial discussion on the comparative value of the projects with all the members of the Committee, including the Permanent Representatives of Guinea, Liberia and Sierra Leone to the United Nations.



## SUMMARY OF PROJECT APPROVAL

## Meeting 1 – 30 October 2014

- Endorsement of Fund's TOR and Rules of Procedure
- Approval:
- WFP "Common Services for the Health Response" US\$8,000,000

## Meeting 3 – 5 December 2014

- Approvals:
- ICAO "Regional Aviation Ebola Action" US\$1,000,000
  - UNICEF and UNDP "Social Mobilization in Guinea" US\$3,948,364
  - UNDP "Support to Detention Centers in Sierra Leone" US\$1,201,725
  - WHO/UNDP/UNFPA "Interruption of Transmission in Liberia" US\$11,603,212
  - UNICEF "Ebola Charters" US\$877,718

## Meeting 5 - 16 January 2015

- Approvals:
- UNDP/UN WOMEN "Payments to EVD Survivors and Destitute Families" US\$2,055,470
  - UNDP/UNICEF/UNFPA "Support to Mano River Union" US\$2,836,072

## Meeting 7 - 8 July 2015

- Approvals:
- UNDP "UN Medical Clinics in Guinea and Sierra Leone" US\$1,219,800
  - UNFPA "Restoring Mid-wifery Services in Liberia" US\$1,000,000

## Meeting 9 - 24 September 2015 and e-approval\*

- Approvals:
- UNDP/UNFPA – Guinea "Strengthening Community Recovery and Resilience" US\$748,728
  - UNDP – Guinea "Establishment of a Financial Mechanism for Ebola Recovery" US\$247,915
  - WHO/UNICEF – Sierra Leone "Ebola Survivors: Needs, Assessment, Psychosocial Support and Reintegration" US\$1,047,396
  - UNICEF – Guinea "Social Mobilization for Achieving and Sustaining a Resilient Zero" US\$909,500

## 2016 projects e-approvals\*

- UNFPA/WHO/UNICEF – Liberia US\$1,000,000 "Reproductive maternal/neonatal/adolescent health"
- WHO – Guinea US\$1,499,150 "Vaccination Cohort Study-Phase I and II"
- UNFPA – Liberia US\$999,998 "Emergency maternal and neonatal health services"
- UNDP – Sierra Leone US\$ 250,000 "Support Government of Sierra Leone for SLERF Secretariat"
- UNDP – Guinea US\$1,000,000 "Prevention on new Infections Nzérékore Area"
- UNICEF – Guinea US\$1,000,000 "Prevent new infections through delivery of integrated basic social services"
- WFP – Guinea US\$400,000 "Ebola flare up travel and fuel expenses coverage"
- UNFPA/WHO/UNICEF – Liberia US\$1,499,980 "Reproductive maternal/neonatal/adolescent health - Todee and Careysburg (Montserrado County)"
- UNAIDS/WHO – Sierra Leone US\$594,920 "Positive Health, Dignity and Prevention"
- WHO – Liberia US\$249,952 "Case Study Community Perception"

2017

- UNDP - Reprogramming of Proposal # 17 – Strengthening Logistic Capacity of Directorate of Drugs and Medical Supplies – Part II

## Meeting 2 – 13 November 2014

- Approvals:
- WFP "Common Services for the Health Response" US\$32,023,716
  - UNDP "Payment Programme for Ebola Response Workers" US\$6,235,957
  - UNMEER "Quick Impact Projects" US\$3,000,000
  - UNMEER and UNOPS "Rapid Response Stabilization Teams" and "Support to NERC Secretariat, Sierra Leone" US\$8,323,122\*

## Meeting 4 - 17 December 2014

- Approvals:
- WHO "Epidemiology. District Management" US\$30,010,04
  - UNICEF "Community Transit Centers in Guinea" US\$9,813,619
  - UNICEF "Outreach and Awareness Campaign in Liberia" US\$283,088

## Meeting 6 – 9 April 2015 and e-approval\*

- Approvals:
- GRC/UNDP/WHO "Reinforcement of the Guinean Red Cross" US\$1,000,000
  - WHO "Sensitization Campaign in Guinea" US\$400,000
  - UNICEF "Social Mobilization in Guinea" US\$999,915\*

## Meeting 8 - 14 August 2015

- Approvals:
- WHO – Regional "Ebola Response Interagency Stewardship" US\$119,000
  - UNDP – Guinea "Preventing EVD Spread during the Electoral Process" US\$991,467

## Meeting 10 - 15 December 2015 and e-approval\*

- Approvals:
- UN-HABITAT/UNICEF/ILO – Liberia "Water and Sanitation Systems in Ebola-affected Slum Communities" US\$1,000,000
  - UNDP – Guinea - Sierra Leone US\$1,810,733 "Support to the UN Resident Coordinators for Ebola Response Phase 3"
  - UNDP – Guinea "Psychosocial and Economic support for Survivors" US\$1,500,00

## Meeting 11 – 29 June 2017

- Approvals:
- UNDP, UNFPA, UNICEF, WHO and WFP – Guinea "Enhancing the post-Ebola national capacity to efficiently respond to future health outbreaks" US\$ 2,500,000
  - WHO, UNFPA, UNFP, UNWOMEN ad UNICEF - Liberia "Support to Multi-hazard preparedness and response for Liberia" US\$ 2,500,000.
  - WHO, UNICEF and UNFPA Sierra Leone "Preparedness Joint Programme" US\$ 2,500,000.
  - WHO - Democratic Republic of the Congo "Strengthening preparedness and international rapid response of WHO and partners to support the MoH for EVD" US\$ 1,070,000.

## 2017 projects e-approvals\*

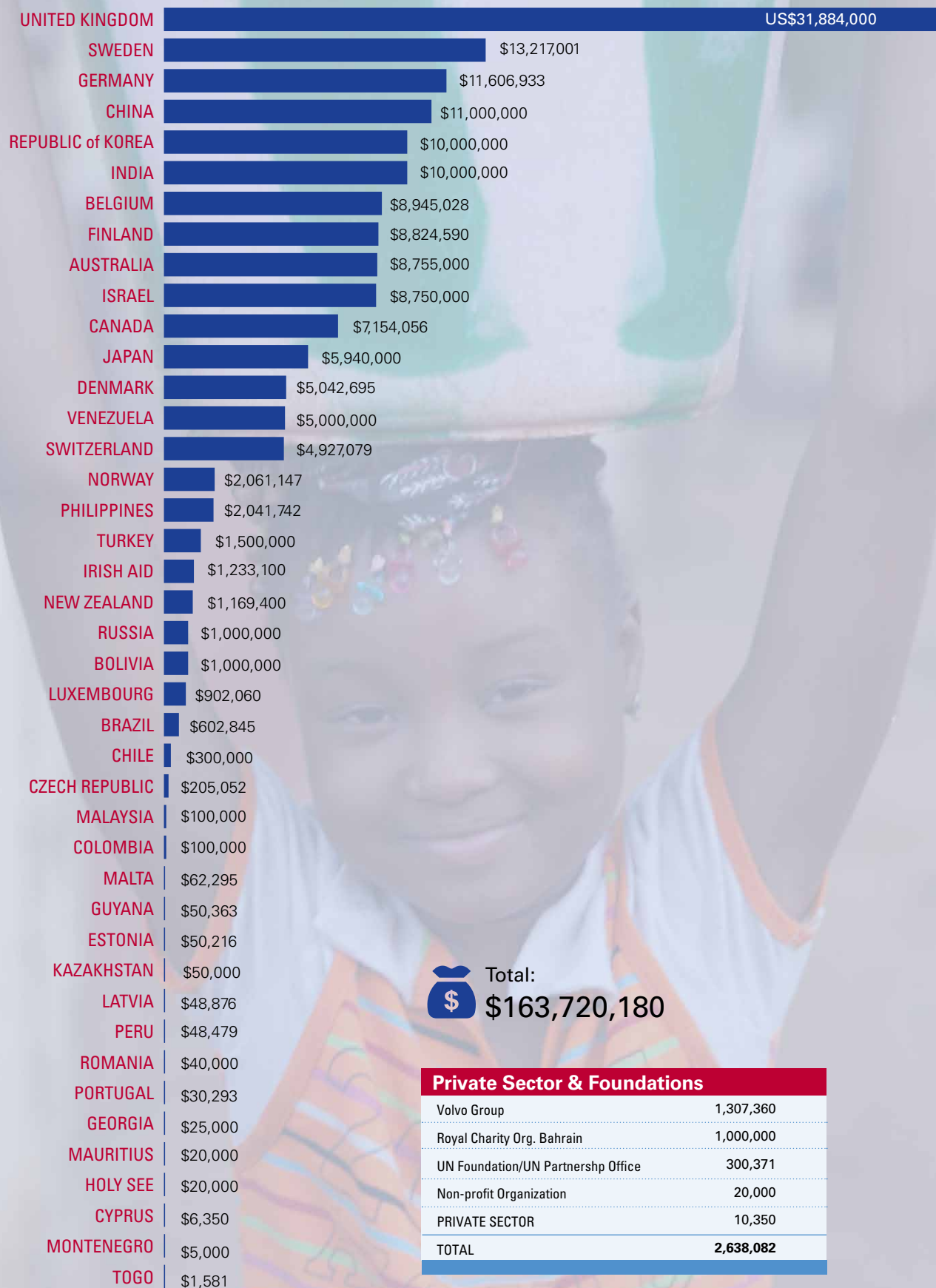
- UNDP - Sierra Leone US\$733,299 - Strengthening Logistic Capacity of Directorate of Drugs and Medical Supplies.

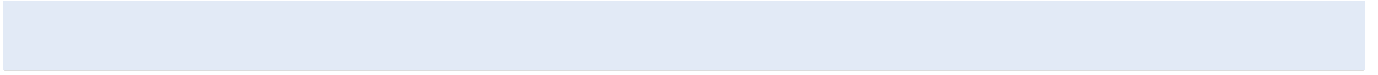
\* Proposals approved via e-approval procedure





## CONTRIBUTIONS





# GUINEA

- 15 MCA 2 - Safe and Dignified Burials
- 17 MCA 3 - Care for Persons with Ebola and Infection Control
- 18 MCA 6 - Access to Basic Services
- 19 MCA 13 - Preventing Outbreaks
- 21 RSO 02 - Socio-Economic Revitalization
- 24 RSO 03 - Basic Service & Infrastructure

## AT A GLANCE



Map Sources: ESRI, UNCS.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Sep 2013.



**65 million**  
Allocated



**63 million**  
Expenditures



**26 Proposals**



**6 UN Entities**

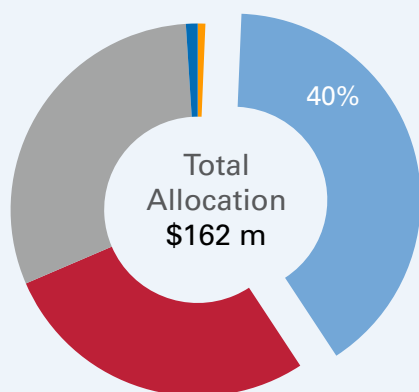
### RESPONSE

S01	S02	S03	S04	S05
<b>STOP</b>	<b>TREAT</b>	<b>ENSURE</b>	<b>PRESERVE</b>	<b>PREVENT</b>
<b>12 million</b>	<b>27 million</b>	<b>3 million</b>	<b>13 million</b>	<b>6 million</b>

### RECOVERY

RS01	RS02	RS03	RS04
Health, Nutrition and WASH	Socio-Economic Revitalization	Basic Services and Infrastructures	Governance, Peacebuilding and Social Cohesion
<b>n/a</b>	<b>2 million</b>	<b>1 million</b>	<b>0.25 million</b>

### Funding as of 31 December 2017\*



DRC

Guinea Sierra Leone  
Liberia Regional



**\$65,165,154**

\* Allocations are based on approved budget

### Funding per Mission Critical Actions & Recovery Strategic Objectives






MCA01 - Identify and Tracing	10.29%
MCA02 - Safe and dignified burials	8.60%
MCA03 - Care for persons	38.10%
MCA04 - Medical care for responders	3.24%
MCA05 - Food security and nutrition	0%
MCA06 - Basic Services	1.53%
MCA07 - Cash Incentives	3.38%
MCA08 - Recovery and Economy	0%
MCA09 - Materials and Equipment	5.23%
MCA10 - Transport and Fuels	1.04%
MCA11 - Soc.Mob & Community	14.20%
MCA12 - Messaging	0%
MCA13 - Preparedness	9.04%
RS01 - Health, Nutrition and WASH	0%
RS02 - Socio-Economic Revitalization	3.44%
RS03 - Basic Services and Infrastructure	1.53%
RS04 - Governance, Peacebuilding and Social Cohesion	0.38%





## GUINEA

### MISSION CRITICAL ACTION 2

 <div><b>MCA 2</b> Safe and Dignified Burials</div>	 <div><b>\$1 million</b> allocated</div>	<b>COVERAGE:</b> Nzérékore Region		
<b>MPTF Project No:</b> 00101174 00101175 00101176	<b>TITLE:</b> #58 Strengthening the Ebola Response Mechanism in High Risk Areas of Nzérékoré Region*	<b>TRANSFER DATE:</b> 7 July 2016	<b>AMOUNT:</b> \$1,000,000	
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	Improvement % of death notifications through the engagement of community leaders trained and equipped to provide appropriate management of community deaths.	80%	85%	IFRC/UNDP
	Number of Model CTEPI integrating a better medical care, biosecurity and innovative methods for the care of viral hemorrhagic fever cases (MCA3)	1	1	ALIMA/UNDP
	Surveillance and response mechanisms functioning properly per prefecture (MCA 13)	5	33 CTEPIs + 1 DPS	NERC/UNDP

\*Project #58 is funded under MCA2 - MCA3 - MCA13

## Achievements and Results

### Project #58 - Strengthening the Ebola Response Mechanisms in High Risk Areas of the Nzérékoré Region<sup>1</sup>

This project set out to provide a comprehensive response to the resurgence of Ebola in Forest Guinea. It focused on community engagement, IPC, and care of Ebola survivors. Specifically, it had three components implemented through partners: (component 1) through the International Federation of Red Cross and Red Crescent Societies (IFRC), reinforce the local capacities and surveillance to ensure death notifications and safe and dignified burials; (component 2) through the Alliance for International Medical Action (ALIMA), ensure treatment capacity for suspected cases and support the national health system in infectious disease detection and treatment; and (component 3) through the National Ebola Response Coordination (NERC), maintain micro-cerclage capacity and support the Center for the Treatment of Infectious Potential Epidemics (CTEPI) launch in Nzérékoré.

In 2017, to support implementation of the project's first component, the IFRC focused on preventing the reemergence of Ebola, including through safe and dignified burials (SDB). It strengthened the knowledge and SDB skills of community leaders, who with the supervision of Red Cross teams, carried out notifications and safe burials. In 2017, the project reported that 100 percent of deaths were notified, with zero Ebola reemergence. The project also conducted 83 swabs, out of 1,406 expected, a six percent coverage rate. Much of the work on the project's first component was completed prior to this reporting period.

This bulk of 2017 outcomes for this project fell under its second component, after the MPTF Office approved ALIMA's request for a no cost extension. ALIMA ran the project in the Nzérékoré region, which shares borders with Ivory Coast, Liberia, and



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Sierra Leone, and hosts substantial flows of people, including those seeking healthcare. Here, ALIMA collaborated with national authorities to strengthen the Nzérékoré CTEPI. By 5 May 2017, the CTEPI was reorganized and refurbished to improve biosecurity and treatment of patients with viral hemorrhagic fever. The center was equipped, and its staff trained to address infectious disease, making it a model of best practices learned from the Ebola outbreak.

Improvements to the CTEPI welcome and triage area included:

- Welcome area redesigned to improve safety and amicability, with a door installed opening to a low-risk zone;
- For ambulance reception, a shady welcome area with an access ramp installed;

1. This project also responds to MCA 3 and MCA 13

## GUINEA

### MISSION CRITICAL ACTION 2

- A specific area for ambulance decontamination established;
- Management system for contaminated water installed;
- Decontamination shower for non-case patients installed;
- Triage room redesigned to support prioritization of patients by severity. It was equipped with a 2.5m<sup>2</sup> plexiglass wall to enable interaction between patients and caregivers;
- A new patient circuit designed to prevent cross-contamination and nosocomial infections;
- Several other rooms equipped with plexiglass to improve patient monitoring and enable safe interaction with family/caregivers.

For waste management and safety, improvements included:

- A proper waste management area with an incinerator installed;
- Hazmat suits provided, and eight decontamination showers built;
- An intensive care unit with plexiglass walls created to improve patient care and visibility;
- Establishment of a contingency stock (personal protective equipment (PPE), WASH equipment and consumables) for 10 patients for 10 days;
- Two new procedures were identified to improve CTEPI waste management.

Another aspect of the project focused on capacity building, provided two training sessions for 23 staff active in four CTEPIs (Nzérékoré, Lola, Beyla, and Yomou). The trainings focused on Ebola patient management, organization of a CTEPI, healthcare delivery, and IPC in an infectious disease context.



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One session included a simulation exercise of suspected and confirmed Ebola cases in the CTEPI. In addition, one manual with technical protocols for IPC was written, and 19 support tools were created to extend the care model.






The project also developed a rapidly deployable, transparent, isolation unit prototype that allowed for patient interaction with caregivers and family. This mobile intensive care unit capable of handling any type of infectious disease was designed in partnership with a company specialized in nuclear, radioactive, and biological risks (NRBC). WHO was in the process of validating the prototype at the end of the project's reporting period.

Achievements under the project's third component on multifaceted preparedness through the NERC were covered under the 2016 reporting period.



## GUINEA

## MISSION CRITICAL ACTION 3

 <div><b>MCA 3</b> Care for Persons with Ebola and Infection Control</div>		 <div><b>\$1.5 million</b> allocated</div>		<b>COVERAGE:</b> Region of Basse Guinea	
<b>MPTF Project No:</b>		<b>TITLE:</b>		<b>TRANSFER DATE:</b>	<b>AMOUNT:</b>
00098865		#54 and #57 Vaccination Cohort Study: Preventing Late Transmission of Ebola from Survivors to Close Contacts Phase I and Phase II		23-Feb-2016	\$299,547
00099916				5-Apr-2016	\$1,199,603
PRIORITY INTERVENTION			PLANNED	ACHIEVED	RESPONDING AGENCIES
	Number of participants recruited for vaccination program		1,500	2,047	WHO
	% of blood samples of selected participants systematically collected and analyzed over 28-day period		100%	73%	WHO
	% of contacts of survivors that consented and received the rVSV vaccine		100%	100%	WHO

## Achievements and Results

### Project #57 – Vaccination Cohort Study: Preventing Late Transmission of Ebola from Survivors to Close Contacts

This project, implemented by WHO and the Government of Guinea, achieved 100% reduction in Ebola transmission from Ebola survivors to close contacts.

# GUINEA

## MISSION CRITICAL ACTION 6

<b>MCA 6</b> Access to Basic Services		<b>\$1 million</b> allocated		<b>COVERAGE:</b> 8 Prefectures of the Forestière Region	
<b>MPTF Project No:</b> 00101177		<b>TITLE:</b> #59 Prevent New Infections through Delivery of Integrated Basic Social Services		<b>TRANSFER DATE:</b> 7-Jul-2016	<b>AMOUNT:</b> \$1,000,000
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES	
	Number of health centers/health posts with WASH installation	60	47	UNICEF	
	Number of households in affected area receiving hygiene kits/soap and related services	100,000	190,907	UNICEF	
	Number of health centers/health posts provided with essential medical and nutrition supplies	60	60	UNICEF	
	Number of people benefiting from UNICEF outreach community health interventions	1,500,000	1,663,582	UNICEF	

## Achievements and Results

### Project #59 - Prevent New Infections through Delivery of Integrated Basic Social Services in Ebola-torn Regions in Guinea<sup>2</sup>

This project supported UNICEF's rapid response efforts to control an Ebola flare in the Nzérékoré region, in March 2016. The 2016 Annual Report covered its outputs in depth. The project demonstrated the critical importance of maintaining surveillance systems and rapid response capacity to quickly respond to Ebola flares, and it helped bring Ebola transmission in Nzérékoré to zero. With MPTF funding, UNICEF set up rapid response teams, built a base camp, and supported a micro-cerclage to monitor the epicenter of the flare. In the hotspot, the agency provided humanitarian assistance and undertook mass communication campaigns (reaching 1,663,582 people) and individual outreach (190,907 people) to change behaviors that spread Ebola. UNICEF set up almost 50 youth community platforms to support community-based surveillance for nine months, and it undertook community health interventions that provided water and hygiene services, maintained basic and WASH services in Ebola-free areas, and distributed hygiene kits.

A prepositioned contingency stock (IPC equipment, measles kit, cholera kit and mosquito nets) and community platforms set up in 584 villages and 106 communes across Guinea aided



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UNICEF's capacity to respond to the Ebola flare rapidly and effectively. UNICEF worked to maintain this capacity through 2017, especially as emergency funding waned.

2. This project also addresses S03





## GUINEA

## MISSION CRITICAL ACTION 13

<b>MCA 13</b> Preventing Outbreak / Other Enabling Support to all Objectives		<b>\$2.5 million</b> allocated	<b>COVERAGE:</b> Country	
<b>MPTF Project No:</b>		<b>TITLE:</b>	<b>TRANSFER DATE:</b>	<b>AMOUNT:</b>
00106848		#65 JP - Enhancing the post-Ebola national preparedness capacity to efficiently respond to future health outbreaks	30-Aug-2017	\$2,500,000
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	Number of Private health facilities identified to be integrated in the system	250	35	WHO
	Number of staff from the national institutions involved into emergency response coordination having benefited from training on health emergency coordination aspects and other types of capacity building support	150	43	UNDP/RCO
	Number and nature of IT and office supply support provided to national health security/humanitarian agencies to trigger effective response at local level	4	4	UNDP/RCO
	Number of districts (or similar administrative units) facilitating regular community dialogue with caregivers of children under 5	9 districts (13 communes of convergence)	9 districts (13 communes of convergence)	UNICEF
	Number of youths/women groups strengthened in social mobilization through community dialogue for better health service utilization	80 youths/women groups	80 youths/women groups	UNICEF
	Number of community platforms supported quarterly to increase the community involvement in the decision-making	100 community platforms	100 community platforms	UNICEF
	Number of CHW/youth trained on the use of community based register and reporting community events	80 youths/women groups	80 youths/women groups	UNICEF
	Number of Districts with health cadres in local governance, management, data reviews, quality supervision and coaching capacities reinforced	70 districts	39 districts	UNICEF
	Number of technical assistance activities to strengthen routine immunization at national and district level	3	3	UNICEF

## Achievements and Results

### Project #65 - Enhancing the Post-Ebola National Preparedness Capacity to Efficiently Respond to Future Health Outbreaks

This joint project was implemented by five UN agencies (UNDP, UNICEF, UNFPA, WFP and WHO) with the aim of enhancing post-Ebola preparedness for and the capacity to respond to future health emergencies. The project worked to fill gaps observed during the response to the Ebola crisis and drew from lessons learned. Specifically, the project aimed for:

- the improvement of the country's community-based surveillance and early warning systems;
- strengthening the local community health preparedness and care management for patients;
- availing a minimal service package to health facilities in disease prone zones;
- increasing community engagement in key target zones;
- integrating logistics in emergency response preparation and coordination; and
- strengthening the operational and coordination capacity among actors.



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## GUINEA

### MISSION CRITICAL ACTION 13

In line with the above objectives, the project focused in its first quarter (September-December 2017) on setting up workplans and launching some of its scheduled activities. UNDP, UNICEF and WHO commenced their activities in 2017, while WFP and UNFPA began in January 2018. For UNDP, the Resident Coordinator Office (RCO) heading the project recruited a senior project manager with a medical background to handle project management-related technical functions. This was completed in 2017, and the manager will commence duties in 2018. UNICEF and WHO signed MoUs with implementing partners: UNICEF with the Ministry of Territorial Administration and Decentralization (MATD); and WHO with the IOM.

UNICEF conducted an inventory of the health districts that were project beneficiaries. The agency, with local authorities, developed a draft of its implementation plan. With MATD, it held two working sessions to harmonize and validate this work plan, which was then shared with UNDP. For the implementation of activities, the first disbursement was made through the MATD, and a series of consultations were held with the decentralized structures (governorates, prefectures, and communes) to plan, support, and advocate for implementation.

UNDP and the RCO achieved the following results during the 2017 reporting period:

One of the two planned training workshops was held from 13-14 December 2017, in Kindia. Local humanitarian actors from

Conakry, Labe, Boke, Mamou, and Kindia attended this meeting, which discussed emergency response preparedness and the Sendai Framework.

Four key national humanitarian/emergency response institutions/members of IASC/CoPIA received an IT and office supply support package to help improve operational capacity and assure future coordination in humanitarian response. For each institution, the package included: a desktop, a multifunction printer, a power stabilizer, 12-months WIFI internet connection, and some office supplies, including printer cartridge ink, and copy paper. Additionally, two sets of video projectors were purchased to facilitate the organization of CoPIA meetings.

Two technical meetings with project focal points within UNDP, UNFPA, UNICEF, WFP, and WHO plus one technical CoPIA meeting were held.

In the most vulnerable zones - Forecariah, Kindia, Guéckédou, and Macenta - communities participated in a voluntary vulnerability analysis of their capacity to adapt to crisis situations. Ultimately, this will help put in place a local committee of volunteers that will support understanding and adoption of disaster risk reduction strategies. In addition, three meetings were held: one statutory meeting on CoPIA Technique, and two more meetings for the project management team (agency focal points).

During the training sessions on local health risks mapping in the districts of Guéckédou, Macenta, Forecariah and Macenta, a participant from the Sengbedou sub-prefecture said, *"It is true that we often have cholera disease due to recurring floods in the sub-prefecture, but we always thought that this was our destiny, and nothing could be done to avoid it. During this training, we became aware of the risks of flooding in our locality, and we all now know how to prevent and minimize the negative impacts and consequences of these floods. We cannot thank UNDP enough for this community health risk mapping activity."*

In October 2017, WHO held a workshop to establish a health emergency risks map in Guinea using the STAR tool (a tool developed by WHO to enable countries to identify and categorize national-level health emergencies) to guide and plan short- and long-term emergency preparedness. WHO also conducted a Vulnerability Risk Assessment and Mapping (VRAM) workshop to help Guinea uncover vulnerabilities and capacity gaps within its community and health systems. The STAR exercise helped profile the risks in Guinea while the VRAM planning workshop helped develop a tool for data collection for risk assessment. Finally, WHO supported the identification of 35 private health structures to be integrated into surveillance within the health districts of Forecariah, Coyah, Guéckédou, Macenta, Nzérékoré, Téliélé, Gaoual, Koundara, and Fria.



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## GUINEA

## RECOVERY STRATEGY OBJECTIVE 2

<b>RSO 02</b> Socio-Economic Revitalization		<b>\$1.5 million</b> allocated	<b>COVERAGE:</b> Country, including District Area	
<b>MPTF Project No:</b> 00099263		<b>TITLE:</b> #52 GIN Psycho-social and Economic Recovery Support for Ebola Survivors and Affected Communities		<b>TRANSFER DATE:</b> 21-Mar-2016
				<b>AMOUNT:</b> \$1,500,000
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	Number of community healing dialogue (CHD) sessions conducted for survivors living in 20-subprefectures	400	574	IFRC/UNDP
	Number of individual psychosocial counseling sessions done after community healing dialogue	40 beneficiaries in need specific and close follow up	24 people identified in need of specific and close follow-up	IFRC/UNDP
	Number of health staff delivering health care services for cured people participating into the SACEINT strategy	272	272	ANSS/UNDP
	Number of blood and fluids samples collected and analyzed on monthly basis	447	416	ANSS/UNDP
	Number of registered visits done by survivors to the CTPEIs	At least 120	157	ANSS/UNDP
	Number of Prefectures strengthened and ready to cover health survivors needs and manage residual risks linked to new outbreaks	34	33	ANSS/UNDP
	% of the population sensitized about EVD survivors situation to decrease stigmatization	80% of target groups Note: 11,000 direct beneficiaries sensitized are expected	118% Note: 13,000 people sensitized; 160 radio sessions broadcasted in the target area; 79 phone calls received from listeners; 600 psychosocial support kits distributed; 5 anti-stigmatization messages elaborated; 4 survivor's associations in Forest Guinea strengthened	IFRC/UNDP
	Number of community economic projects implemented	at least 20 projects identified for implementation	100% of the 20 projects identified	UNDP
	Number of implementation of the project financed and implemented through the civil society platform	at least 10 -15 projects identified for implementation	80% implementation of the activities planned for the 8 targeted projects	UNDP
	Red Cross Volunteers trained	450	450	UNDP
	Number of prefectural ministry branches supported (rehabilitation, trainings, support to running costs)	4	4	UNDP

## Achievements and Results

## Project #52 Psychosocial and Economic Recovery Support for Ebola Survivors and Affected Communities

This project aimed to provide a comprehensive package of services for survivors and communities heavily affected by the Ebola outbreak. It was developed based on the key findings and recommendations of the October 2015 Workshop organized by the National Ebola Response Center (NERC). The project's socio-economic, anti-stigmatization, and healthcare activities

for survivors, including "cured-self-support" capacity, were designed in accordance with the strategy agreed by the NERC.

The project offered new economic opportunities in the areas worst affected by the epidemic and enhanced medical care for survivors. It took activities initially used to support the reintegration of healthcare workers/Ebola responders – such

## GUINEA

## RECOVERY STRATEGY OBJECTIVE 2

as the provision of protection kits, medical care, follow-up, and livelihood support – and applied them to survivors.

Following the March 2016 flare in Koropara, Guinea was declared Ebola-free in August 2016. Inspired by the lessons learned from containing that flare and following the suggestions of the Ministry of Health, the NERC and WHO decided to implement a new surveillance strategy called SACEINT. One of the strategy's related activities was the provision of medical care to and close surveillance of survivors. Since this objective fell under the scope of the ongoing project, the MPTF Office granted a no-cost extension so that the project could adapt its activities to the new, government approved SACEINT strategy for survivors. This extension allowed UNDP Guinea to extend the project's socio-economic community activities for three months, as well as adapt the indicators on the results matrix to better reflect the changes that occurred on the program. (The request was approved by the MPTF Office in April 2017.)

The UNDP Guinea office focused on strengthening government mechanisms (SACEINT) to support the set-up of medical treatment, epidemiological, and prevention centers (CTEPs) that provide medical care and follow-up for survivors. It worked: to provision CTEPs with equipment and human resources; to ensure active case finding around confirmed cases and transmission chains; on implementing active and passive surveillance for Ebola (e.g. through regular health facility visits and by maintaining a nationwide system of alerts and signals); and offer semen and other fluids testing and for survivors. The project also continued to run anti-stigmatization activities, support socio-economic recovery, and strengthen the Guinean Government's institutions (MASPFE), as initially planned in close collaboration with the implementing partners (IFRC, MASPFE, and local NGOs).

In Forest Guinea, the project reported the following achievements:

- 574 community healing dialogues were conducted by Red Cross volunteers to offer PSS support; and 13,768 people were reached;
- Red Cross volunteers identified 24 people in need of special follow-up for psychosocial trauma;
- 66 volunteers of the Guinean Red Cross were trained in Guéckédou and Nzérékoré.

In the area of "cured-self-support" capacity, the project reported the following outcomes:

Under the Partnership Cooperation Agreement with UNDP, the National Agency of Sanitary Surveillance (ANSS) deployed 272 health staff to support implementation of the SACEINT strategy for survivors in target areas, from August 2016 to February 2017. MPTF funds supported the cost of health staff deployment in January and February 2017. Implementation of the SACEINT strategy meant that health center staff were focused on strengthening epidemiological control and monitoring, and medical care of survivors and their close contacts. (PSS services were not considered as part of the healthcare services provided through the health infrastructure.)



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Through the project, 33 CTEPs were equipped with adequate human resources to run activities between January and February 2017. Approximately 416 survivors benefited from follow-up and medical care. Between January and February 2017, survivors and sick contacts/family members completed 158 medical visits.

Indirectly, CTEP staffing strengthened overall medical services in the target areas. As a result, the ANSS registered 2,480 medical visits at the CTEPs from August 2016 to February 2017. A total of 883 survivor samples were collected and analyzed through the SACEINT strategy.

In the fight against stigmatization and psychological first aid, the project employed various communications measures. It broadcast 160 radio programs via Radio Nzaly Liberte FM in Nzérékoré (Forest Guinea), that reached at least 13,000 people, since the project's inception.

The project also increased the visibility of aid actors. It distributed 150 jackets and hats bearing the logos of the UNDP, MPTF, IFRC and the Guinean Red Cross. A documentary video on the project's psychosocial activities was produced and broadcasted on YouTube.



**Project #52 - Watch the video here:**  
<https://bit.ly/2rSwzUy>



Audio-visual support was distributed to implementing partners to show key achievements of and main challenges to PSS support activities.

Concurrently, the IFRC worked with the National Association of Ebola Survivors (RENASEG) to identify how to strengthen the capacities of the local associations to better support survivors' needs. IFRC, with the Chairman of RENASEG (National Association of People cured from Ebola), determined eight associations (four in Lower Guinea and four in Forest Guinea) to receive training and material support through the Guinean Red Cross. The trainings for the Forest Guinea associates discussed strengthening their management, advocacy, and survivor support. As a result, RENASEG in Guinea renewed the Board Steering Committee and approved a roadmap to set up a comprehensive plan of action and a strategic plan for the next three years.





## GUINEA

### RECOVERY STRATEGY OBJECTIVE 2



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On socio-economic support for survivors, during the second quarter of 2017, the project completed 20 projects (100 percent), benefiting approximately 23,697 people in Forest Guinea. The interventions were identified through collaboration with local communities. They aimed to strengthen basic community infrastructure and economic activity, such as by boosting local markets, improving farming knowledge, and/or supplying assets and equipment to increase farming production. UNDP also rehabilitated water, sanitation, and health utilities.

Project examples and impacts included:

- 20 women's economic groups given agricultural inputs (seeds, tools, equipment), training, and technical support. 708 Ebola-affected people were trained on the use of irrigation for farming, storing, and selling of agricultural products. Fifteen hectares were equipped with adequate irrigation;
- Four wells outfitted with a manual pump were built in the prefecture of Macenta, improving access to clean water and mitigating water borne diseases;
- Two facilities to support small businesses in the Commune of Kouankan;
- 18 latrines built in consultation with Ebola-affected communities;
- One health facility and one block latrine (two rooms) constructed in Guéckédou center;
- Four small bridges (dalots) built to facilitate trade and boost the local economy;
- One storage warehouse constructed and equipped in Koropara to boost local economy. A market was also built, and beneficiaries equipped with materials to support trade in Guendembou prefecture of Guéckédou;
- Distribution of 6,006 palm trees among 99 vulnerable families in the prefectures of Nzérékoré and Macenta. Beneficiaries were trained to improve farming productivity;
- One economic group of 24 members given technical support, training, and support for the set-up of fish breeding activities in Balizia, prefecture of Macenta.

The project achieved 100 percent of the activities initially planned under the "socio-economic activities" component. The key achievements included: at least 2,000 people given socio-economic support through civil society-implemented projects; at least 13 cooperatives received tools and entrants to implement income generation activities; at least 1,000 people were provisioned farming tools, water points, seeds, and machinery; and at least 650 people were trained on income generation activities.

Finally, on improving the skills and economic reintegration of Ebola frontline workers (Red Cross volunteers), the project finalized a needs assessment in December 2016, based on 4,548 interviews conducted by social workers. The assessment identified the training needs frontline responders would need, and through a collaboration agreement, the local NGO Osez Innover trained 354 workers on finding employment and on starting businesses. The training not only enabled volunteers to obtain knowledge on entrepreneurship, but also develop new ideas and techniques to apply to their professional and personal lives. This was evinced by pre- and post-testing evaluations of participants' knowledge of entrepreneurship and employment research skills.

Out of the 354 volunteers who performed well, the thirty best individuals graduated and continued to phase two of the project, where they attended a 10-day intensive training and received specialized assistance to further develop their business ideas.

In addition, 324 front line workers completed complementary IT and driving license trainings. A documentary video highlights project outcomes.



Watch the video here:

<https://bit.ly/2r2dHU8>













The project also strengthened the MASPFE, which deployed 60 social workers for seven months in targeted prefectures. They supported data gathering for a "baseline survey" on survivor and community needs. They also familiarized the Ministry with the use of new IT technologies to collect and analyze data. To fully analyze the 4,000+ questionnaires/interviews conducted with survivors and first line workers, and to understand the impact of the programme, a more comprehensive survey will be launched in March 2018 to compare the results with those obtained by the preliminary baseline survey.

In addition, IT and office equipment was purchased and transferred to the Ministry, in March 2017. The equipment included office furniture, phones, and IT equipment. Finally, the project gave financial support to the Ministry to coordinate socio-economic investments and meetings to support Ebola survivors and their communities.

## GUINEA

### RECOVERY STRATEGY OBJECTIVE 3

 <b>RSO 03</b> Basic Service & Infrastructure	 <b>\$1 million</b> allocated	<b>COVERAGE:</b> Country, including District Area	
<b>MPTF Project No:</b> 00100017	<b>TITLE:</b> #55 Improving Access to Emergency Maternal and Neonatal Health Services in the Context of Ebola and Recovery in Guinea	<b>TRANSFER DATE:</b> 13-Apr-2016	<b>AMOUNT:</b> \$999,998
PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
 Number of health facilities reinforced	30	30	UNFPA
 Number of community health workers involved in the project	100	150	UNFPA
 Number of national staff trained and deployed at the health facility level (midwives)	40	60	UNFPA
 Number of youth-friendly centers involved in the social mobilization	20	6	UNFPA
 Number of health facilities equipped	30	30	UNFPA
 Number of antenatal care performed (four visits, including one at the ninth month)	24,588	28,139	UNFPA
 Number of safe deliveries	17,190	22,365	UNFPA
 Number of rape treatment	150	72	UNFPA

## Achievements and Results

### Project #55 - Improving Access to Emergency Maternal and Neonatal Health Services in the Context of Ebola and Recovery in Guinea

This project, which concluded in June 2017, sought to strengthen maternal and neonatal health services, which were further weakened by the diversion of funds and resources to stop the Ebola outbreak. The epidemic also disrupted the national logistics management information system (LMIS) and the Reproductive Health Commodity Security (RHCS).

To restore these services, UNFPA collaborated with the Ministry of Health and other partners, to improve reproductive health indicators and the health system in region of Kindia. The project improved access to quality reproductive health services through the provision of human resources, reproductive health commodities, materials, and equipment for 30 health facilities.



# LIBERIA

27

**MCA 6 - Access to Basic Services**

31

**MCA 13 - Preventing Outbreaks**

33

**RSO 01 - Health, Nutrition, and Water, Sanitation and Hygiene (WASH)**

## AT A GLANCE



Map Sources: ESRI, UNCS.

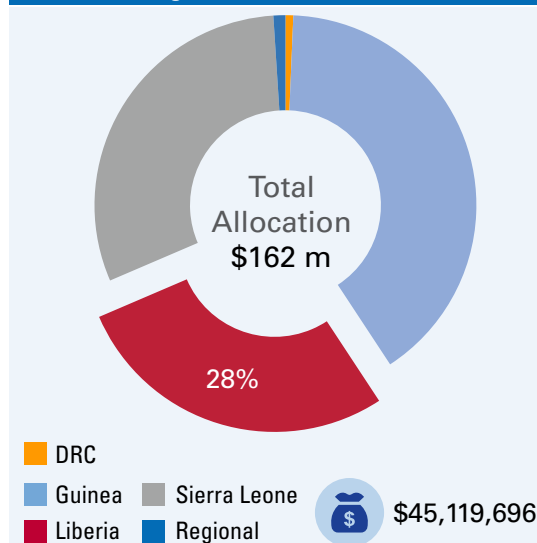
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Sep 2013.



RESPONSE				
S01	S02	S03	S04	S05
STOP	TREAT	ENSURE	PRESERVE	PREVENT
17 million	10.5 million	8.5 million	3.5 million	4 million

RECOVERY			
RS01	RS02	RS03	RS04
Health, Nutrition and WASH	Socio-Economic Revitalization	Basic Services and Infrastructures	Governance, Peacebuilding and Social Cohesion
2 million	n/a	n/a	n/a

### Funding as of 31 December 2017\*



\* Allocations are based on approved budget

### Funding per Mission Critical Actions & Recovery Strategic Objectives

MCA01 - Identify and Tracing	36.12%
MCA02 - Safe and dignified burials	0%
MCA03 - Care for persons	23.46%
MCA04 - Medical care for responders	0%
MCA05 - Food security and nutrition	0%
MCA06 - Basic Services	14.98%
MCA07 - Cash Incentives	4.77%
MCA08 - Recovery and Economy	0%
MCA09 - Materials and Equipment	0%
MCA10 - Transport and Fuels	0.72%
MCA11 - Soc.Mob & Community	1.84%
MCA12 - Messaging	0%
MCA13 - Preparedness	7.98%
RS01 - Health, Nutrition and WASH	4.43%
RS02 - Socio-Economic Revitalization	0%
RS03 - Basic Services and Infrastructure	0%
RS04 - Governance, Peacebuilding and Social Cohesion	0%



## LIBERIA

## MISSION CRITICAL ACTION 6

<b>MCA 6</b> Access to Basic Services	<b>\$2.5 million</b> allocated	<b>COVERAGE:</b> South Eastern Liberia, Maryland County Careysburg District and Todee District, Montserrado County		
MPTF Project No:	TITLE:	TRANSFER DATE:	AMOUNT:	
00100247	#53 Strengthening Reproductive Maternal, Newborn and Adolescent Health Service Delivery, Death Surveillance and Response in Southeastern Liberia	28-Apr-2016	\$1,000,000	
00102805	#62 Improving Maternal and Newborn Health through the Delivery of a Standard Package of Maternal Newborn Interventions in the Remotely-Located Todee and Careysburg Districts of Montserrado County	31-Oct-2016	\$1,499,980	
00104216	#64 Community Perception of Ebola Study/ Survivors' Care Project	30-Jan-2017	\$249,952	
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	Number of health facilities that provide complete ASRH services	3	3	UNICEF/UNFPA/WHO
	Proportion of health facilities achieving targeted number of ANC 4 visits	100%	100%	UNICEF/UNFPA/WHO
	Proportion of BEmONC facilities providing services according to guidelines	100%	100%	UNICEF/UNFPA/WHO
	Proportion of health facilities reporting no stock-out of tracer commodities for RMNCAH	100%	93.3%	UNICEF/UNFPA/WHO
	Proportion of community health workers reporting no stock-out of commodities including contraceptives	100%	92.3%	UNICEF/UNFPA/WHO
	Number of new-born and mothers who received two home visits from the CHVs within two days of delivery	630	779	UNICEF/UNFPA/WHO
	Number of skilled deliveries in facilities referred by CHVs/ TTM	540	783	UNICEF/UNFPA/WHO
	Proportion of maternal and new born deaths notified by health facilities that were investigated	100%	100%	UNICEF/UNFPA/WHO
	Number of targeted health facilities that have standards of care for RMNCAH available	3	3	UNICEF/UNFPA/WHO
	Proportion of safe health facility deliveries	80%	75%	UNFPA
	Proportion of women attending ANC 4 visits	70%	98%	UNFPA
	Proportion of obstetric complications managed at EmONC	85%	143%	UNFPA
	Number of targeted health facilities with functional MNDSR committees, with complete IPC SOPs	3 (100%)	3(100%)	WHO
	Proportion of maternal and newborn referrals conducted by community health workers.	60%	71%	UNFPA
	Number of active CHVs/TTMs providing home based maternal and newborn services	60%	89%	UNFPA
	Number (3) of health facilities with WASH facilities meeting national standard	3 (100%)	3 (100%)	UNICEF
	National Study of Indigenous Knowledge on Public Health Preparedness and Ebola Recovery	6 targeted counties	6 targeted counties	WHO
	Number of beneficiaries receiving essential services	500	500	WHO
	Number of outreach and communication activities	20	20	WHO

\* Break in national supply chain and flooding that rendered one of the health facilities inaccessible during the 2nd quarter of 2017



## LIBERIA

## MISSION CRITICAL ACTION 6

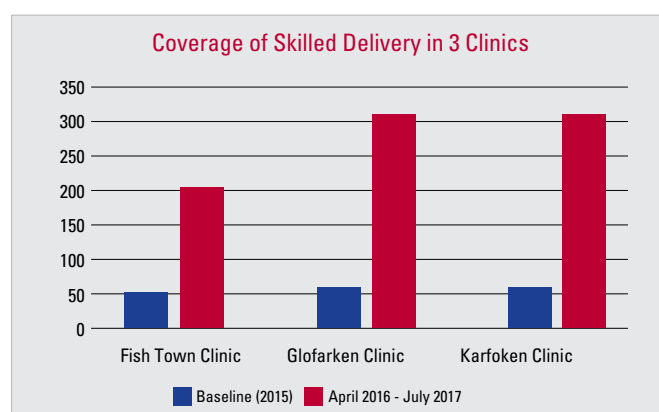
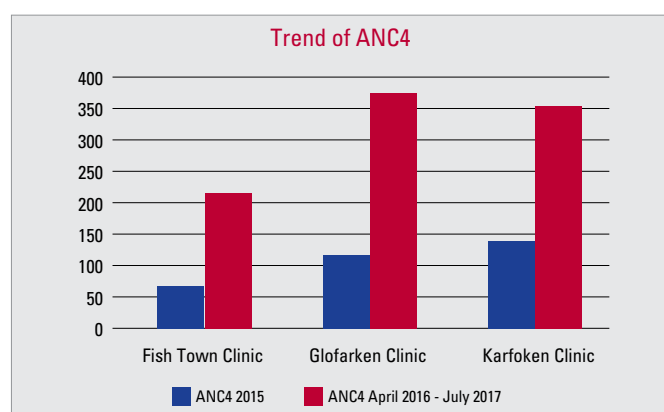
## Achievements and Results

**Project #53 - Strengthening Reproductive Maternal, New born and Adolescent Health Service Delivery, Death Surveillance and Response in South Eastern Liberia**

This project in Maryland County had three specific objectives: (1) increase access and quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) health services; (2) increase the provision of reliable data on maternal deaths; and (3) strengthen adolescents' knowledge and use of sexual and reproductive health services. Overall, the project helped ensure that mothers and their children, including adolescents, received health services, and that Ebola, as well as other infectious diseases, did not spread.

By July 2017, the project had refurbished three clinics– in Karloken, Fish Town, and Glofarken. As a result, the health facilities were able to provide BEmONC and RMNCAH referrals and services. The facilities also offered adolescent sexual reproductive health (ASRH) services, including on HIV and safe motherhood.

The project improved community engagement and the use of health services, especially in the catchment areas of the clinics. Under the project, coverage of antenatal care (ANC4+) increased from 46 to 81 percent, delivery in health facilities increased from 38 to 73 percent, and postnatal care increased from 12 to 56 percent. All three project-supported clinics achieved above 75 percent for annual ANC4 and skilled institutional deliveries: Fish Town Clinic ANC4- 94.7 percent (216/228), skilled delivery-102.0 percent (208/204); Glofarken Clinic: ANC4-84.5 percent (372/440), skilled delivery-79.8 percent (316/39) and Karloken Clinic ANC4-134 percent (353/264), skilled delivery-110 percent (264/240). The number of adolescents and youth accessing family planning increased from 489 to 1,347.



These results were also achieved through the recruitment, deployment, and mentoring (training) of five midwives at Karloken (one), Glofarken (two) and Fish Town clinics (two). The project also provisioned an ambulance and three motorbikes to support referral, monitoring, and emergency care of pregnant women and girls. It supplied essential commodities, such as contraceptives, and ensured that drugs were available. In 2017, two out of three health facilities had no issue with stock outs (100 percent provision) throughout the project's duration. One facility reported an 80 percent stock out because of road conditions during the rainy season. The overall level of facilities with no stock out improved from 66 percent to 93.3 percent. The project also provided equipment, and medical and laboratory supplies to support quality maternal and newborn services.

The project strengthened local health structures to provide community-based RMNCAH services. It improved coordination and monitoring of RMNCAH services in the County, with all three health facilities having RMNCAH standards of care available and in use. The project reactivated dormant health facility development committees (HFDCs) and helped all HFDCs hold meetings to discuss and implement recommendations

for improving referrals and use of healthcare services. One outcome of these meetings was a plan for training traditional midwives to assist in home deliveries. Another outcome was an increased number of referrals by community health workers from 139 to 683, exceeding a set target of 504. Enhanced data and monitoring showed that postnatal care increased from 12 to 56 percent. The project also improved data collection and reporting on disaggregated age for pregnant women and girls – a process that led to the disaggregation of age groups for all services on the national reporting forms.

Through the project, by July 2017, systems were in place to record and report on maternal, neonatal, adolescent and stillbirths in the three clinics and their surrounding communities. The project improved community-based information systems (CBIS), which are now available online in few counties in Liberia, including Maryland. In August 2017, data from community health assistants (CHAs) were reported to community health services supervisors (CHSS) and uploaded to the systems.

The project also improved the national HMIS, and RMNCAH data is now being disaggregated by age, which can be used to inform decision making at all levels. Trainings for data managers improved the accuracy, completeness, and



## LIBERIA

### MISSION CRITICAL ACTION 6

timeliness of reporting from 56 percent in 2015 to 89.8 percent in 2017 (HMIS). This institutional improvement is embedded in the HMIS, and data can be used to inform health interventions going forward.

Maryland was the first County to pilot implementation of the revised MPNDSR (national maternal perinatal neonatal deaths surveillance and response) guidelines. MPTF funding was used to train 41 health workers from 24 health facilities, including district surveillance officers and data managers on using these

guidelines to strengthen surveillance and response systems. Prior to the project, maternal deaths were notified but without investigation (verbal autopsy) from the community level and neonatal deaths were not reported. In 2017, all maternal and neonatal deaths in health facilities were reviewed (six maternal deaths and 49 neonatal deaths). At the community level, verbal autopsies for maternal deaths were conducted using the new field form.

### Project #62 - Improving Maternal and Newborn Health through the Delivery of a Standard Package of Maternal Newborn Interventions in the Remotely-located Todee and Careysburg Districts of Montserrado County

This project was designed to support the Government of Liberia's efforts to restore essential reproductive maternal and neonatal health (RMNH) services and to reduce maternal and newborn deaths. It targeted three health facilities in the Todee and Careysburg Districts with high numbers of maternal and newborn deaths. The project worked to ensure that pregnant women had access to health facilities that promoted hygienic/sanitary environments for them to safely deliver their babies. It built on the existing adolescent healthcare programs in the targeted districts.

The projects main outcomes during the reporting period included:

- 20 service providers from the project facilities and other government owned health facilities in rural Montserrado trained to provide adolescent friendly RMNCAH services;
- Strengthened the referral system between the communities and the health facilities that helped increase ANC visits and health facility deliveries;
- The laboratories of the three health facilities and the operating theater of the Bensonville Hospital were equipped (anesthesia machine, sterilizer, oxygen concentrator, operating room tables, lights) and drugs (including contraceptives) and medical supplies;
- Members of the District Health Team were trained to track all maternal and newborn deaths in line with the existing protocol (no maternal deaths occurred);
- The Community Health Development Committee hosted regular monthly meetings to discuss solutions to health-related issues;



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- All healthcare providers from the three facilities and near-by facilities providing synergistic services were trained on IPC guidelines;
- WASH facilities were constructed and functional at all three health facilities, thereby improving safe drinking water, basic sanitation, solid waste management services and hygiene;
- 12 skilled birth attendants were selected from project facilities and trained to provide quality care for mothers and newborns



## LIBERIA

## MISSION CRITICAL ACTION 6

**Project #64 – Community Perception of Ebola Study/Survivors' Care Project**

The impact of Ebola has been pervasive, affecting individuals and communities psychologically, economically, and socially. Preliminary research findings from the Center for Liberia's Future (CFLF) on community perceptions of Ebola survivors and affected populations depicted a broad spectrum of needs. Ebola survivors, orphans, and caregivers highlighted an array of health, economic, psychosocial, educational, and general livelihood needs. Survivors reported health problems related to their eyes, muscles, and head (neurological). Manifesting the trauma that many suffered, adults reported mood swings, regular nightmares, and problems maintaining social relationships. Orphans were reported to be involved in physical fights with peers, to have high drop-out rates from school, coupled with sexual promiscuity and low levels of involvement in criminal behaviors. In the education realm, orphans faced the need for tuition, uniforms, transportation fare, textbooks, and stationeries. Caregivers highlighted that economic hardships were their number one challenge.

WHO, in collaboration with CFLF, planned this project to address these challenges and ensure essential services for Ebola affected populations: survivors, orphans, and caregivers in Liberia. The project consisted of three parts: 1) a perception study to understand how Liberians perceive Ebola and the type of support survivors need to enhance their reintegration into society; 2) public outreach to share the findings; and 3) service delivery for survivors and affected populations based on the needs identified through the survey. The project aimed for 1,000 direct beneficiaries to participate in the community perception survey, and for 500 people to receive services based on their articulated needs.

Ebola survivors were found to be highly mobile, a tactic to preserve their anonymity and to protect themselves from discrimination and shame. Staff had a hard time tracking survivors, and not all were found. Of this highly mobile population, CFLF completed the requisite procurement activities, and recruited and interviewed 880 study participants out of the targeted 1,000. The project did visit all 15 counties, including the six target counties for service delivery. Rice (the most preferred supply) was distributed to 500 beneficiaries in all six targeted counties of Montserrado, Grand Bassa, Grand Cape Mount, Nimba, Margibi, and Bong.

The findings were compiled in a project report that was completed and validated. To support communication and outreach, the project report was shared with key stakeholders and the general community.

The project also trained a research team of six people on how to: conduct a community perception study, conduct interviews with hard to reach populations, undertake data analysis, and report and write articles, as well as make presentations to a variety of audiences in person and on the radio/TV.

The research study consisted of four main focus groups: survivors, caregivers, orphans; and community leaders (i.e. religious leaders, teachers, chief medical officers, police officers, and motorcycle riders). While documenting their perceptions, experiences, and health seeking behaviors, preliminary findings uncovered a strained communal care system in which few resources were available for these populations. The research found an urgent need to build an imaginative model of social service delivery to attend to the growing needs of this special population.



## LIBERIA

## MISSION CRITICAL ACTION 13

<b>MCA 13</b> Preventing Outbreak / Other Enabling Support to all Objectives		<b>\$2.5 million</b> allocated	<b>COVERAGE:</b> Country	
<b>MPTF Project No:</b> 00106849		<b>TITLE:</b> #66 JP - Support to multi-hazard preparedness and response for Liberia		<b>TRANSFER DATE:</b> 30-Aug-2017
				<b>AMOUNT:</b> \$2,500,000
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	Finalize multi-hazard preparedness and response and establish mechanism for multi-disciplinary and multi sectoral monitoring mechanism	1 Plan for the country	<ul style="list-style-type: none"> <li>• Draft plan completed and awaiting national validation</li> <li>• TOR developed for multi-sectoral platform</li> <li>• Design of emergency operation center agreed by stakeholders and procurement of equipment and construction started</li> </ul>	UNDP
	% confirmation of outbreaks including zoonotic and animal diseases	90% outbreaks detected in 48 hours	100% outbreaks reported were confirmed within 48 hours	WHO
	Improve clinical laboratories microbiology testing capacity	5 laboratories in 4 counties	1	WHO
	Establish a functional National Rapid Response Team	1	SoP and ToR drafted	WHO
	Conduct Hand hygiene compliance audit and supportive supervision in Hospitals	100% in 15 counties	65%	WHO
	Emergency medical supplies	100% in 15 counties	100%	WHO
	% Outbreaks investigated within 48 hours of surpassing alert threshold	75%	100%	WHO
	Number of officials trained on EPR and SOPs	150	148	IOM
	Number of PoEs equipped to implement SOPs and PHECPs	9	12	IOM
	Number of outbreak reported and discussed at multi-sectoral meetings	1 Quarterly basis	2*	WHO

\*2 outbreaks – Meningococcal disease and Lassa fever

## Achievements and Results

### Project #66 - Support to Multi-Hazard Preparedness and Response for Liberia

Until the National Disaster Management Agency (NDMA) was established in 2017, disaster management in Liberia was reactive and fragmented, with no single ministry or agency playing a coordination role. The establishment of the NDMA closed this gap, and this project sought to further emergency preparedness in the country.

The project supported the reactivation of the Border Coordination Group (BCG) and the Border Technical Working Group (BTWG) - through IOM collaboration with WHO and partners, under the lead of MoH/NPHIL. The BCG, chaired by MoH/NPHIL, organized regular biweekly meetings to review the project's work plan and prioritize interventions such as

trainings, simulations, operational support, and coordination at national, county, and cross-border levels. The BTWG reviewed, endorsed, and submitted for validation the developed SOPs/PoE specific PHECPs for the targeted ground crossing points.

Under this project, UNDP supported agreement from NDMA on the National Early Warning and Emergency Operations Center (NEWEOC) structure and functions, procurement plan, and detailed design/floor plan, which commenced. The agency also helped security agencies harmonize communications and understand the NEWEOC and draft Standard Operating Procedures (SOP). It also supported greater understanding of links to the Health EOC.

## LIBERIA

### MISSION CRITICAL ACTION 13

UNDP has completed drafting the terms of reference (ToR) for the development of a resilience and disaster risk management (DRM) communication strategy and plan, including a scientific study that investigates the socio-cultural dynamics of risk education and communication in Liberia.

On personnel and capacity, UNDP secured commitment from the AFL and Liberia Police for the secondment of security personnel (at least three) to the NEWEOC to handle communications, liaison, and to support coordination of on-the-ground personnel. It also secured commitment from Meteorology and Hydrology Departments for the secondment of personnel (meteorologist, hydrologist) to the NEWEOC to be part of the early warning analysis cluster/team. The agency secured commitment from the University of Liberia to partner with NDMA on resilience and DRM communication and to be part of the National Platform.

UNDP conducted a detailed review of the National Multi-Hazard Contingency Plan and a detailed review of the SOPs. It revised the National Platform Term of Reference.

The IOM also reported achievements under this project. They included completing a baseline assessment at seven ground crossings and one seaport using an updated PoE toolkit. The agency also updated ground crossing PoE SOPs, developed Public Health Emergency Contingency Plans (PHECPs) for ground crossing PoE, and trained 39 port officials and CHT staff on a seaport Public Health Emergency Contingency Plan and SOPs.

The County Health Officer of Grand Bassa County, Dr. Anthony Tucker, reported that the training conducted by IOM on the Public Health Emergency Contingency Plan (PHECP) enabled the County to prepare its own contingency plan. Participants' new knowledge has shaped their practices and improved the quality of healthcare service delivery at Port of Buchanan and in Grand Bassa County as a whole.

Patience Membeah, an Environmental Health Technician (EHT) and trained hygienist felt that obligations for establishing an IPC culture through their service delivery were not being met. Insurmountable challenges included: infrequent team meetings to discuss IPC issues; new colleagues with limited IPC knowledge; hand hygiene practices and standards not adhered to; and supplies and waste not being disposed properly.

That's all in the past now. Patience is using the concepts she learned from the WHO IPC and hand hygiene training. She learned about: hand hygiene, microbial transmission, antimicrobial resistance, healthcare associated infection surveillance, surgical site infections, injection safety, catheter related blood stream infections, catheter related urinary tract infections, outbreak management, reprocessing and decontamination, and respiratory tract infection. The trainings have improved the culture of IPC.

Currently, Patience is focused on providing onsite mentorship and coaching of staff at the various hospital units and lower-level health facilities, to help them fill gaps identified during her daily supervision.

Patience said, *"I am more confident now and will continue to engage the hospital administration and partners for the provision of needed materials to enhance IPC and hand hygiene practices and standards in the hospital and other health facilities."*

Under this project, the WHO also piloted the introduction of an e-surveillance (eIDSR) platform to improve timely reporting of alerts in Margibi and Grand Cape Mount counties. The agency also put together a comprehensive list with bills of quantities for laboratory equipment, reagents, and supplies for microbiology testing, RDTs for priority epidemic prone diseases, and it developed Ebola cartridges. International procurement for the equipment and supplies is in progress.

In this reporting period, WHO confirmed three outbreaks of measles and two of Lassa fever. These were confirmed by the laboratory, within 48 hours of alert, representing 100 percent outbreak confirmation promptness. WHO also established microbiology testing at one of the five targeted laboratories, and approximately 118 specimens were tested during the reporting period (Q4, 2017). The agency also trained 48 personnel from the five targeted facilities in bacteriology testing, basic and/or advanced testing. The agency has continued its mentorship, supervision, and monitoring of approximately 40 personnel in four of the five laboratories.

On this project, FAO reported engaging with the Ministry of Agriculture (MoA) on project activities, planning for implementation, and recruitment of project staff. Most of its activities will be undertaken in 2018.












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## LIBERIA

## RECOVERY STRATEGY OBJECTIVE 01

 <b>RSO 01</b> Health, Nutrition and WASH	 <b>\$2 million</b> allocated	<b>COVERAGE:</b> Gbarpolu, Grand Cape Mount, Lofa Counties Clara Town, Montserrado County		
<b>MPTF Project No:</b>	<b>Title:</b>	<b>TRANSFER DATE:</b>	<b>AMOUNT:</b>	
00096703	#33 Restoring Midwifery Services in Ebola most-affected counties	19-Oct-2015	\$1,000,000	
00097566	#46 Upgrading Water and Sanitation Systems in Ebola-Affected Slum*	18-Dec-2015	\$1,000,000	
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	Number of national midwives newly recruited, trained and deployed	15	15	UNFPA
	Number of CHWs conducting surveillance activities related to Ebola prevention and promotion of maternal and new-born health care in project locations	330	330	UNFPA
	% of households gaining access to solid waste management services	50%	38%	UNICEF/ILO/UN-HABITAT
	# of latrines constructed or rehabilitated	20	10	UNICEF/ILO/UN-HABITAT
	% of target group accessing at least 20 liters of water/day/ person	85%	80%	UNICEF/ILO/UN-HABITAT
	Number of water kiosks constructed or rehabilitated	23	22	UNICEF/ILO/UN-HABITAT
	Number of youth directly engaged in the construction of WASH facilities	250	250	UNICEF/ILO/UN-HABITAT

\* The figures for this project #46 are reported in the Financial Information section

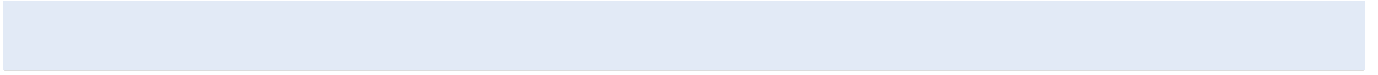
## Achievements and Results

## Project #33 - Restoring Midwifery Services in Ebola Most-Affected Counties

This project improved BEmONC in nine project facilities across Lofa, Grand Cape Mount, and Gbarpolu Counties. By its close in March 2017, and in partnership with County Health Teams (CHTs), it expanded and rehabilitated four of these facilities in Grand Cape Mount and Gbarpolu Counties. Through March 2017, its target facilities reported an 89 percent no stock out rate, up from a baseline of 44 percent. The project also had 100 percent no stock out of contraceptive commodities, which helped meet family planning needs and reduced maternal mortality. The majority of this project's outcomes were reflected in previous Annual Reports.



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# SIERRA LEONE

- 35 MCA 7 - Cash Incentives for Workers
- 36 MCA 8 - Recovery and Economy
- 40 MCA 13 - Preventing Outbreaks
- 43 RSO 01 - Health, Nutrition, and WASH
- 45 RSO 03 - Basic Service & Infrastructure
- 46 RSO 04 - Governance, Peace Building and Social Cohesion



## AT A GLANCE



Map Sources: ESRI, UNCS.  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Aug 2012.



**49 million**  
Allocated



**46 million**  
Expenditures



**19 Proposals**



**9 UN Entities**

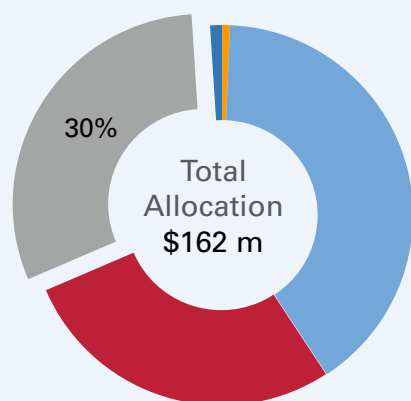
## RESPONSE

S01	S02	S03	S04	S05
<b>STOP</b>	<b>TREAT</b>	<b>ENSURE</b>	<b>PRESERVE</b>	<b>PREVENT</b>
<b>7 million</b>	<b>20 million</b>	<b>6 million</b>	<b>3 million</b>	<b>11.6 million</b>

## RECOVERY

RS01	RS02	RS03	RS04
Health, Nutrition and WASH	Socio-Economic Revitalization	Basic Services and Infrastructures	Governance, Peacebuilding and Social Cohesion
<b>0.6 million</b>	<b>n/a</b>	<b>1 million</b>	<b>0.25 million</b>

## Funding as of 31 December 2017\*



■ DRC

■ Guinea

■ Sierra Leone

■ Liberia

■ Regional



**\$49,486,333**

\* Allocations are based on approved budget


## Funding per Mission Critical Actions &amp; Recovery Strategic Objectives

MCA01 - Identify and Tracing	14.33%
MCA02 - Safe and dignified burials	0%
MCA03 - Care for persons	36.09%
MCA04 - Medical care for responders	4.05%
MCA05 - Food security and nutrition	0%
MCA06 - Basic Services	1.73%
MCA07 - Cash Incentives	2.55%
MCA08 - Recovery and Economy	8.25%
MCA09 - Materials and Equipment	4.10%
MCA10 - Transport and Fuels	0.56%
MCA11 - Soc.Mob & Community	0.96%
MCA12 - Messaging	0%
MCA13 - Preparedness	23.59%
RS01 - Health, Nutrition and WASH	1.20%
RS02 - Socio-Economic Revitalization	0%
RS03 - Basic Services and Infrastructure	2.12%
RS04 - Governance, Peacebuilding and Social Cohesion	0.48%



## SIERRA LEONE

## MISSION CRITICAL ACTION 7

 <b>MCA 7</b> Cash Incentives for Workers		 <b>\$1.26 million</b> allocated		<b>COVERAGE:</b> Country, including district areas	
<b>MPTF Project No:</b> 00092905		<b>Title:</b> # 9 Payment for Ebola Workers		<b>TRANSFER DATE:</b> 04-Dec-2014	<b>AMOUNT:</b> \$1,261,625
<b>PRIORITY INTERVENTION</b>			<b>PLANNED</b>	<b>ACHIEVED</b>	<b>RESPONDING AGENCIES</b>
 % of Ebola Response Workers registered in the Information Management System			100%	100%	UNDP

## Achievements and Results

## Project # 9 Payments Programme for Ebola Response Workers (PPERW), UNDP



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Following the end of the Ebola outbreak, this project was amended to: support the Ministry of Health and Sanitation in the resolution of remaining activities; strengthen its capacity to respond to future outbreaks; and to regularly maintain and update the roster of trained Ebola Response Workers (ERWs) through the ERW database. Major project outcomes are included in previous MPTF Ebola Response Annual Reports.



# SIERRA LEONE

## MISSION CRITICAL ACTION 8

<b>MCA 8</b> Recovery and Economy		<b>\$4.1 million</b> allocated	<b>COVERAGE:</b> Western Area Urban (Freetown), Port Loko, Bombali, Moyamba, Kailahun and Kenema; National	
<b>MPTF Project No:</b>	<b>Title:</b>	<b>TRANSFER DATE:</b>	<b>AMOUNT:</b>	
00094514	# 15 Social Rehabilitation and Payments to EVD Survivors and Destitute Families	12-Mar-2015	\$2,108,011	
00095545	#38 Reintegration of Sierra Leone Red Cross Society (SLRCS) Volunteer Burial Teams	23-Jun-2015	\$1,975,640	
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	Number of survivors and destitute families that received a solidarity package	500	500	UNDP/UN WOMEN
	Number of survivors covered by social safety net arrangements	2,500*	2,500	UNDP/UN WOMEN
	Number of survivors that received skills development services	2,500	2,500	UNDP/UN WOMEN
	Number of survivors receiving psycho-social, sanitation and hygiene support	250	250	UNDP/Pink Cross**
	Number of SLRCS volunteers undertaking counselling sessions	800	800	UNDP
	Number of SLRCS volunteers returning to tertiary studies	374	374	UNDP
	Number of SLRCS volunteers receiving vocational training	402	402	UNDP
	Number of SLRCS volunteers receiving business development training	462	462	UNDP
	Number of SLRCS volunteers receiving Start-up kits	402	366 (91%)	UNDP

\* This figure was the estimated number reported during the peak of the response that included the most affected districts in 2014-2015

\*\* Pink Cross project on social rehabilitation of Ebola survivors through psycho-social, hygiene and sanitation support for Ebola

## Achievements and Results

### Project #15 - Social Rehabilitation and Payment to Ebola Survivors and Destitute Families

This project provided 1,454 survivors and many vulnerable families a mix of psycho-social support and counselling, solidarity packages, stipends (cash transfers), and livelihood and career counselling as well as start-up grant transfers. Five hundred families received a one-off discharge package containing assorted food and non-food items, such as mattresses, kitchen utensils and canned food, which served as immediate family recovery kits meant to cushion the loss/destruction of all personal effects as an Ebola containment measure.

Customizing digital cash transfer mechanisms using a mobile network operator (MNO), this project ensured that the beneficiaries received periodic stipends that enabled them to access social services and ensure food security for their families.

Alongside the cash distribution, with the support of specialized partners, 2,500 adult Ebola survivors and approved caregivers of minor Ebola survivors received career counselling and skills acquisition trainings to enable their transition back to economic self-reliance.

Ebola survivors who were minors, received counselling, school materials, and stipends to meet additional education-related expenses. Considering the sensitivity of the project, the Government of Sierra Leone, through the Ministry of Social Welfare, Gender and Children's Affairs made a request to UNDP, for further adjustments to be made to the existing list of beneficiaries. As a result, the project plan for six districts was expanded to eight, and with regard to implementation, UNDP was restricted to providing services only to Ebola survivors and not destitute families, while UN-WOMEN was restricted to rendering services to only female Ebola survivors and Ebola-related destitute families.

The project also: created a mini-database of validated vulnerable survivors with individual photos and copies of their discharge certificates; and developed simple, complaint resolution procedures, frequently asked questions (FAQs) and SOPs. These manuals were used to inform beneficiaries, implementing partners and the public, about the project.



## SIERRA LEONE

## MISSION CRITICAL ACTION 8

## Project #38 - Reintegration of Sierra Leone Red Cross Society (SLRCS) Volunteers Burial Team

With the disbandment of the safe and dignified burial (SDB) teams after the Ebola outbreak ended, UNDP in partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC) developed this project. It worked towards the socio-economic reintegration of 800 SDB team volunteers under the auspice of the Sierra Leone Red Cross Society (SLRCS). The project's fiscal prudence allowed for the expansion of the initial target number of beneficiaries from 800 to 1,300, with these additional 500 beneficiaries partaking in the livelihood support element of the project. "Support kits" were provided to all 1,300 SLRCS volunteers to bolster the training component of their packages.

For the 2017 reporting period, the project's first output was to improve the mental health of SLRCS volunteers through enhanced treatment and management of trauma-related disorders. The psycho-social support (PSS) needs assessment conducted in January 2017 indicated that the volunteers had recuperated and returned to their normal lives. This result was attributed to the continuous support offered to the volunteers through individual and group sessions, since the beginning of the project.

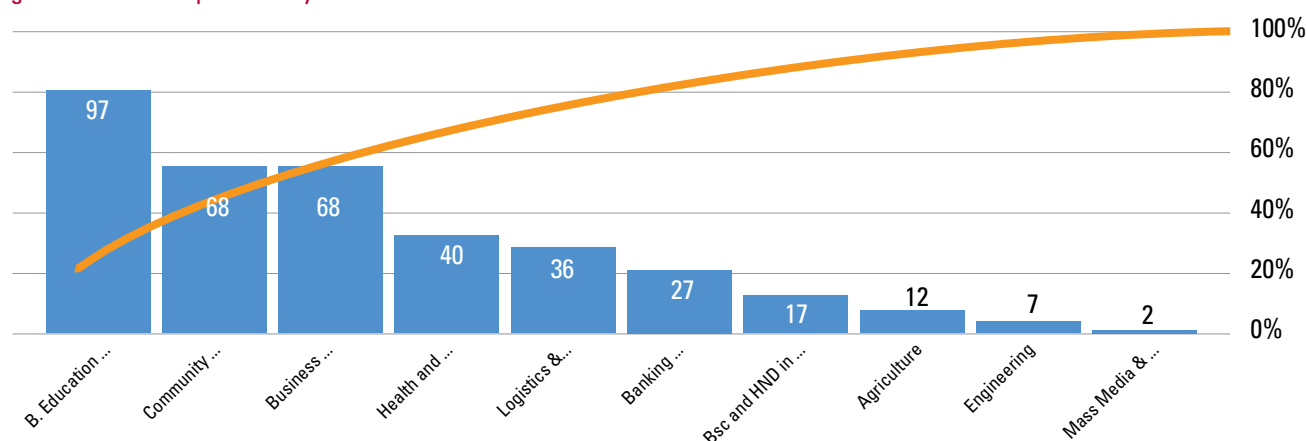
The project created local PSS capacity by supporting the National Society (SLRCS) to give psychosocial support during the emergency, recovery, and development phases of the Ebola

response. This was done through trainings on Psychological First Aid (PFA), the community-based psychosocial support (CBPSS) approach, coping skills and stress management, and violence prevention and concepts of peace building. The trainings built a solid foundation that could be utilized in the varied landscapes of PSS interventions. The PSS program is currently being integrated into IFRC long-term community-based health and first aid as well as disaster reduction plans, guaranteeing the sustainability of the activities supported by the project.

The project's second output assured that volunteers in the re-skilling, vocational training or business development streams recovered. In 2017, the project reported results on volunteers engaged in: continuing education; vocational skills development; business skills development; career advisory services; and financial inclusion trainings.

**Continuing Education:** The project supported a total of 374 volunteers to resume their studies in senior secondary school, technical and vocational educational training (TVET) centers, and tertiary institutions after the Ebola outbreak. It paid one year's tuition and provided support for materials. Once the volunteers graduate, they will form a large human resource base for SLRCS, and the country at large.

Fig 1: Career fields pursued by the SLRCS volunteers



## SIERRA LEONE

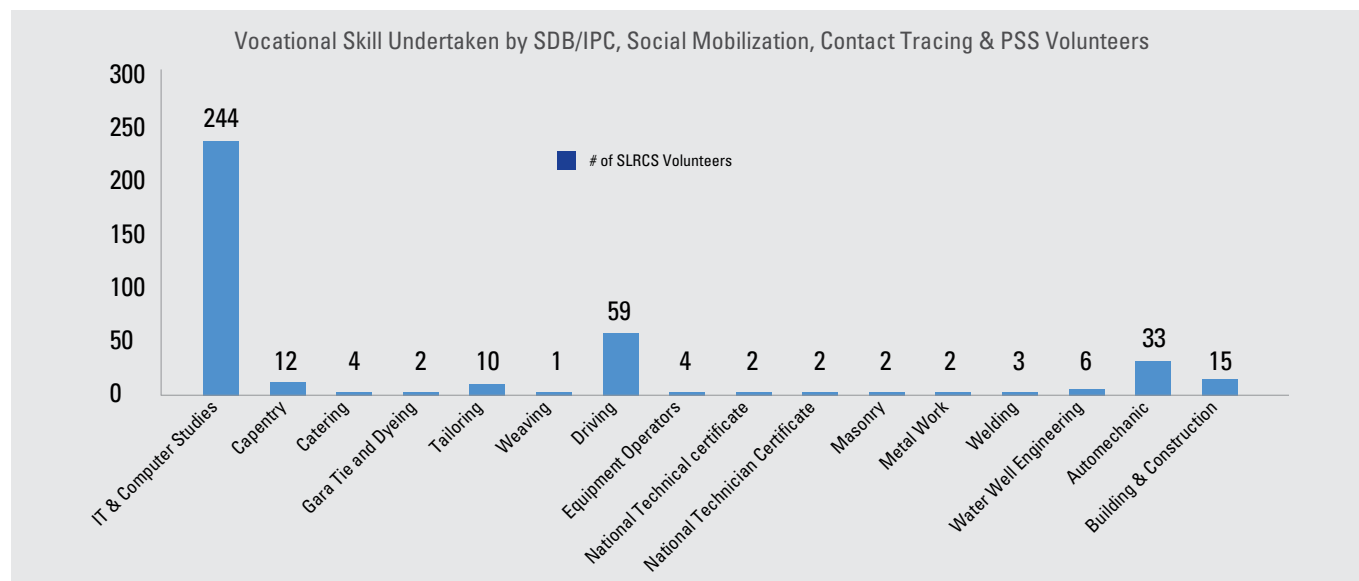
### MISSION CRITICAL ACTION 8

**Vocational Skills Development:** As of May 2017, 65 percent (262/402) of the volunteers who opted for vocational skills training completed their one-year or six-months training program at various vocational institutions across Sierra Leone. The remaining 35 percent of the volunteers are expected to complete their training programs between June 2017 and October 2018. The volunteers that completed their vocational

skills training, were given start-up kits comprised of tools or equipment necessary to operationalize the skills they acquired during their trainings.

Additionally, the project supported SLRCS district branches by installing small-scale solar power systems across the 14 branches. The availability of power enabled the volunteers to study.

**Fig 2: Training Breakdown**



**Table 1: Details of start-up kits for SLRCS SDB/IPC, social mobilization, contract tracing and psychosocial support volunteers**

Vocational Skills Training	# of SLRCS volunteers	Description of start-up kits
IT/Computer studies	242	Laptops
Building & Construction	17	Masonry Toolkits
Carpentry	12	Carpenters Tookits
Auto Mechanic	16	Moto mechanic toolkit
Water well engineering	6	Plumber kit
Driving	59	Driving license
Welding & Metal work	5	Welding and metal toolkit
Tailoring	10	Tailors toolkit
Total	367	

**Business Skill Development (BDS):** A total of 405 volunteers opted for business development training and when the program was expanded, an additional 57 (from the additional 500) volunteers opted for the stream.

Ninety-five percent (385/405) of the 405 volunteers that streamed through business development successfully completed the training and 80.2 percent (325/405) developed

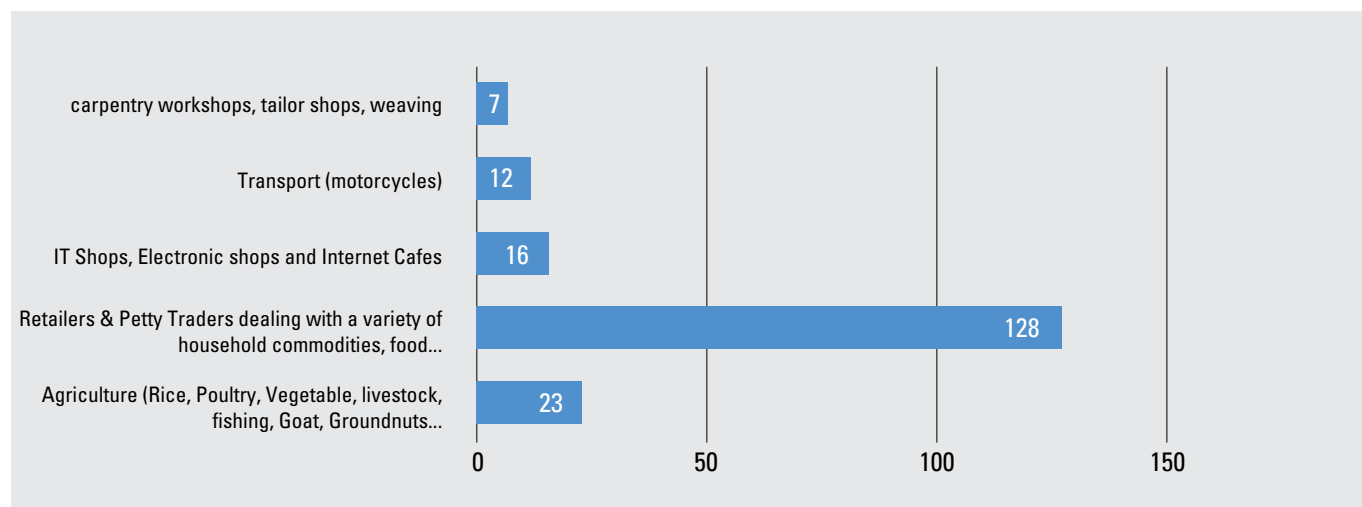
186 business plans that were provided with start-up capital. There are total of 10 group business plans with a total of 148 members across the Eastern region, and 176 are individual business plans. The remaining 19.8 percent of the SDB/IPC volunteers neither completed the training nor submitted a business plan for funding.



## SIERRA LEONE

## MISSION CRITICAL ACTION 8

Chart 3: Types of business plans provided with seed money



SLRCS will monitor implementation of the business plans and engage with the service providers and line ministries for technical support to assure that the project ultimately expands SMEs (small and medium enterprises) in the country.

The new set of (500) commenced their eight-weeks training in May 2017 and completed it in July 2017. Upon completion, they were given seed money to start their businesses. SLRCS entered into a partnership agreement with Ecobank to support the disbursement of seed capital. This partnership will not only support implementation of business plans developed by the volunteers but also increase the volunteers' access to loan facilities.

**Career Advisory Placement Services (CAPS):** A total 62 volunteers opted for CAPS. Of these, eight percent (5/62) were employed and 92 percent (57/62) served as interns in various institutions and organizations across Sierra Leone.

**Financial Inclusion:** A total of 1,256 volunteers completed financial literacy training with support from Ecobank. The training imparted the skills needed to make prudent financial decisions regarding savings and loans.



# SIERRA LEONE

## MISSION CRITICAL ACTION 13

<b>MCA 13</b> Preventing Outbreak / Other Enabling Support to all Objectives		<b>\$3.23 million</b> allocated	<b>COVERAGE:</b> National	
<b>MPTF Project No:</b>	<b>TITLE:</b>	<b>TRANSFER DATE:</b>	<b>AMOUNT:</b>	
00107937	# 17 Strengthening Logistic capacity of Directorate of Drugs and Medical Supplies *	29-Nov-2017	\$733,299	
00106850	#67 Preparedness Joint Programme Sierra Leone	30-Aug-2017	\$2,496,011	
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	National and district preparedness plans reviewed and updated	15	15	UNICEF
	Number of Paramount Chiefs and Ward Councilors oriented on preparedness plans	218	149	UNICEF
	Updated message guide for specific outbreak	Message guide updated and validated	In Progress	UNICEF
	Number of community radio networks integrating positive behaviours in existing health and education radio dramas	46	46	UNICEF
	Number of EmONC OJT training for HCWs	30	40	UNFPA

\*Project #17 is recently funded

## Achievements and Results

### Project #67 - Preparedness Joint Programme

The Preparedness Joint Programme is a one-year project extending from September 2017 to September 2018. It is implemented by UNFPA, UNICEF, WHO, and partners. The project focused on: promoting the implementation of the International Health Regulations (IHR); strengthening real time surveillance for priority public health diseases, conditions, and events; strengthening surveillance in communities; and promoting community ownership and participation in preparedness and response to outbreaks of any communicable diseases and other public health events.

### UNFPA

For this project, UNFPA was responsible for improving community based Maternal Death Surveillance and Response (MDSR) while also continuing its support the national MDSR system. The project also tasked the agency with capacity building for BEmONC, antenatal care (ANC), family planning, and prevention of mother to child transmission (PMTCT) of HIV/AIDS.

Towards these goals, UNFPA trained service providers on BEmONC, and expanded ANC services, community-based family planning, and PMTCT services. In 2017, UNFPA trained 40 Ministry of Health and Sanitation (MoHS) BEmONC facilitators from 10 of the 14 districts. These training of the trainers (ToTs) used a newly developed harmonized curriculum on BEmONC. Subsequently, those trained rolled out BEmONC training to 160 service providers from eight districts. The rollout



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trainings were funded by the UK Department for International Development (DFID), highlighting the complementary role of the MPTF with other donors focused on saving the lives of mothers and newborns.

To strengthen MDSR, UNFPA enhanced the capacity of MoHS staff responsible for MDSR at district, sub-district, and community levels. Consultation meetings were held in the last quarter of 2017 with MoHS and development partners to develop MDSR Social Autopsy (SA) guidelines. The guidelines will be piloted in Kambia and Moyamba districts. A detailed SA



## SIERRA LEONE

### MISSION CRITICAL ACTION 13

#### Sierra Leone - Project #67

Dr. James Jongopie, Medical Superintendent at the Moyamba Government Hospital, southern Sierra Leone. "The EmONC training of trainers was significantly useful. The training thoroughly dealt with effectively managing patients with preeclampsia in pregnancy and post-partum hemorrhage and responding to emergency cases. Over the years, we found out that over 50 percent of maternal deaths in our hospital were a result of post-partum hemorrhage. Since we participated in the EmONC training of trainers in November 2017 in Bo District, we are proud to say the Moyamba Government Hospital has not recorded a single maternal death. This is mainly because we are always on standby for cases of emergency. We are looking forward to cascading the training to all staff at maternity units to appropriately handle all cases, where doctors are not available. We want to ensure that blood is always available at the blood banks to save the lives of pregnant women."

Jane Turay, Matron at the Kailahun Government Hospital, eastern Sierra Leone, who found the trainings on post-partum hemorrhage and referrals of obstructed and prolonged labor useful. *"We have been sensitizing communities to ensure pregnant women frequently attend antenatal clinics and are immediately brought to the hospital in time for delivery. We always have well-trained staff and surgical community health officers available to effectively handle emergency cases. In 2018, we have so far recorded only one case of maternal death in the hospital. We do our best to make sure blood is available at the blood bank for post-partum hemorrhage cases. Because of the challenges to get people to donate blood voluntarily, we have been embarking on community sensitization via radio and roadshows on the significance of donating blood. Now the trend to donate blood voluntarily is gradually changing. Volunteers are showing up."*

piloting plan was also developed with key stakeholders. The Social Autopsy system aims to create a constructive dialogue between the community and the health system to identify the bottlenecks preventing timely maternal care, and to increase the community response to maternal mortality.

UNFPA also disseminated reproductive health and MSDR messaging through IEC materials.

#### UNICEF

UNICEF was tasked with implementation of the project's 'Social Mobilization and Community Engagement' component, with the main objective of promoting community ownership and participation in preparedness and response to outbreaks and other public health emergencies.

The chain of Ebola transmission and the spread of the disease took a turning point once communities and their leaders took ownership of the response. It is against this backdrop that community ownership and action for preparedness planning was prioritized, with this project aiming to strengthen community-based preparedness platforms to improve on early detection and response to disease outbreaks.

Key achievements by UNICEF during this reporting period included:

- Updated National and District Community Engagement and Social Mobilization Preparedness Plans: In collaboration with the Health Education Division of the MoHS, 14 district preparedness plans for community engagement and social mobilization were developed. This helped revitalize social mobilization and communication structures post Ebola. Further, 190 chiefdom communication and social mobilization plans were developed.
- Engagement of Paramount Chiefs and Ward Councillors



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(WA) for Chiefdom /Ward Preparedness Plans: In close collaboration with the Health Education Division of the MoHS at the central and district levels, and CSO partners, 48 personnel from all 14 districts were given a one-day orientation on micro-level communication and social mobilization planning for emergencies. These personnel then helped develop the 190 chiefdom-level social mobilization plans by engaging 149 paramount chiefs. This allowed these highly influential community leaders to deepen their understanding of emergency hazards in their chiefdom. This process also identified 15 community members from the various Village Development Committees (VDC) to serve as members of the chiefdom-level communication and social mobilization committees that would coordinate community engagement interventions in the advent of an emergency.

- Rapid Behavioral Assessments and Anthropological Studies in Case of an Outbreak: There was no rapid behavioural assessment during the reporting period. However, the emergency message guide was updated



## SIERRA LEONE

## MISSION CRITICAL ACTION 13

and validated during a meeting of 25 technical personnel from UNICEF, MoHS, Sierra Leone Red Cross, Save the Children, WHO, and OXFAM, among others. The guide provides readily available messages on preventive behaviors for epidemics, and environmental and social threats facing Sierra Leone. To support chiefdom-level planning, 500 copies were printed and distributed to partners. Plans are in place to print and pre-position 10,000 copies across the country.

- **Coordination and Response Monitoring:** The national social mobilization pillar chaired by the manager of the Health Education Division and UNICEF continued to provide coordination and monitoring support through monthly meetings. Similar meetings were also held monthly at the district level. These were chaired and coordinated by the District Social Mobilization Coordinators (DSMC).
- **Sustaining Positive Behavior Promotion Using Mass Media:** The Olman Biznes radio drama broadcasted messages promoting reproductive, maternal and child health, and trust building on 46 radio channels at prime time. This began in February 2017 and continued through December 2017. As part of the 2017 flood response, the project also supported interactive, live radio programmes across the greater Freetown area.
- **Prepositioned IEC Materials on Key Behaviors:** The project made IEC materials promoting positive healthy behaviors (handwashing, breastfeeding, sleeping inside a mosquito net, safe water, and rain water harvesting) and on various hazards available and in ready-to-print format, in case of an emergency. Materials for Ebola were prepositioned across in Makeni for the Northern districts and Kenema for the South and Eastern districts. As part of the 2017 flood response, UNICEF printed and distributed 2,000 laminated awareness cards and 300 flex banners for the prevention of cholera.

- **Intensified Social Mobilization in Case of Response:** Social mobilization actors in each of the districts serve under the leadership of the DSMCs, who are responsible for coordinating district-level communications. The development of chiefdom plans provided another opportunity to ensure that social mobilization actors were identified in all the 190 chiefdoms. Social mobilization was intensified as part of the mudslide response, with over 400 community health workers and mobilizers oriented and placed in the affected communities of Juba, Kaningo, Pentagon, Kamayama, Regent, Dwazark, and Culvert. They worked to prevent cholera through behavioral change. By October 2017, these mobilizers reached over 100,000 caregivers, and they supported cash transfers to victims.

## WHO









During this reporting period, WHO set the stage for implementation of the MPTF-funded activities. These included:

- o International Health Regulation (IHR) stakeholders' meetings to review and cost the National Action Plan for Health Security (NAPHS). This meeting was organized by the IHR coordination steering group;
- o National Surveillance Review Meeting in Port Loko. All districts (DHMTs), WHO field staff, and WCO (IDSR and EPI) representatives participated. The meeting was used to review third quarter performance indicators and come up with action points and recommendations;
- o IDSR training in Western Area Urban and Western Area Rural to enhance surveillance after the mudslide and flooding disaster;
- o IDSR supportive supervision was provided in all districts.



## SIERRA LEONE

## RECOVERY STRATEGY OBJECTIVE 1

 <b>RSO 01</b> Health, Nutrition and WASH	 <b>\$0.6 million</b> allocated	<b>COVERAGE:</b> Western Rural, Western Urban (Western Area); Kambia, Port Loko, Bombali, Koinadugu (Northern Province); Bo, Bonthe (Southern Province); Kailahun, Kenema (Eastern province)	
<b>MPTF Project No:</b> 00102292	<b>Title:</b> #63 Positive Health, Dignity and Prevention Project*	<b>TRANSFER DATE:</b> 13-Nov-2015	<b>AMOUNT:</b> \$594,920
PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
 Number of community watch networks in place among sex workers as early	30	30	UNAIDS
 Number of prevention and harm reduction outreach sessions conducted	50	50	UNAIDS
 Number of EVDs and PLHIV attending EVDHIV collaborative meetings to integrate network efforts and reduce stigma and discrimination	500	500	UNAIDS
 Number of Participants in HIV TOT training sessions for CPES supervisory staff	15	15	UNAIDS
 Number of media outlets used for sensitization on EVDS and section of stigma and discrimination	15	Partially Achieved	UNAIDS
 Number of people reached through community meetings, peers and couples counseling sessions	1,000	840	UNAIDS

## Achievements and Results

## Project #63 - Positive Health, Dignity and Prevention Project

The Ebola outbreak led to the non-treatment of other health conditions and priorities, specifically HIV. This is because the outbreak pulled critical resources - namely equipment and personnel - away from an already strained healthcare network. After the outbreak ended, Ebola survivors tended to be socially isolated in their communities, leading to increased reliance on sex workers, of which there were an estimated 300,000 or more in the country. With growing concerns of sexual transmission of Ebola (and HIV) to these high-risk groups, this project aimed to protect these populations and their partners, as well as to reduce stigma and up-scale support services for them.

One part of this project was coordinated and implemented through the National Aids Control Programme (NACP), National AIDS Secretariat, Women in Crisis (WIC), Sierra Leone Association of Ebola Survivors (SLAES), the Network of HIV Positives (NETHIPS), World Food Programme (WFP), and other organizations. It supported implementation of the country's Comprehensive Programme of Services for Ebola Survivors (CPES), which aimed to provide access to basic and complex services for survivors, prevent resurgence, and fight community stigma through counselling and direct support.

The project scaled-up interventions and services for sex workers. It trained local mentors who reached over 20,070 sex workers with messaging on Ebola/HIV prevention via strengthened watch networks. It reached two support groups per district with integrated Ebola/HIV messaging and trained them to reduce stigma and discrimination. The project provided 3,500 adults with counseling and information to address



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concerns related to Ebola, HIV, and sexual reproductive health. The most vulnerable households were given additional support to assure their dignity and safety. In hard to reach locations, the project equipped additional integrated drop-in centers to help vulnerable groups access prevention, treatment, and psychosocial counseling services. It also created an early warning system among this highly sexually active group, and it promoted access to condoms for sex workers, their clients, and other highly vulnerable people, such as men who have sex with men.

The project established a strong foundation for the sustained engagement of key actors in the fight against Ebola re-emergence and the spread of HIV. The project partnership model



## SIERRA LEONE

### RECOVERY STRATEGY OBJECTIVE 1



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- where partner agencies were given direct implementation support without the burden of managing the administrative financial requirements of the project - proved a best practice. The project has received testimony from Ebola survivors and affected families that its PSS services have reduced stigma, and that it has improved access to HIV prevention services at the community level as well as strengthened community networks and access to peer supported integrated services for sex workers to reduce HIV/STI transmission and the risk of Ebola resurgence.

There were also key partner outcomes including: Christian Aid Sierra Leone (CASL) assuring the monitoring, mentoring and capacity building of partners; and the National Aids Control Programme (NACP) completing 82 community entry sensitization meetings in 82 communities, reaching a total of 3,500 people with counselling services. Forty-three counsellors were trained over three sessions to address issues of stigma and to support Ebola and HIV survivors. Also, 50 dispensers were procured and distributed throughout the operational districts, and 15 CPES supervisors were trained and monitored to support Ebola survivors in the targeted district. In addition, NETHIPS/SLAES trained 15 peer motivators who worked in the targeted communities and held collaborative meetings in seven districts, and these were attended by 110 stakeholders and 28 support groups. Lastly, Women in Crisis (WIC) created Watch Networks. WIC also set up and equipped a 'One-Stop Shop' to provide sex workers with counselling and other support. WIC reached 20,070 project beneficiaries through 90 mentors who carried out 30 outreach sessions. WIC worked to reduce self-stigma and discrimination by offering counseling on Ebola's persistence in body fluids. It drew on lessons learned from HIV response and used them to strengthen its support groups, community sessions and couples' sessions.

WHO and WCO also reported outcomes under this project. They included building capacity through the acquisition of an M&E Officer (FTE) for the CPES. In addition, CPES requested WHO to recruit two consultants to lead clinical care for Ebola survivors, particularly in the areas of Rheumatology and Otolaryngology (ENT). WHO provided these consultants through MPTF funding. In all, 26 medical officers, community health officers and nurses were trained over a period of eight weeks. WCO also developed, adapted, and translated a questionnaire on how to give a verbal autopsy, and it trained the interviewers. WHO supported the MoHS CPES to analyze verbal autopsy and early mortality results. CPES has continued to follow 152 Survivor Care Advocates monthly, and there are plans to assign them supervisors from District Health Management Teams countrywide;

For Project Shield (semen testing), WCO supported laboratory data analysis for this national semen testing program, and WHO supported implementation of a quantitative study assessing Ebola survivors who participated in it, particularly evaluating the appropriateness of methods used and the cultural context in which the program was implemented. The analysis of Project Shield's results was presented at an international meeting in Monrovia at the end of June 2017. After this meeting, WHO continued to follow up on final recommendations and guidance on risk communication and public health implications. Key agreed implications have been shared with CPES to facilitate planning. Also following the Monrovia meeting, at the request of CPES, integrated activities targeting Ebola survivors were conducted in various districts to combat HIV and stigma, and to promote safe sexual practices among Ebola survivors and commercial sex workers. WHO also supported psychological first aid (PFA) and community engagement to reduce stigma towards survivors and their families.

WCO supported the CPES Project Implementation Unit to coordinate implementation of Ebola survivor care activities at the national level and in the districts. The PIU transitioned administrative responsibilities for Ebola survivor networks countrywide and all Implementing Partners offering clinical care to the District Health Management Teams. As part of this transition, Ebola survivor supervisors and coordinators in the districts were linked to the respective DHMTs to ensure the continuity of services. Further, WCO supported CPES PIU to procure items for the clinical care of Ebola survivors. The items included neurology charts, patella hammers, otoscopes, tuning forks, crocodile forceps, CSF manometers, Sphygmomanometers and water syringes.





## SIERRA LEONE

## RECOVERY STRATEGY OBJECTIVE 3

 <b>RSO 03</b> Basic Service & Infrastructure	 <b>\$1 million</b> allocated	<b>COVERAGE:</b> Bo, Kailahun, Kenema, Koinadugu, Kono, Moy- amba, Pujehun and Tonkolili	
<b>MPTF Project No:</b> 00103816	<b>TITLE:</b> #45 Ebola Survivors – Database Creation; Needs Assessment and Screening; Psycho- social Support and Reintegration into Society	<b>TRANSFER DATE:</b> 13-Nov-2015	<b>AMOUNT:</b> \$1,047,396

## Achievements and Results

**Project #45 - Ebola Survivors**

WHO portion is already fully completed. UNICEF portion will be implemented during 2018 and a final report will be provided.



## SIERRA LEONE

## RECOVERY STRATEGY OBJECTIVE 4

 <b>RSO 04</b> Governance, Peace Building and Social Cohesion	 <b>\$1 million</b> allocated	<b>COVERAGE:</b> Freetown	
<b>MPTF Project No:</b> 00103816	<b>TITLE:</b> #56 Support to the Government of Sierra Leone to Set-up and Operationalize a Dedicated Secretariat for the Sierra Leone Ebola Recovery Fund (SLERF)*	<b>TRANSFER DATE:</b> 22 Dec 2016	<b>AMOUNT:</b> \$250,000*

\*\* Based on approved budget. The actual transfer was \$239,695 due to I.C. calculation

## Achievements and Results

**Project #56 - Support to Sierra Leone Ebola Recovery Fund Secretariat (SLERF)**

The Government of Sierra Leone established the Sierra Leone Ebola Recovery Trust Fund (SLERF) to mobilize resources towards the implementation of its Recovery Strategy. These included pledges made at the 2015 International Ebola Recovery Conference. The project also helped the government to establish and operationalize a SLERF Secretariat.

The project's key achievements included training two staff on the management of donor funds and training one staff member

on the 2014 Procurement Act. The project also refurbished the Development Assistance Coordination Office (DACO), which housed the SLERF Secretariat. Two vehicles were procured for Secretariat use. Finally, the project undertook a nationwide project to raise awareness of the SLERF, which increased district and local-level collaboration with the SERLF.

A young girl with her arms raised, wearing a striped shirt and a headband with colorful beads.

# REGIONAL

47

MCA 13 - Preventing Outbreaks

## AT A GLANCE

WEST AFRICA - Reference Map



Funding per MCA and RSO as of 31 December 2017

MCA07 - Cash Incentives

19.32%

MCA13 - Preparedness

80.68%


2.7 million  
Allocated

1.72 million  
Expenditures


4 Proposals



3 UN Entities

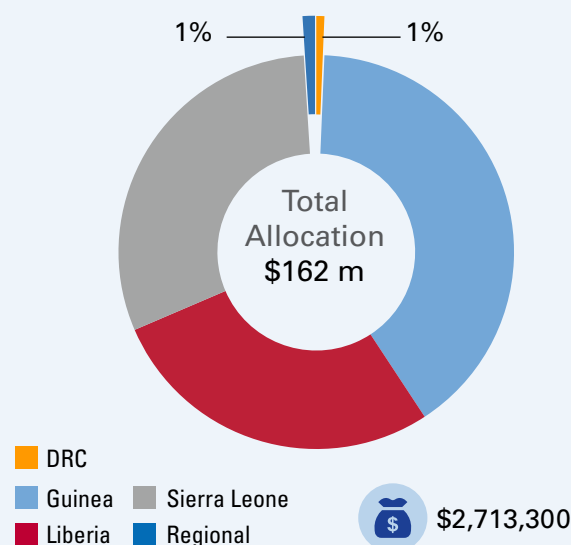
### RESPONSE

S01	S02	S03	S04	S05
<b>STOP</b>	<b>TREAT</b>	<b>ENSURE</b>	<b>PRESERVE</b>	<b>PREVENT</b>
n/a	n/a	0.5 million	n/a	2.2 million

### RECOVERY

RS01	RS02	RS03	RS04
Health, Nutrition and WASH	Socio-Economic Revitalization	Basic Services and Infrastructures	Governance, Peacebuilding and Social Cohesion
n/a	n/a	n/a	n/a

Funding as of 31 December 2017\*



\* Allocations are based on approved budget



## REGIONAL

## MISSION CRITICAL ACTION 13

 <div><b>MCA 13</b> Preventing Outbreak / Other Enabling Support to all Objectives</div>		 <div><b>\$2.5 million</b> allocated</div>		COVERAGE: Regional					
MPTF Project No: 00093085		TITLE: #2 Aviation Ebola Action Plan		TRANSFER DATE: 12-Dec-2014		AMOUNT: \$1,000,000			
PRIORITY INTERVENTION				PLANNED		ACHIEVED		RESPONDING AGENCIES	
 Training Events				5		8		ICAO/WHO	
 State / Airport Assistance Visits (AVs)				29		22		ICAO/WHO	

## Achievements and Results

**Project #2 - Aviation Ebola Action Plan**

Project outcomes are included in previous MPTF Ebola Response Annual Reports.



<b>MCA 13</b> Preventing Outbreak / Other Enabling Support to all Objectives		<b>\$1 million</b> allocated	<b>COVERAGE:</b> Country	
<b>MPTF Project No:</b> 00106851		<b>TITLE:</b> #68 Strengthening preparedness and international rapid response mechanisms of WHO and partners to support the MoH for Ebola Virus Disease in the Democratic Republic of the Congo, including specifically Likati Health District.	<b>TRANSFER DATE:</b> 30-Aug-2017	<b>AMOUNT:</b> \$1,070,000
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	% Full case investigation of all verified alerts within 24 hours	100%	100%	WHO
	% contacts of confirmed and suspected cases followed-up at least once every 24 hours for 21 days	90%	90%	WHO
	% Laboratory results available for all suspected cases within 72 hours	100%	100%	WHO
	% suspected and confirmed cases following Infection prevention and control protocols	100%	100%	WHO
	Number of EVD cases among health care workers	0	0	WHO
	Number of workshops on planning and SOPs for access to Ebola ring vaccination, and innovations in therapeutics	1	1	WHO
	Number of SOPs and planning for staff protection, health and safety during EVD response, and emergency medical evacuation	1	1	WHO
	Number of stock-outs of essential supplies or personal protective equipment (PPE)	0	0	WHO
	Number of integrated logistics assessment of the outbreak response to inform preparedness for future outbreaks	1	1	WHO

On 11 May 2017, the DRC Ministry of Health (MoH) informed the WHO of a laboratory-confirmed case of Ebola. The case was detected in the Likati health zone in Bas-Uele province, located in the north of the country, approximately 350 kilometers north of Kisangani and more than 1,300 kilometers away from the capital, Kinshasa. The outbreak was contained quickly, with a total of five confirmed and three probable cases. Of these, four survived and four died, resulting in a case fatality rate of 50 percent. A total of 583 contacts were registered and monitored closely, and no known contacts developed signs or symptoms of Ebola. The last confirmed case was isolated on 17 May 2017 and tested negative for Ebola for the second time on 21 May 2017. MoH and WHO declared the outbreak over on 2 July 2017.

The response to this outbreak underscored the need for the MoH, WHO, and partners to urgently update Ebola preparedness, alert, coordination, response and evaluation activities – in a way that integrated lessons learned from West Africa and added new technologies and control measures. This project helped to address these needs by supporting the national and international capacity and systems needed to ensure a rapid and effective response to Ebola as well as other health emergencies.

Towards this end, from 17-18 September 2017, WHO convened a workshop with the Ministries of Health of the DRC, Guinea and Sierra Leone, representatives from major partners in the DRC Ebola response, and stakeholders likely to provide future support. With 54 participants in attendance, outcomes included: the identification of gaps and lessons learned; and a draft workplan on

key actions to guide the future use of experimental Ebola vaccines under an Expanded Access Framework.

The project also advanced partners' consultations on updating the Ebola/Marburg Preparedness, Alert, Control and Evaluation (PACE) strategy. Main outcomes on the PACE update included: clear engagement with partners on a suggested way forward; and progress on setting up topic-related working groups to collaboratively strengthen preparedness and international rapid response mechanisms to support MoH responses to Ebola/Marburg outbreaks.

With MPTF support, the project also procured kits, medical supplies and items needed to trace cases and contacts, conduct clinical trials and for a ring vaccination. Under this project, several methods, protocols and data models were developed. They included: methods and protocols for the rapid analysis of vaccine and intervention effectiveness for future Ebola outbreaks; mathematical modeling of the effectiveness and optimal implementation of appropriate trial designs for Ebola outbreaks across different settings; trial designs for experimental therapeutics to fight Ebola; and a statistical analysis plan of selected trial designs for candidate Ebola vaccines. Protocols and tools were published to guide Ebola vaccine trials.

In 2017, WHO also initiated the Go.Data project to create a tool to support Ebola outbreak investigations, particularly case and contact data collection, contact tracing, and visualization of chains of transmission, to support rapid outbreak containment.

A young girl with her arms raised, wearing a striped apron over a white shirt, with a blue overlay.

# FINANCIAL INFORMATION

## INTRODUCTION

This Consolidated Annual Financial Report of the Ebola Response MPTF Fund is prepared by the United Nations Development Programme (UNDP) Multi-Partner Trust Fund Office (MPTF Office) in fulfillment of its obligations as Administrative Agent, as per the terms of Reference (TOR), the Memorandum of Understanding (MOU) signed between the UNDP MPTF Office and the Recipient Organizations, and the Standard Administrative Arrangement (SAA) signed with contributors.

The MPTF Office, as Administrative Agent, is responsible for concluding an MOU with Recipient Organizations and SAAs with contributors. It receives, administers and manages

contributions, and disburses these funds to the Recipient Organizations. The Administrative Agent prepares and submits annual consolidated financial reports, as well as regular financial statements, for transmission to contributors.

This consolidated financial report covers the period 1 January to 31 December 2017 and provides financial data on progress made in the implementation of projects of the Ebola Response MPTF Fund. It is posted on the MPTF Office GATEWAY (<http://mptf.undp.org/factsheet/fund/EBO00>).

The financial data in the report is recorded in US Dollars and due to rounding off of numbers, the totals may not add up.

## 2017 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the Ebola Response MPTF using the pass-through funding modality as of 31 December 2017. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: <http://mptf.undp.org/factsheet/fund/EBO00>.

### 1. SOURCES AND USES OF FUNDS

As of 31 December 2017, 47 contributors deposited US\$ 166,358,262 in contributions and US\$ 232,241 was earned in interest. Refunds to contributors were US\$ 600,000. The cumulative source of funds was US\$ 165,990,503.

Of this amount, US\$ 163,804,483 has been net funded to 14 Recipient Organizations, of which US\$ 154,388,427 has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US\$ 1,663,583. Table 1 provides an overview of the overall sources, uses, and balance of the Ebola Response MPTF Fund as of 31 December 2017.

**Table 1 Financial Overview, as of 31 December 2017 (in US Dollars)**

	Annual 2016	Annual 2017	Cumulative
<b>Sources of Funds</b>			
Contributions from Donors	6,070,371	-	166,358,262
Fund Earned Interest and Investment Income	73,143	58,490	207,721
Interest Income received from Recipient Organizations	-	24,520	24,520
Refunds by Administrative Agent to Contributors	-	(600,000)	(600,000)
Fund balance transferred to another MDTF	-	-	-
Other Income	-	-	-
<b>Total: Sources of Funds</b>	<b>6,143,514</b>	<b>(516,990)</b>	<b>165,990,503</b>
<b>Use of Funds</b>			
Transfers to Recipient Organizations	10,371,007	9,549,262	169,079,218
Refunds received from Recipient Organizations	(864,099)	(1,756,362)	(6,594,735)
<b>Net Funded Amount to Recipient Organizations</b>	<b>9,506,909</b>	<b>7,792,899</b>	<b>162,484,483</b>
Administrative Agent Fees	60,704	-	1,663,583
Direct Costs: (Secretariat M&E)	300,000	20,000	1,320,000
Bank Charges	405	264	1,580
Other Expenditures	-	-	-
<b>Total: Uses of Funds</b>	<b>9,868,018</b>	<b>7,813,164</b>	<b>165,469,645</b>
<b>Change in Fund cash balance with Administrative Agent</b>	<b>(3,724,504)</b>	<b>(8,330,154)</b>	<b>520,858</b>
Opening Fund balance (1 January)	12,575,516	8,851,012	-
<b>Closing Fund balance (31 December)</b>	<b>8,851,012</b>	<b>520,858</b>	<b>520,858</b>
<b>Net Funded Amount to Recipient Organizations</b>	<b>9,806,909</b>	<b>7,812,899</b>	<b>163,804,483</b>
<b>Recipient Organizations' Expenditure</b>	<b>16,953,141</b>	<b>9,828,217</b>	<b>154,388,427</b>
<b>Balance of Funds with Recipient Organizations</b>			<b>9,416,056</b>



## 2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this Fund as of 31 December 2017.

**Table 2 Contributors' Deposits, as of 31 December 2017 (in US Dollars)**

Contributors	Total Commitments	Prior Years as of 31-Dec- 2016 Deposits	Current Year Jan-Dec-2017 Deposits	TOTAL
AUSTRALIA	8,755,000	8,755,000	-	8,755,000
BELGIUM	8,945,028	8,945,028	-	8,945,028
BOLIVIA	1,000,000	1,000,000	-	1,000,000
BRAZIL	602,845	602,845	-	602,845
CANADA	7,154,056	7,154,056	-	7,154,056
CHILE	300,000	300,000	-	300,000
CHINA	11,000,000	11,000,000	-	11,000,000
COLOMBIA	100,000	100,000	-	100,000
CYPRUS	6,350	6,350	-	6,350
CZECH REPUBLIC	205,052	205,052	-	205,052
DENMARK	5,042,695	5,042,695	-	5,042,695
ESTONIA	50,216	50,216	-	50,216
FINLAND	8,824,590	8,824,590	-	8,824,590
GEORGIA	25,000	25,000	-	25,000
GERMANY	11,606,933	11,606,933	-	11,606,933
GUYANA	50,363	50,363	-	50,363
HOLY SEE	20,000	20,000	-	20,000
INDIA	10,000,000	10,000,000	-	10,000,000
IRISH AID	1,233,100	1,233,100	-	1,233,100
ISRAEL	8,750,000	8,750,000	-	8,750,000
JAPAN	5,940,000	5,940,000	-	5,940,000
KAZAKHSTAN	50,000	50,000	-	50,000
LATVIA	48,876	48,876	-	48,876
LUXEMBOURG	902,060	902,060	-	902,060
MALAYSIA	100,000	100,000	-	100,000
MALTA	62,295	62,295	-	62,295
MAURITIUS	20,000	20,000	-	20,000
MONTENEGRO	5,000	5,000	-	5,000
NEW ZEALAND	1,169,400	1,169,400	-	1,169,400
NON-PROFIT ORGANIZATION	20,000	20,000	-	20,000
NORWAY	2,061,147	2,061,147	-	2,061,147
PERU	48,479	48,479	-	48,479
PHILIPPINES	2,041,742	2,041,742	-	2,041,742
PORTUGAL	30,293	30,293	-	30,293
PRIVATE SECTOR	10,350	10,350	-	10,350
REPUBLIC of KOREA	10,000,000	10,000,000	-	10,000,000
ROMANIA	40,000	40,000	-	40,000
ROYAL CHARITY ORG. BAHRAIN	1,000,000	1,000,000	-	1,000,000
RUSSIAN FEDERATION	1,000,000	1,000,000	-	1,000,000
SWEDISH INT'L DEVELOPMENT COOPERATION	13,217,001	13,217,001	-	13,217,001
SWISS AGY FOR DEVELOPMENT & COOPERATION	4,927,079	4,927,079	-	4,927,079
TOGO	1,581	1,581	-	1,581
TURKEY	1,500,000	1,500,000	-	1,500,000
UN FOUNDATION/UN PARTNERSHIP OFFICE	300,371	300,371	-	300,371
UNITED KINGDOM	31,884,000	31,884,000	-	31,884,000
VENEZUELA	5,000,000	5,000,000	-	5,000,000
VOLVO GROUP	1,307,360	1,307,360	-	1,307,360
<b>Grand Total</b>	<b>166,358,262</b>	<b>166,358,262</b>		<b>166,358,262</b>

### 3. INTEREST EARNED

Interest income is earned in two ways: 1) on the balance of funds held by the Administrative Agent (Fund earned interest), and 2) on the balance of funds held by the Recipient Organizations (Agency earned interest) where their Financial Regulations and Rules allow return of interest to the AA. As of 31 December 2017, Fund earned interest amounts to US\$ 207,721. Interest received from Participating Organizations amounts to US\$ 24,520, bringing the cumulative interest received to US\$ 232,241. Details are provided in the table below.

**Table 3 Sources of Interest and Investment Income, as of 31 December 2017 (in US Dollars)**

Interest Earned	Prior Years as of 31-Dec-2016	Current Year Jan-Dec 2017	Total
<b>Administrative Agent</b>			
Fund Earned Interest and Investment Income	149,231	58,490	207,721
<b>Total: Fund Earned Interest</b>	<b>149,231</b>	<b>58,490</b>	<b>207,721</b>
<b>Recipient Organization</b>			
UNMEER		24,520	24,520
<b>Total: Agency earned interest</b>		<b>24,520</b>	<b>24,520</b>
<b>Grand Total</b>	<b>149,231</b>	<b>83,010</b>	<b>232,241</b>

### 4. TRANSFER OF FUNDS

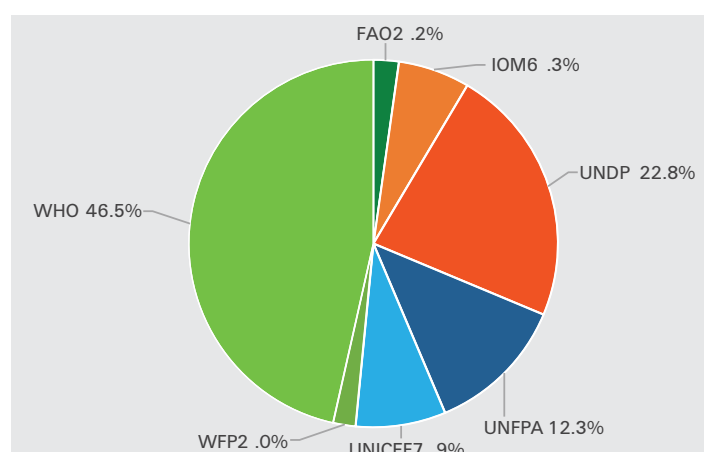
Allocations to Recipient Organizations are approved by the Chair of the Advisory Committee and disbursed by the Administrative Agent. As of 31 December 2017, the AA has transferred US\$ 169,079,218 to 14 Recipient Organizations (see list below). Table 4 and Figure 1 provide additional information on the refunds received by the MPTF Office, and the net funded amount for each of the Recipient Organizations.

**Table 4 Transfer, Refund, and Net Funded Amount by Recipient Organization, as of 31 December 2017 (in US Dollars)**

Recipient Organization	Prior Years as of 31-Dec-2016			Current Year: Jan-Dec 2017			TOTAL		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
FAO				212,166		212,166	212,166		212,166
ICAO	1,000,000		1,000,000				1,000,000		1,000,000
ILO	284,620		284,620				284,620		284,620
IOM				600,000		600,000	600,000		600,000
UNAIDS	165,850		165,850				165,850		165,850
UNDP	30,919,565		30,919,565	2,178,330	(474,232)	1,704,098	33,097,895	(474,232)	32,623,663
UNFPA	8,640,787	(366,814)	8,273,973	1,177,032	(8,152)	1,168,880	9,817,819	(374,966)	9,442,853
UNHABITAT	246,100	(192,600)	53,500				246,100	(192,600)	53,500
UNICEF	24,931,758		24,931,758	754,996	(11,712)	743,284	25,686,754	(11,712)	25,675,042
UNMEER	8,321,632	(3,974,274)	4,347,358		(528,967)	(528,967)	8,321,632	(4,503,241)	3,818,391
UNOPS	4,501,490		4,501,490		(733,299)	(733,299)	4,501,490	(733,299)	3,768,191
UNWOMEN	472,673		472,673				472,673		472,673
WFP	40,423,716		40,423,716	188,146		188,146	40,611,862		40,611,862
WHO	39,621,765	(304,685)	39,317,080	4,438,592		4,438,592	44,060,357	(304,685)	43,755,672
<b>Grand Total</b>	<b>159,529,956</b>	<b>(4,838,373)</b>	<b>154,691,583</b>	<b>9,549,262</b>	<b>(1,756,362)</b>	<b>7,792,899</b>	<b>169,079,218</b>	<b>(6,594,735)</b>	<b>162,484,483</b>

**Figure 1:**

**Net funded amount by Recipient Organization for the period of 1 January to 31 December 2017**







## 4.1 TRANSFER BY STRATEGIC OBJECTIVE

Table 4.1 shows the total Net Funded Amount by Strategic Objective.

The Ebola Response MPTF Fund has the following 9 thematic areas as listed in the table below. In 2017, the Strategic Objective receiving the largest share of transfers were: SO5 PREVENT (103%) , SO3 ENSURE essential services (2%) , and RSO1 Health Nutrition WASH (0%).

**Table 4.1 Cumulative net funded amount by Strategic Objective as of 31 December 2017 (in US Dollars)**

Sectors	Cumulative Net Funded Amount
SO1 STOP the outbreak	35,698,114
SO2 TREAT the infected	57,384,560
SO3 ENSURE essential services	18,837,423
SO4 PRESERVE stability	19,844,773
SO5 PREVENT	23,352,713
RSO1 Health Nutrition WASH	2,594,920
RSO2 Socio-Economic Revitalization	2,240,004
RSO3 Basic Service & Infrastructure	2,047,394
RSO4 Govern Peace Building Cohesion	484,582
Total:	162,484,483

## 5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All final expenditures reported for the year 2017 were submitted by the Headquarters of the Recipient Organizations. These were consolidated by the MPTF Office.

Project expenditures are incurred and monitored by each Recipient Organization, and are reported as per the agreed upon categories for inter-agency harmonized reporting. The reported expenditures were submitted via the MPTF Office's online expenditure reporting tool. The 2017 expenditure data has been posted on the MPTF Office GATEWAY.

### 5.1 EXPENDITURE REPORTED BY RECIPIENT ORGANIZATIONS

In 2017, US\$ 7,792,899 was net funded to Recipient Organizations, and US\$ 8,705,921 was reported in expenditure.

As shown in table below, the cumulative net funded amount is US\$ 162,484,483 and cumulative expenditures reported by the Recipient Organizations amount to US\$ 153,266,131. This equates to an overall Fund expenditure delivery rate of 94 percent.

The agencies with the three highest delivery rates are: UNOPS (100%), UNMEER (100%) and UNAIDS (100%).

**Table 5.1 Net Funded Amount, Reported Expenditure, and Financial Delivery by Recipient Organization, as of 31 December 2017 (in US Dollars)**

Recipient Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years as of 31-Dec-2016	Current Year Jan-Dec-2017	Cumulative	
FAO	212,166	212,166				0
ICAO	1,000,000	1,000,000	673,847	171,546	845,393	84.54
ILO	284,620	284,620	155,053	128,756	283,809	99.72
IOM	600,000	600,000		129,520	129,520	21.59
UNAIDS	165,850	165,850		165,847	165,847	100.00
UNDP	33,108,199	32,623,663	27,076,868	3,472,450	30,549,318	93.64
UNFPA	9,817,819	9,442,853	7,329,863	744,375	8,074,238	85.51
UNHABITAT	53,500	53,500	21,619	24,986	46,605	87.11
UNICEF	25,686,754	25,675,042	22,782,006	1,738,046	24,520,052	95.50
UNMEER	8,328,304	3,818,391	3,818,390	0	3,818,391	100.00
UNOPS	4,501,490	3,768,191	3,767,139	1,052	3,768,191	100.00
UNWOMEN	472,673	472,673	462,539	(1,140)	461,399	97.61
WFP	40,611,862	40,611,862	40,423,716	0	40,423,716	99.54
WHO	44,060,357	43,755,672	38,049,169	2,130,483	40,179,652	91.83
Grand Total	168,903,595	162,484,483	144,560,210	8,705,921	153,266,131	94.33

## 5.2 EXPENDITURE REPORTED BY CATEGORY

Project expenditures are incurred and monitored by each Recipient Organization and are reported as per the agreed categories for inter-agency harmonized reporting. Table 5.2 reflects expenditures reported in the UNDG expense categories.

### 2012 CEB Expense Categories

- |  |                               |
|--|-------------------------------|
| 1. Staff and personnel costs                       | 5. Travel                     |
| 2. Supplies, commodities and materials             | 6. Transfers and grants       |
| 3. Equipment, vehicles, furniture and depreciation | 7. General operating expenses |
| 4. Contractual services                            | 8. Indirect cost              |

**Table 5.2 Expenditure by UNDG Budget Category, as of 31 December 2017 (in US Dollars)**

Category	Expenditures			Percentage of Total Programme Cost
	Prior Years as of 31-Dec-2016	Current Year Jan-Dec 2017	TOTAL	
Staff & Personnel Costs	9,964,785	1,030,718	10,995,503	7.67
Supplies, Commodities and Materials	9,715,649	324,455	10,040,104	7.00
Equipment, Vehicles, Furniture, and depreciation	21,216,303	593,008	21,809,311	15.21
Contractual Services	56,417,628	1,810,744	58,228,372	40.62
Travel	9,717,419	581,955	10,299,374	7.18
Transfers and Grants	15,297,172	2,492,373	17,789,545	12.41
General Operating	12,743,922	1,451,298	14,195,220	9.90
<b>Programme Costs Total</b>	<b>135,072,877</b>	<b>8,284,551</b>	<b>143,357,428</b>	<b>100.00</b>
Indirect Support Costs Total <sup>1</sup>	9,487,333	421,370	9,908,702	6.91
<b>Total</b>	<b>144,560,210</b>	<b>8,705,921</b>	<b>153,266,131</b>	

<sup>1</sup> Indirect Support Costs charged by Recipient Organization, based on their financial regulations, can be deducted upfront or at a later stage during implementation. The percentage may therefore appear to exceed the 7% agreed-upon for on-going projects. Once projects are financially closed, this number is not to exceed 7%.

## 6. COST RECOVERY

Cost recovery policies for the Fund are guided by the applicable provisions of the Terms of Reference, the MOU concluded between the Administrative Agent and Recipient Organizations, and the SAAs concluded between the Administrative Agent and Contributors, based on rates approved by UNDG.

The policies in place, as of 31 December 2017, were as follows:

- The Administrative Agent (AA) fee: 1% is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. In the reporting period US\$ was deducted in AA-fees. Cumulatively, as of 31 December 2017, US\$ 1,663,583 has been charged in AA-fees.
- Indirect Costs of Recipient Organizations: Recipient Organizations may charge 7% indirect costs. In the current reporting period US\$ 421,370 was deducted in indirect costs by Recipient Organizations. Cumulatively, indirect costs amount to US\$ 9,908,702 as of 31 December 2017.

## 7. ACCOUNTABILITY AND TRANSPARENCY

In order to effectively provide fund administration services and facilitate monitoring and reporting to the UN system and its partners, the MPTF Office has developed a public website, the MPTF Office Gateway (<http://mptf.undp.org>). Refreshed in real time every two hours from an internal enterprise resource planning system, the MPTF Office Gateway has become a standard setter for providing transparent and accountable trust fund administration services.

The Gateway provides financial information including: contributor commitments and deposits, approved programme budgets, transfers to and expenditures reported by Recipient Organizations, interest income and other expenses. In addition, the Gateway provides an overview of the MPTF Office portfolio and extensive information on individual Funds, including their purpose, governance structure and key documents. By providing easy access to the growing number of narrative and financial reports, as well as related project documents, the Gateway collects and preserves important institutional knowledge and facilitates knowledge sharing and management among UN Organizations and their development partners, thereby contributing to UN coherence and development effectiveness.



## 8. DIRECT COSTS

The Fund governance mechanism may approve an allocation to a Recipient Organization to cover costs associated with Secretariat services and overall coordination, as well as Fund level reviews and evaluations. These allocations are referred to as 'direct costs'. In the reporting period, direct costs charged to the fund amounted to US\$ 20,000. Cumulatively, as of 31 December 2017, US\$ 1,320,000 has been charged as Direct Costs.

**Table: Direct Costs**

Recipient Organization	Net Funded Amount	Expenditure	Delivery Rate
UNDP	1,320,000	1,122,296	85%
<b>Total:</b>	<b>1,320,000</b>	<b>1,122,296</b>	<b>85%</b>

## DEFINITIONS

### Approved Project/Programme

A project/programme including budget, etc., that is approved by the Humanitarian Coordinator for fund allocation purposes.

### Contributor Commitment

Amount(s) committed by a donor to a Fund in a signed Standard Administrative Arrangement with the UNDP Multi-Partner Trust Fund Office (MPTF Office), in its capacity as the Administrative Agent. A commitment may be paid or pending payment.

### Contributor Deposit

Cash deposit received by the MPTF Office for the Fund from a contributor in accordance with a signed Standard Administrative Arrangement.

### Delivery Rate

The percentage of funds that have been utilized, calculated by comparing expenditures reported by a Recipient Organization against the 'net funded amount'.

### Indirect Support Costs

A general cost that cannot be directly related to any particular programme or activity of the Recipient Organizations. UNDG policy establishes a fixed indirect cost rate of 7% of programmable costs. Net Funded Amount

Amount transferred to a Recipient Organization less any refunds transferred back to the MPTF Office by a Recipient Organization.

### Recipient Organization

A UN Organization or other inter-governmental Organization that is an implementing partner in a Fund, as represented by signing a

Memorandum of Understanding (MOU) with the MPTF Office for a particular Fund.

### Project Expenditure

The sum of expenses and/or expenditure reported by all Recipient Organizations for a Fund irrespective of which basis of accounting each Recipient Organization follows for donor reporting.

### Project Financial Closure

A project or programme is considered financially closed when all financial obligations of an operationally completed project or programme have been settled, and no further financial charges may be incurred.

### Project Operational Closure

A project or programme is considered operationally closed when all programmatic activities for which Recipient Organization(s) received funding have been completed.

### Project Start Date

Date of transfer of first instalment from the MPTF Office to the Recipient Organization.

### Total Approved Budget

This represents the cumulative amount of allocations approved by the Humanitarian Coordinator.

### US Dollar Amount

The financial data in the report is recorded in US Dollars and due to rounding off of numbers, the totals may not add up.

**ANNEX 1. Net Funded Amounts and Expenditure by Country (in US Dollars)**

Country/ Strategic Objective	Current Year Jan-Dec 2017		Total		Delivery Rate %
	Net Funded Amount	Expenditure	Net Funded Amount	Expenditure	
Congo, The Democratic Republic					
SO5 PREVENT	1,070,000	290,311	1,070,000	290,311	27.13
Congo, The Democratic Republic Total:	1,070,000	290,311	1,070,000	290,311	27.13
Guinea					
RSO2 Socio-Economic Revitalization	(8,724)	793,815	2,240,004	2,241,185	100.05
RSO3 Basic Service & Infrastructure		179,181	999,998	991,814	99.18
RSO4 Govern Peace Bldg Cohesion	(3,028)	14,464	244,887	244,906	100.01
SO1 STOP the outbreak	(54,040)	49,926	12,311,325	12,303,921	99.94
SO2 TREAT the infected	(73,222)	841,444	26,938,722	26,948,705	100.04
SO3 ENSURE essential services		16,822	3,204,200	3,117,200	97.28
SO4 PRESERVE stability	(210,289)	15,234	13,336,742	13,335,343	99.99
SO5 PREVENT	2,501,410	864,999	5,889,276	3,732,747	63.38
Guinea Total:	2,152,107	2,775,884	65,165,154	62,915,821	96.55
Liberia					
RSO1 Health Nutrition WASH		617,786	2,000,000	1,992,117	99.61
SO1 STOP the outbreak		83,690	16,297,330	16,379,180	100.50
SO2 TREAT the infected		0	10,585,741	10,585,741	100.00
SO3 ENSURE essential services	154,259	1,884,005	8,907,648	8,596,796	96.51
SO4 PRESERVE stability	(4,686)	8,699	3,729,156	3,729,156	100.00
SO5 PREVENT	2,466,977	598,198	3,599,820	1,679,108	46.64
Liberia Total:	2,616,550	3,192,378	45,119,696	42,962,098	95.22
Sierra Leone					
RSO1 Health Nutrition WASH		558,055	594,920	558,055	93.80
RSO3 Basic Service & Infrastructure		47,038	1,047,396	495,036	47.26
RSO4 Govern Peace Bldg Cohesion		209,177	239,695	209,177	87.27
SO1 STOP the outbreak		665	7,089,458	7,089,458	100.00
SO2 TREAT the infected		(4,780)	19,860,097	19,854,940	99.97
SO3 ENSURE essential services		1,270,001	6,201,275	6,185,792	99.75
SO4 PRESERVE stability		297	2,778,875	2,778,875	100.00
SO5 PREVENT	1,954,242	195,349	11,674,616	8,495,294	72.77
Sierra Leone Total:	1,954,242	2,275,803	49,486,333	45,666,627	92.28
United Nations					
SO3 ENSURE essential services			524,300	466,881	89.05
SO5 PREVENT		171,546	1,119,000	964,393	86.18
United Nations Total:		171,546	1,643,300	1,431,274	87.10
Grand Total:	7,792,899	8,705,921	162,484,483	153,266,131	94.33



## ANNEX 2. Net Funded Amounts and Expenditures by Strategic Objective, as of 31 December 2017 (in US Dollars)

Strategic Objective / Project No. and Project Title		Recipient Organization	Project Status	Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
RSO1 Health Nutrition WASH							
00096703	RSO1 #33 LBR RESTORING MIDWIFERY	UNFPA	On Going	1,000,000	1,000,000	999,915	99.99
00097566	RSO1 #46 LBR UPGRADING WATER	ILO	On Going	284,620	284,620	283,809	99.72
00097566	RSO1 #46 LBR UPGRADING WATER	UNHABITAT	On Going	53,500	53,500	46,605	87.11
00097566	RSO1 #46 LBR UPGRADING WATER	UNICEF	On Going	661,880	661,880	661,788	99.99
00102292	RSO1 #63 SLE EVD SURVIVORS SUP	UNAIDS	On Going	165,850	165,850	165,847	100.00
00102292	RSO1 #63 SLE EVD SURVIVORS SUP	WHO	On Going	429,070	429,070	392,208	91.41
RSO1 Health Nutrition WASH: Total				2,594,920	2,594,920	2,550,172	98.28
RSO2 Socio-Economic Revitalization							
00096705	RSO2 #43 GIN STRENGTHENING COM	UNDP	Operationally Closed	458,651	458,079	458,079	100.00
00096705	RSO2 #43 GIN STRENGTHENING COM	UNFPA	Operationally Closed	290,077	281,925	281,925	100.00
00099263	RSO2 #52 GIN RECOVERY SUPPORT	UNDP	Operationally Closed	1,500,000	1,500,000	1,501,181	100.08
RSO2 Socio-Economic Revitalization: Total				2,248,728	2,240,004	2,241,185	100.05
RSO3 Basic Service & Infrastructure							
00096723	RSO3 #45 SLE EBOLA SURVIVORS -	UNICEF	On Going	788,456	788,456	236,096	29.94
00096723	RSO3 #45 SLE EBOLA SURVIVORS -	WHO	On Going	258,940	258,940	258,940	100.00
00100017	RSO3 #55 GIN EMERGENCY MATERNA	UNFPA	On Going	999,998	999,998	991,814	99.18
RSO3 Basic Service & Infrastructure: Total				2,047,395	2,047,394	1,486,850	72.62
RSO4 Govern Peace Building Cohesion							
00096708	RSO4 #44 GIN GOVERNMENT SUPPOR	UNDP	On Going	247,915	244,887	244,906	100.01
00103816	RSO4 #56 SLE SUPPORT TO THE GO	UNDP	On Going	250,000	239,695	209,177	87.27
RSO4 Govern Peace Building Cohesion: Total				497,915	484,582	454,084	93.71
SO1 STOP the outbreak							
00101174	MCA2 #58 STRENGTHENING EBOLA RESPONSE	UNDP	On Going	198,395	198,395	190,994	96.27
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNDP	Operationally Closed	3,398,610	3,398,610	3,480,461	102.41
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNFPA	Operationally Closed	4,549,552	4,186,735	4,186,735	100.00
00093218	MCA01 #10 LBR INTERRUPT TRANSM	WHO	Operationally Closed	3,655,050	3,399,196	3,399,196	100.00
00093251	MCA01 #16 GIN EPIDEM DIST MNGM	WHO	Operationally Closed	6,308,640	6,308,640	6,308,637	100.00
00093252	MCA01 #16 LBR EPIDEM DIST MNGM	WHO	Operationally Closed	5,312,789	5,312,789	5,312,787	100.00
00095447	MCA02 #30 GIN RED CROSS REINFO	UNDP	Operationally Closed	454,193	407,086	407,086	100.00
00095447	MCA02 #30 GIN RED CROSS REINFO	WHO	Operationally Closed	545,807	545,807	545,807	100.00
00095944	MCA02 #32 GIN SAFE BURIALS	UNDP	Operationally Closed	4,458,330	4,451,397	4,451,397	100.00
00096318	MCA01 #17 SLE STRNG EVD SURVIL	WHO	Operationally Closed	2,073,205	2,073,205	2,073,205	100.00
00093253	MCA01 #16 SLE EPIDEM DIST MNGM	WHO	Operationally Closed	5,065,084	5,016,253	5,016,253	100.00
00094960	MCA01 #35 GIN SENSITIZATION	WHO	Operationally Closed	400,000	400,000	400,000	100.00
SO1 STOP the outbreak: Total				36,419,655	35,698,114	35,772,560	100.21
SO2 TREAT the infected							
00096306	MCA04 #40 SLE UN MEDICAL CLINI	UNDP	On Going	609,900	609,900	604,743	99.15
00099916	MCA3 #57 GIN VACCINATION COHOR	WHO	On Going	1,199,603	1,199,603	1,179,553	98.33
00101175	MCA3 #58 STRENGTHENING EBOLA RESPONSE	UNDP	On Going	396,970	396,970	396,945	99.99
00093219	MCA03 #23 GIN CCCs	UNICEF	Operationally Closed	9,813,619	9,813,619	9,843,679	100.31
00093254	MCA03 #16 GIN IPC DISTRCT MNGM	WHO	Operationally Closed	1,990,380	1,990,380	1,990,379	100.00
00096294	MCA04 #40 GIN UN MEDICAL CLINI	UNDP	Operationally Closed	608,518	535,296	535,296	100.00
00098865	MCA03 #54 GIN VACCINATION	WHO	Operationally Closed	299,547	299,547	299,546	100.00
00092448	MCA03 #1 LBR AIR SERVICES	WFP	Operationally Closed	4,000,000	4,000,000	4,000,000	100.00
00092450	MCA03 #1 GIN AIR SERVICES	WFP	Operationally Closed	4,000,000	4,000,000	4,000,000	100.00



**ANNEX 2. Net Funded Amounts and Expenditures by Strategic Objective, as of 31 December 2017 (in US Dollars)**

SO or RSO / Project No. and Project Title		Recipient Organization	Project Status	Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
<b>SO2 TREAT the infected</b>							
00092527	MCA03 #1 SLE AIR SERVICES	WFP	Financially Closed	4,675,724	4,675,724	4,675,724	100.00
00092528	MCA03 #1 SLE TRANSP ESS. ITEMS	WFP	Financially Closed	11,052,470	11,052,470	11,052,470	100.00
00092529	MCA03 #1 GIN ESTABLISHMNT ETUs	WFP	Financially Closed	2,687,375	2,687,375	2,687,375	100.00
00092530	MCA03 #1 SLE COMMUNICTN EQPMNT	WFP	Financially Closed	167,547	167,547	167,547	100.00
00092643	MCA03 #1 LBR TRANSP ESS. ITEMS	WFP	Financially Closed	3,780,000	3,780,000	3,780,000	100.00
00092644	MCA03 #1 GIN TRANSP ESS. ITEMS	WFP	Financially Closed	3,780,000	3,780,000	3,780,000	100.00
00092847	MCA03 #1 GIN STORAGE CAPACITY	WFP	Financially Closed	658,902	658,902	658,902	100.00
00093255	MCA03 #16 LBR IPC DISTRICT MNGM	WHO	Financially Closed	1,212,945	1,212,945	1,212,945	100.00
00093256	MCA03 #16 SLE IPC DISTRICT MNGM	WHO	Financially Closed	1,302,584	1,302,584	1,302,584	100.00
00093282	MCA03 #1 LBR STORAGE CAPACITY	WFP	Financially Closed	1,592,796	1,592,796	1,592,796	100.00
00093283	MCA03 #1 SLE STORAGE CAPACITY	WFP	Financially Closed	658,902	658,902	658,902	100.00
00093284	MCA04 #1 GIN UN CLINICS	WFP	Financially Closed	1,577,030	1,577,030	1,577,030	100.00
00093285	MCA04 #1 SLE UN CLINICS	WFP	Financially Closed	1,392,970	1,392,970	1,392,970	100.00
SO2 TREAT the infected: Total				57,457,782	57,384,560	57,389,386	100.01
<b>SO3 ENSURE essential services</b>							
00092902	MCA07 #6 PAYMNT EBOLA WORKERS	UNDP	On Going	524,300	524,300	466,881	89.05
00092903	MCA07 #8 LBR PAYMNT EBOLA WORK	UNDP	On Going	2,245,832	2,150,499	2,155,859	100.25
00092904	MCA07 #7 GIN PAYMNT EBOLA WORK	UNDP	On Going	2,204,200	2,204,200	2,129,828	96.63
00092905	MCA07 #9 SLE PAYMNT EBOLA WORK	UNDP	On Going	1,261,625	1,261,625	1,307,775	103.66
00094514	MCA08 SLE #15 EBOLA SURVIVORS	UNDP	On Going	1,635,337	1,635,337	1,629,597	99.65
00094514	MCA08 SLE #15 EBOLA SURVIVORS	UNWOMEN	On Going	472,673	472,673	461,399	97.61
00095545	MCA08 #38 SLE RED CROSS EBOLA	UNDP	On Going	1,975,640	1,975,640	1,931,021	97.74
00100247	MCA6 #53 LBR STRENGTHENING MATERNAL	UNFPA	On Going	650,000	650,000	637,692	98.11
00100247	MCA6 #53 LBR STRENGTHENING MATERNAL	UNICEF	On Going	200,000	200,000	199,978	99.99
00100247	MCA6 #53 LBR STRENGTHENING MATERNAL	WHO	On Going	150,000	150,000	146,405	97.60
00102805	MCA6 #62 LBR IMPROVING MATERNAL	UNFPA	On Going	519,860	519,860	319,907	61.54
00102805	MCA6 #62 LBR IMPROVING MATERNAL	UNICEF	On Going	498,620	498,620	465,323	93.32
00102805	MCA6 #62 LBR IMPROVING MATERNAL	WHO	On Going	481,500	481,500	414,463	86.08
00104216	MCA6 #64 LBR COMMUNITY PERCEPTION	WHO	On Going	249,952	249,952	249,952	100.00
00093136	MCA06 #4 LBR CHILDREN PROTECTION	UNICEF	Operationally Closed	4,007,578	4,007,218	4,007,218	100.00
00096725	MCA06 #48 SLE SOCIAL MOBILIZAT	UNICEF	Operationally Closed	856,000	856,000	856,000	100.00
00101177	MCA6 #59 PREVENT NEW INFECTION	UNICEF	Operationally Closed	1,000,000	1,000,000	987,373	98.74
SO3 ENSURE essential services: Total				18,933,116	18,837,423	18,366,669	97.50
<b>SO4 PRESERVE stability</b>							
00101347	MCA10 #61 EBOLA FLARE-UP EXPEN	WFP	On Going	400,000	400,000	400,000	100.00
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNDP	Operationally Closed	809,000	808,326	808,339	100.00
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNICEF	Operationally Closed	3,139,364	3,136,832	3,136,832	100.00
00093220	MCA11 #25 LBR OUTRCH&AWARNESS	UNICEF	Operationally Closed	283,088	278,402	278,402	100.00
00093527	MCA09 #16 LBR DISTRICT LOGISTICS	WHO	Operationally Closed	2,574,893	2,574,893	2,574,892	100.00
00093970	MCA11 #16 GIN DISTRICT SOCIAL	WHO	Operationally Closed	570,788	570,788	570,787	100.00
00093972	MCA11 #16 SLE DISTRICT SOCIAL	WHO	Operationally Closed	473,469	473,469	473,469	100.00
00094442	MCA11 #29 GIN SUPPORT CBUs MRU	UNDP	Operationally Closed	1,308,752	1,307,757	1,307,757	100.00
00094442	MCA11 #29 GIN SUPPORT CBUs MRU	UNFPA	Operationally Closed	631,300	627,303	627,303	100.00
00094442	MCA11 #29 GIN SUPPORT CBUs MRU	UNICEF	Operationally Closed	896,020	896,020	896,020	100.00
00095292	MCA11 #36 GIN SOCIAL MOBILIZATION	UNICEF	Operationally Closed	999,915	995,780	995,780	100.00
00096648	MCA09 #42 GIN PREVENT EVD SPREAD	UNDP	Operationally Closed	991,467	789,513	789,513	100.00
00096724	MCA11 #47 GIN SOCIAL MOBILIZATION	UNICEF	Operationally Closed	909,500	909,500	908,089	99.84
00093189	MCA10 #22 LBR EBOLA CHARTERS	UNICEF	Financially Closed	322,898	322,898	322,898	100.00



## ANNEX 2. Net Funded Amounts and Expenditures by Strategic Objective, as of 31 December 2017 (in US Dollars)

SO or RSO / Project No. and Project Title	Recipient Organization	Project Status	Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
SO4 PRESERVE stability						
00093223 MCA10 #22 SLE EBOLA CHARTERS	UNICEF	Financially Closed	278,558	278,558	278,558	100.00
00093226 MCA10 #22 GIN EBOLA CHARTERS	UNICEF	Financially Closed	276,262	276,262	276,262	100.00
00093526 MCA09 #16 GIN DISTRICT LOGISTICS	WHO	Financially Closed	2,618,660	2,618,660	2,618,660	100.00
00093528 MCA09 #16 SLE DISTRICT LOGISTICS	WHO	Financially Closed	2,026,848	2,026,848	2,026,848	100.00
00093971 MCA11 #16 LBR DISTRICT SOCIAL	WHO	Financially Closed	552,963	552,963	552,963	100.00
SO4 PRESERVE stability: Total			20,063,745	19,844,773	19,843,374	99.99
SO5 PREVENT						
00097554 MCA13 #49 GIN SUPPORT TO THE UN	UNDP	On Going	983,231	983,231	1,015,567	103.29
00097555 MCA13 #50 SLE SUPPORT TO THE UN	UNDP	On Going	695,527	695,527	681,561	97.99
00097556 MCA13 #51 LBR SUPPORT TO THE UN	UNDP	On Going	132,840	132,840	132,747	99.93
00101176 MCA13 #58 STRENGTHENING EBOLA RSPNSE	UNDP	On Going	404,635	404,635	404,577	99.99
00106848 MCA13 #65 GIN SUPPORT PREPAREDNESS	UNDP	On Going	795,031	795,031	176,818	22.24
00106848 MCA13 #65 GIN SUPPORT PREPAREDNESS	UNFPA	On Going	446,757	446,757	90	0.02
00106848 MCA13 #65 GIN SUPPORT PREPAREDNESS	UNICEF	On Going	446,033	446,033	134,285	30.11
00106848 MCA13 #65 GIN SUPPORT PREPAREDNESS	WFP	On Going	188,146	188,146	0	0
00106848 MCA13 #65 GIN SUPPORT PREPAREDNESS	WHO	On Going	624,033	624,033	0	0
00106849 MCA13 #66 LBR SUPPORT PREPAREDNESS	FAO	On Going	212,166	212,166	0	0
00106849 MCA13 #66 LBR SUPPORT PREPAREDNESS	IOM	On Going	600,000	600,000	129,520	21.59
00106849 MCA13 #66 LBR SUPPORT PREPAREDNESS	UNDP	On Going	650,000	650,000	0	0
00106849 MCA13 #66 LBR SUPPORT PREPAREDNESS	WHO	On Going	1,037,834	1,037,834	449,862	43.35
00106850 MCA13 #67 SLE SUPPORT PREPAREDNESS	UNFPA	On Going	730,275	730,275	28,858	3.95
00106850 MCA13 #67 SLE SUPPORT PREPAREDNESS	UNICEF	On Going	308,963	308,963	35,471	11.48
00106850 MCA13 #67 SLE SUPPORT PREPAREDNESS	WHO	On Going	1,456,773	1,456,773	0	0
00106851 MCA13 #68 DRC STRENGT PREPAREDNESS	WHO	On Going	1,070,000	1,070,000	290,311	27.13
00107937 MCA13 #17 SLE STRENGTHENING	UNDP	On Going	733,299	733,299	0	0
00092648 MCA13 #11LBR QUICK IMPCT PRJCT	UNDP	Operationally Closed	344,277	341,345	341,345	100.00
00092648 MCA13 #11LBR QUICK IMPCT PRJCT	UNMEER	Operationally Closed	1,000,000	625,635	625,635	100.00
00092649 MCA13 #11GIN QUICK IMPCT PRJCT	UNDP	Operationally Closed	1,000,000	994,738	994,738	100.00
00092649 MCA13 #11GIN QUICK IMPCT PRJCT	UNMEER	Operationally Closed	2,006,672	1,006,672	1,006,672	100.00
00092650 MCA13 #11SLE QUICK IMPCT PRJCT	UNDP	Operationally Closed	630,000	606,707	606,708	100.00
00092650 MCA13 #11SLE QUICK IMPCT PRJCT	UNMEER	Operationally Closed	1,500,000	796,014	796,014	100.00
00092907 MCA13 #17 SLE RRSs ESTABLISHM	UNMEER	Operationally Closed	2,643,548	598,511	598,511	100.00
00092907 MCA13 #17 SLE RRSs ESTABLISHM	UNOPS	Operationally Closed	4,501,490	3,768,191	3,768,191	100.00
00093085 MCA13 #2 AVIA EBOLA ACTN PLAN	ICAO	Operationally Closed	1,000,000	1,000,000	845,393	84.54
00093086 MCA13 #5 SLE DETENTION CENTERS	UNDP	Operationally Closed	1,201,725	1,188,797	1,188,421	99.97
00092908 MCA13 #18 SLE NERC SECRETARIAT	UNMEER	Financially Closed	1,178,084	791,558	791,558	100.00
00096704 MCA13 #41 EBOLA RESPONSE INTER	WHO	Financially Closed	119,000	119,000	119,000	100.00
SO5 PREVENT: Total			28,640,339	23,352,713	15,161,852	64.93
GRAND TOTAL			28,640,339	23,352,713	15,161,852	64.93



## ACRONYMS

Acronym	Definition	Acronym	Definition
AACG	Association des animateurs Communautaires de Guinée	IGA	Income Generating Activity
AfDB	African Development Bank	LLE	Lessons Learned Exercise
AGIL	Association for the Promotion of Governance and of Local Initiatives	LMA	Liberia Midwives Association
ALIMA	Alliance for International Medical Action	LMIS	Logistics Management Information System
ANC	Antenatal Care	LWCS	Liberia Water and Sewer Cooperation
ANSS	National Agency of Sanitary Surveillance	MASPF	Ministry of Social Affairs the Advancement of Women and Children's Affairs
APIM-G	L'Association Professionnelle des Institutions de Microfinance	MATD	Ministry of Territorial Administration and Decentralization
AV	Assistance Visit	MCA	Mission Critical Action
BCRG	Central Bank of the Republic of Guinea	MCC	Monrovia City Corporation
BDS	Business Development Training	MDSR	Maternal Death Surveillance and Response
BEmONC	Basic Obstetric and Neonatal Emergency Care	MFI	Microfinance Institution
C4D	Communication for Development	MJEJ	Ministry of Youth and Youth Employment
CAPS	Career Advisory Placement Service	MM/BB	Mobile Money/Branchless Banking
CAPSCA	Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation	MNDSR	Maternal Neonatal Death Surveillance and Response
CASL	Christian Aid Sierra Leone	MNH	Maternal Neonatal Health
CBE	Community Base Enterprise	MoH	Ministry of Health
CBIS	Community-Based Information Systems	MoHS	Ministry of Health and Sanitation
CBPSS	Community-Based Psycho-Social Support	MoU	Memorandum of Understanding
CBS	Community-Based Surveillance	MPTF	Multi-Partner Trust Fund
CBU	Confidence Building Unit	MRU	Mano River Union
CCC	Cadre de Concertation et de Coordination	MSME	Small and Medium Enterprise
CEAD	Centre d'Etude et d'Appui au Développement	MSWGCA	Ministry of Social Welfare, Gender and Children Affairs
CERF	Central Emergency Response Fund	NAS	National Aids Secretariat
CEmONC	Comprehensive Emergency Obstetric and Newborn Care Services	NERC	National Ebola Response Cell/Coordination/Center/Centre
CENAFOD	African Training Centre for Development	NGO	Non-Governmental Organization
CHT	County Health Team	NAPHS	National Action Plan for Health Security
CHV	Community Health Volunteer	NPHIL	National Public Health Institute of Liberia
CMT	Community Management Team	NRCB	Nuclear, Radioactive, and Biological Risks
CNOSCG	Conseil National des Organisation de la société Civile Guinéenne	OD	Open Defecation
CPES	Comprehensive Package on Ebola Survivors	ODF	Open Defecation Free
CTCom	Community Care Center	PACEG	Project d'Appui au Cycle Electoral de la Guinée
CTEPI	Center for the Treatment of Infectious Potential Epidemics	PERRNTF	Post Ebola Resilience and Recovery National Trust Fund
CWC	Community Watch Committee	PFA	Psycho-Social First Aid
D2P	Donor to person	PHECP	Public Health Emergency Contingency Plan
DFS	Digital Financial Service	PHU	Peripheral Health Unit
DHMT	District Health Management Team	PoE	Point of Entry
DSMC	District Social Mobilization Coordinators	PPERWs	Payment Program for Ebola Response Workers
DSO	District Surveillance Officer	PRC	Program Review Committee
DWC	District Watch Committee	PSS	Psycho-Social Support
EOC	Emergency Operations Center	RDT	Rapid Detection Test
EPR	Emergency Preparedness and Response	RHCS	Reproductive Health Commodity Security
ERW	Ebola Response Worker	RMNCAH	Maternal Newborn Child and Adolescent Health
EVD	Ebola Virus Disease	RSO	Recovery Strategic Objective
EVDS	Ebola Virus Disease Survivor	SDB	Safe and Dignified Burial
G2P	Government to person	SLRCS	Sierra Leone Red Cross Society
GRC	Guinean Red Cross	SMS	Short Message Service
HFDC	Health Facility Development Committees	SOP	Standard Operating Procedure
HIV	Human Immunodeficiency Virus	STAR	Strategic Tool for Prioritizing Risks
HMIS	Health Management Information System (Liberia)	STI	Sexually Transmitted Infection
HPM	Humanitarian Performance Monitoring	TOR	Terms of Reference
HR	Human Resources	TOT	Training of Trainer
IASC-COPIA	Inter-Agency Steering Committee (IASC) - Comité Permanent Inter-Agence	TTM	Trained Traditional Midwife
ICE	Interagency Collaboration on Ebola	UASC	Unaccompanied/Separated Children
IDSR	Integrated Disease Surveillance and Response	UN	United Nations
IEC	Information Education and Communication	UNCDF	UN Capital Development Fund
IFRC	International Federation of Red Cross and Red Crescent Societies	UNHAS	United Nations Humanitarian Air Service
		UNMEER	UN Mission for Emergency Ebola Response
		VDC	Village Development Committee
		VRAM	Vulnerability Risk Assessment and Mapping
		VSAT	Very Small Aperture Terminal
		WASH	Water, Sanitation and Hygiene

#### Acknowledgments

This report was prepared by the Office of the Director of the Sustainable Development Unit, Executive Office of the Secretary-General at the United Nations with the support of the Ebola MPTF Annual Report Team at the MPTF Office: Cristina Bertarelli (Ebola MPTF Secretariat Officer), Eva Saenz (Ebola MPTF Portfolio Manager) and Lauren Anderson, (Reporting Consultant). The Country Data Sections of the report were provided by the UN entities operating in three affected countries.

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The Office of the Director of the Sustainable Development Unit,  
Executive Office of the Secretary-General at the United Nations  
Multi Partner Trust Fund Office, UNDP  
<http://mptf.undp.org/ebola>