



UN EBOLA RESPONSE MULTI-PARTNER TRUST FUND



2ND INTERIM REPORT

for the Period October 2014 to May 2015

The Office of the UN Special Envoy on Ebola and
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

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RECIPIENT ORGANISATIONS



FAO



ICAO



IOM



UNDP



UNESCO



UNFPA



UNHCR



UNICEF



UNMEER



UNOPS



UN WOMEN



WFP



WHO

CONTRIBUTORS



AUSTRALIA, Government of



GUYANA, Government of



PHILIPPINES, Government of



BAHRAIN ROYAL CHARITY ORG



INDIA, Government of



PORTUGAL, Government of



BOLIVIA, Government of



IRISH AID



REPUBLIC of KOREA, Government of



BRAZIL, Government of



ISRAEL, Government of



ROMANIA, Government of



CANADA, Government of



JAPAN, Government of



SWEDISH INTERNATIONAL
DEVELOPMENT COOPERATION



CHAD, Government of



KAZAKHSTAN, Government of



SWISS AGENCY FOR
DEVELOPMENT & COOPERATION



CHILE, Government of



LATVIA, Government of



THE RUSSIAN FEDERATION,
Government of



CHINA, Government of



LUXEMBOURG, Government of



TOGO, Government of



COLOMBIA, Government of



MALAYSIA, Government of



TURKEY, Government of



CYPRUS, Government of



MALTA, Government of



UNITED KINGDOM, Government of



DENMARK, Government of



MAURITIUS, Government of



VENEZUELA, Government of



ESTONIA, Government of



MONTENEGRO, Government of

PRIVATE SECTOR



FINLAND, Government of



NEW ZEALAND, Government of

UNITED NATIONS
FOUNDATION



GEORGIA, Government of



NORWAY, Government of

VOLVO
Volvo Group



GERMANY, Government of



PERU, Government of

FOREWORD

The UN Ebola Response Multi-Partner Trust Fund (Ebola Response MPTF or “the Fund”) has been an important funding instrument in the global fight against Ebola. Funded projects have lent strong support to the reduction of Ebola transmission across Guinea and Sierra Leone, to the end of the outbreak in Liberia, and to an increase in emergency health preparedness across the West African region. To date, Ebola has infected over 27,000 people and claimed the lives of over 11,000, including over 800 healthcare workers.

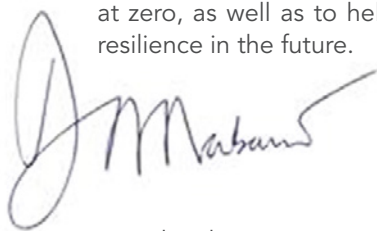
The Fund was established by the UN Secretary-General to enable flexible, fast financial support to the Ebola Response, and to finance projects that would meet urgent needs on the ground in the three most affected countries of Guinea, Liberia and Sierra Leone. This report details the contributions that the Ebola Response MPTF has made with regard to containing the outbreak and supporting recovery. The Fund has, by design, been able to strategically fill funding gaps in the United Nations’ response, support collaboration across the UN System as well as governments and a range of key actors, and help assure the efficient and strategic use of critical resources.

Despite the achievements of the Fund, it remains important to underscore that the outbreak is not over. Transmission continues in Guinea and Sierra Leone and the rainy season has started. Liberia was pronounced free of Ebola on 9 May 2015 but at the end of June the Government reported that a person had died of Ebola in Margibi county. The necessary responses have been implemented. With transmission ongoing in the region, continued investment in community engagement, intensified contact tracing and earlier case identification and action are required. The Ebola Response MPTF will continue to serve as an instrument through which resources can be transferred as these actions are undertaken.

Comprehensive descriptions of transmission chains call for contact identification and tracing to be both reliable and effective. If this is not done the outbreak can increase again, undetected. There is no room for mistakes: the numbers of people newly diagnosed must be reduced to zero and zero must be maintained – as is happening in much of the affected region. Special efforts are underway now to ensure the safe provision of essential services that are accessible as society returns to normal – and to make things better than they were, as markets and borders reopen, children return to school and livelihoods resume. Surveillance, education and monitoring are increasingly important as case incidence approaches and reaches zero.

Achieving and maintaining zero also involves supporting the region’s efforts to rebuild the progress lost to the epidemic, as well as strengthening the basic infrastructure and essential services critical to preventing future outbreaks. It will not be sufficient to return to the status quo. Stronger healthcare delivery systems and more robust human and institutional capacity – all of which have been supported by the Ebola Response and the Fund - must continue to be put in place to help countries be more prepared and more resilient to the next shock or health emergency.

With three funding windows focusing on response, preparedness and recovery, the Ebola Response MPTF is well positioned to continue supporting the efforts needed to reach and keep case incidence at zero, as well as to help countries rebuild with a view to greater health security, preparedness and resilience in the future.



David Nabarro

The UN Secretary-General’s Special Envoy on Ebola



EXECUTIVE SUMMARY

In September 2014, as the numbers of people newly diagnosed with Ebola doubled at three weekly intervals, the UN Secretary-General established the Ebola Response MPTF to support the UN System's Ebola Response. The Response needed a nimble, collaborative and strategic means to enable collaboration across different parts of the UN family of organizations and to meet essential needs. Nine UN Entities - UNMEER, WHO, UNICEF, WFP, UNDP, UNFPA, UNOPS, UN WOMEN, and ICAO – have received grants from the Trust Fund for projects that have boosted coordination, efficacy and impact of the UN Response, slowed transmission and supported those most affected by this crisis.

The Trust Fund was designed to mobilize funding from a wide-variety of stakeholders and to distribute it in response to high quality spending proposals. The Fund has three financing windows: Response, Preparedness and Recovery. The disbursement of funds is guided by the UN system STEPP strategy: Treat the infected; Ensure essential Services; Preserve stability; and Prevent outbreaks in countries currently unaffected. The STEPP strategy encompasses thirteen Mission Critical Actions (MCAs).

Since its establishment, the UN system Ebola Response MPTF has attracted resources from a wide spectrum of donors. It had the highest level of donor engagement ever seen in a UN trust fund during its first six months of operation. Contributions have been received from 40 UN Member States, one foundation, businesses, and many individuals, including school children. As of May 2015, US\$142 million had been pledged in support of the Fund, US\$140 million had been deposited and US\$128 million had been disbursed. The expenditure as of 30 April was US\$71 million.

Funded projects have built human and institutional capacity and infrastructure for surveillance, contact tracing and monitoring, especially in districts, counties and prefectures where the efforts to end the outbreak have been concentrated. Grants from the Fund, for instance, have supported the employment of over 220 epidemiologists, infection prevention and control (IPC) experts, logisticians and social mobilization officers in Guinea, 124 in Liberia, and 115 in Sierra Leone. They have enabled WHO to recruit 1,651 Contact Tracers and District Monitors in Guinea, and they provided the resources needed for WHO, UNDP and UNFPA to recruit 17,022 Contact Tracers, Active Case Finders, and District Monitors in Liberia.

With a grant from the Fund, healthcare workers are receiving the hazard payments to which they are entitled and labor disputes have been averted. This has contributed to the continuity of

the response in all three of the most affected countries. Some 22,000 Ebola Response Workers (ERWs) have received their payments from governments thanks to the support of UNDP, which also used these same means to ensure that payments reached 26,500 ERWs in Guinea and 3,400 ERWs in Liberia. The Fund also enabled UNDP to implement a Contingency Plan that benefited over 1,200 ERWs per payment cycle in Guinea and 410 ERWs in Liberia. Governments were helped with the removal of duplicate records, identification of fraudulent ERW details, and the establishment of help desks for workers anxious about accessing payments they had earned.

The Ebola Response MPTF is also working to help communities that are reticent about involvement in the Ebola response to become engaged, especially in Guinea. UN entities and partners are receiving funds to increase their ability to reach out to communities, to educate and engage women in the response, to work with Ebola survivors and to increase the confidence of local leaders. These actions are not only increasing community participation, but they are also increasing the degree of local trust in responders. With Ebola Response MPTF support, 2,120 community health workers were organized to visit some 60,000 houses in Forécariah, Guinea, through UNICEF. In December 2014, in Montserrado County, Liberia, also with Fund support, the 'Operation Stop Ebola' campaign, which reached 1 million people, was launched. The Fund has also enabled the deployment of midwives to 25 health facilities in Guinea as well as the provision of delivery kits, section kits, hospital kits and blood transition kits, through UNFPA.

In addition, the Fund is supporting survivors and children, helping to revive their essential services. In Sierra Leone, 2,000 survivors and destitute families will receive solidarity kits and social safety net arrangements via a UNDP and UNWOMEN collaborative project. In Liberia, 4,539 registered Ebola-affected children have received services through UNICEF, and 2,292 orphans have received emergency cash assistance. School re-openings are being supported with storage and IPC trainings offered by WFP and WHO.

Grants from the Fund have helped cover the cost of 28 strategic airlifts of relief items on behalf of the humanitarian community across the three countries. They have enabled 30 medical evacuations of humanitarian and UN personnel in Guinea, Liberia and Sierra Leone, and have helped finance the transport of essential items by trucks - between November 2014 and April 2015, a volume of 16,447 m³ was transported in Guinea; 33,011 m³ in Liberia, and 13,563 m³ in Sierra Leone.

With grants from the Fund, five Forward Logistical Bases



(FLBs), Main Logistics Hubs and regional staging areas in Liberia were established to provide storage space for supplies meant for deep-field locations. In Sierra Leone, prefabricated office structures at the four FLBs to ensure operations continue uninterrupted despite potential access constraints, including from the rainy season, are being established by WFP. The storage capacity of the main logistics hub in Port Loko was expanded from 2,900m² to 7,680m² via an additional 14 Mobile Storage Units (MSUs) of 32x10m, for a total of 23 MSUs. A Forward Logistics Base has been constructed in Nzerekore, Guinea – a strategic location from which to access Guinea Forestière.

Through a project implemented by UNDP, UNICEF and UNFPA, the Fund is contributing to better preparedness – including border surveillance - undertaken by the Mano River Union. The project has also focused on capacity building for airport personnel so that they are better able to detect people with Ebola and other infectious diseases before they travel – and to respond safely to people who are thought to be suffering from these conditions.

Throughout its eight months of operation, the Fund has demonstrated that it can respond to the changing needs of the Ebola response in a flexible manner. The proposal format is short and focuses on implementation procedures and benefits. Proposals are reviewed within days of receipt by the Fund secretariat, prioritized by the senior UN system personnel within the affected countries, examined by the Fund's Advisory committee, and – in many cases, referred back for additional information or for redesign. Finance has been moved rapidly to the implementing agencies, and their use of funds is examined by the Monitoring Officers employed by the Fund in-country.

This report demonstrates that the activities implemented using resources obtained through the Fund have had a demonstrable impact both on the response to the outbreak and the resilience of communities in the face of Ebola and other health threats. The Fund is still receiving resources from donors and is being used to finance high priority needs within countries as communities implement intense efforts to bring the outbreak to an end as quickly as possible.



REPORT STRUCTURE

This report presents the progress of the UN Ebola Response MPTF since its inception in September 2014 and outlines how it has supported the UN Ebola Response. The report discusses the basic operation of the Fund, highlighting the work of its Advisory Committee, and gives a financial analysis, detailing Fund disbursements and expenditures to date.

The report features the central achievements of the Fund, providing a detailed presentation of how it has supported the realization of each MCA across the three most affected countries – Guinea, Liberia and Sierra Leone. Between 1 November 2014 and 28 May 2015, the Fund disbursed over US\$128 million to close critical financing gaps in the Ebola response across these three countries.

Funded projects have addressed an array of critical needs. They have ranged from a large disbursement of US\$40 million to fund logistics operations under the World Food Programme (WFP), which supported UNMEER operations, to smaller interventions focused on, inter alia, social mobilization, protection for children, survivors, establishing Rapid Response Stabilization Teams (RRSTs) and capacity building in Sierra Leone's National Ebola Response Center (NERC).

This consolidated progress report on activities implemented under the Ebola Response MPTF builds on the first Interim Report. It covers the operations of the UN Ebola Response MPTF and the implementation of projects approved for funding as of 28 May 2015. In line with the Memorandum of Understanding (MOU), the report is consolidated based on information and data contained in the individual progress reports and financial statements submitted by Recipient Organizations to the MPTF Office. It is neither an evaluation of the Ebola Response MPTF nor an assessment of the performance of the Participating Organizations. However, the report does provide the Ebola Response MPTF Advisory Committee with a comprehensive overview of achievements and challenges associated with projects funded through the UN Ebola Response MPTF, enabling it to make strategic decisions.



Children play outdoors in a large circle in the village of Meliandou Guinea

Photo: UNICEF

UN EBOLA RESPONSE MPTF AT A GLANCE

140M
Contributed

40
Donors

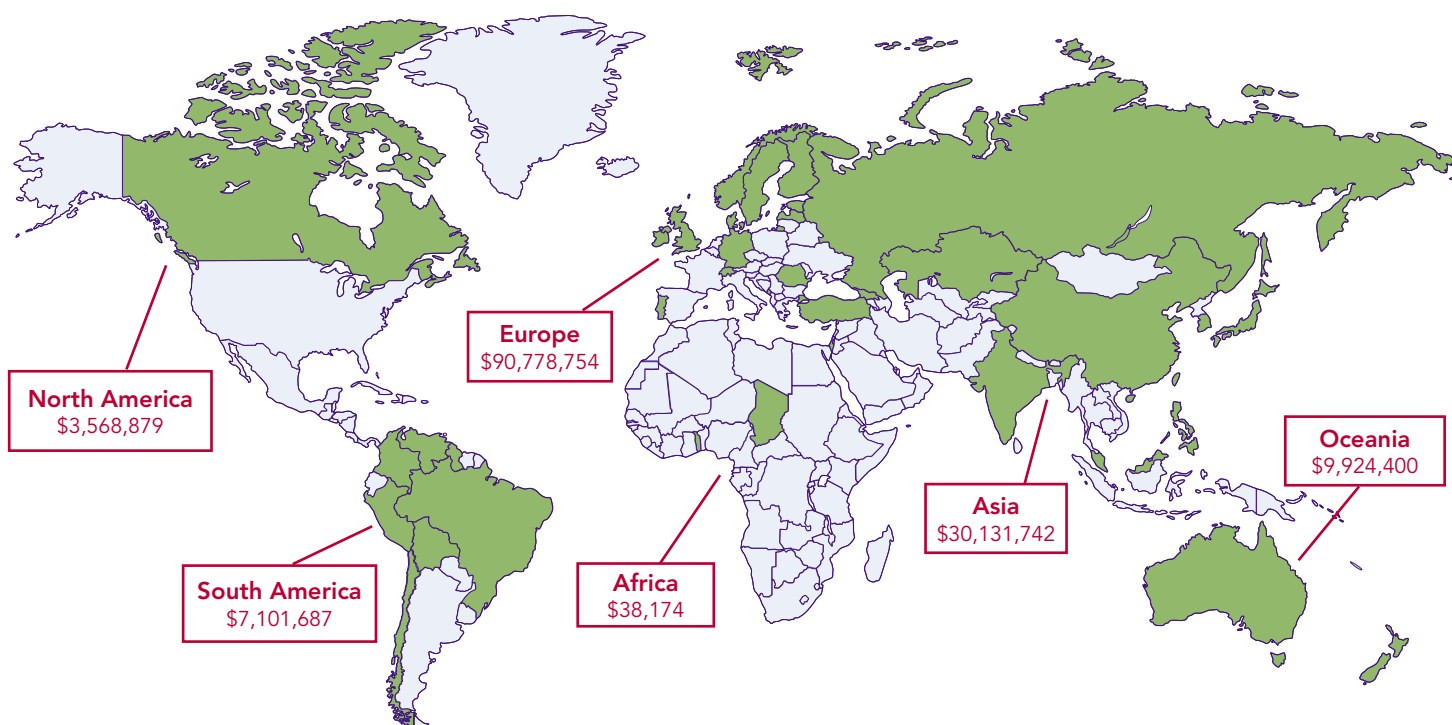
71M
Expenditures

\$127M
Allocated

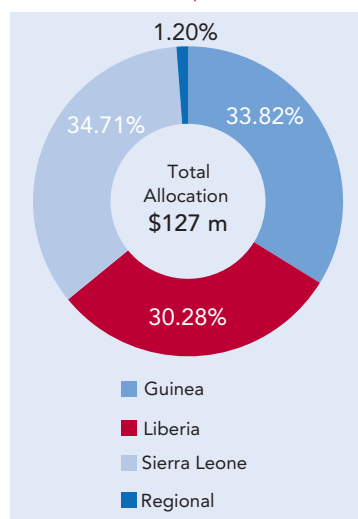
9
UN Entities

10
MCAs Supported

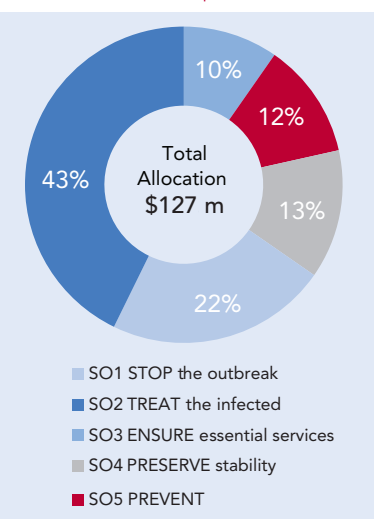
Where the funds are coming from



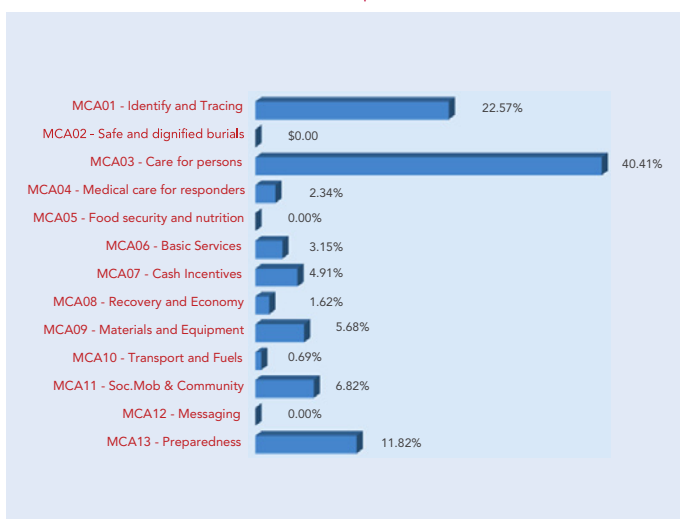
Funding per Country as of 30 April 2015



Funding per Strategic Objectives as of 30 April 2015



Funding per Mission Critical Action as of 30 April 2015





ACHIEVEMENTS OF THE EBOLA RESPONSE MPTF

The Ebola Response MPTF was set up in September 2015, took three days to become operational, and as of 28 May 2015, its income had reached US\$140,369,276. The Fund has drawn contributions from 40 Member States; one foundation, one business - the Volvo Group, and individuals around the world.

The Fund has contributed to the UN Ebola Response by offering a transparent financing instrument that can prioritize needs; assess gaps; allocate resources within seven days after receipt of a proposal and consolidate reporting. The Fund has, through its single results-based framework, offered donors a common approach to the response and provided for greater coherence and coordination among a large number of actors including UNMEER, eight UN agencies, funds and programmes, governments and NGOs, all supporting the UN Response.

As of May 2015, the Fund had disbursed over US\$128 million and programmed an additional US\$10 million to address critical financing gaps in the response for the three most Ebola-affected countries. Funded projects have supported the achievement of nine of the 13 MCAs.

Achievements

The Ebola Response MPTF is achieving critical results, thereby augmenting the effectiveness of the overall Ebola response. It has financed projects to upgrade human capacity for surveillance, contact tracing, monitoring, and logistics management, as well as institutional capacity for rapid response, patient care and payments to response workers. Projects are filling what would have been unfunded gaps with regard to social mobilization, children's needs and the reintegration of survivors, as well as regional preparedness by the Mano River Union and safer aviation services. The Fund has also supported campaigns for the adoption of safer behaviours by communities at risk, boosted capacity to trace and treat cases, and enabled the recruitment of critical staff and supplies. It has enabled a more robust Ebola response that is helping to contain the outbreak and bring transmission closer to zero throughout the region.

Guinea

The Ebola Response MPTF has funded enhanced social mobilization and sensitization efforts, which have proven critical to overall declines in Ebola transmission in Guinea. Some 2,120 community and health workers were organized into 495 teams that visited 60,000-plus houses to support healthy behavior

change and care in the Forécariah prefecture, where active and new chains of transmission continue. Workshops have been held in Siguiri, Kouroussa, Kérouané and Nzérékoré to garner community involvement and reduce reticence to the response. These outcomes are among those achieved with Fund support for projects implemented through UNICEF and partners. In addition, a communications campaign called 'Ebola is Enough' to support widespread and accurate messaging on the outbreak was launched by civil society groups via MPTF support to UNMEER.

Essential personnel have been employed and materials have been supplied through grants provided by the Fund and have strengthened and sustained the Ebola response in Guinea. Over 1,651 people have been deployed to support the response, including 195 medical doctors leading epidemiology and surveillance, five IPC experts and 17 logisticians. This additional human capacity was funded by the Ebola Response MPTF, among others, and deployed by WHO.

With regard to health infrastructure, six Community Transit Centers have been financed through the Fund and constructed: the Government has requested UNICEF to construct seven triage/treatment centers, which will improve rapid isolation and case management of patients with infectious diseases.

A clinic for responders was refurbished with standard amenities including a waiting room, emergency / treatment room, bed ward, pharmacy, and a waste treatment area, as well as a triage and isolation area. Four Ebola Treatment Units (ETUs) with a total capacity of 250 beds in Coyah, Guéckédou, Macenta and Nzérékoré were built; and in March construction of a new ETU in Nongo was commenced: it will be managed by MSF-Belgium. The responder health clinic and the ETUs were financed through grants made to WFP.

Essential equipment – including generators – was made available to Ebola Prefectural Coordination Cells to allow lighting and connectivity, and fuel was purchased for transport (via helicopter and boat) for the rapid deployment of investigation teams to remote locations. The finance was distributed by the MPTF and disbursed through UNMEER: it aided rapid control of a flare-up on the remote island of Kito.

Between November 2014 and April 2015, 16,447m³ of essential items¹ and 11,986 passengers were transported in Guinea and 28 strategic airlifts of relief items were made to the three most affected countries on behalf of the humanitarian community. These airlifts were undertaken by WFP using resources disbursed from the MPTF. In addition, since October, when the first helicopter equipped for Medevac started operating,

¹ This was not exclusively funded by the UN Ebola Response MPTF.

30 Medevacs of humanitarian and UN personnel in Guinea, Liberia and Sierra Leone were conducted. The cost of these operations, which were undertaken by UNHAS, was supported by the Fund.

Over 26,500 beneficiaries (inclusive of Ministry of Health, NGO and community workers) received the extra payments due to them for work they conducted related to Ebola. The timely payments have helped prevent strikes by Ebola Response Workers and assure the continuity of services and care. This project, which was supported by the Ebola Response MPTF, was conducted via UNDP, in partnership with the Government.

Liberia

On 9 May 2015, Liberia was pronounced free of Ebola². In getting to this milestone, 19,000 contact tracers and active case finders were deployed across the country's 15 counties; and 35 medical doctors were recruited to lead epidemiology and surveillance along with 70 IPC experts and 14 logisticians. Ten logisticians were deployed to five Forward Logistics Bases. The deployment enabled all of the counties to enhance surveillance operations; and 90 percent of County Surveillance Offices have access to functioning data processing equipment. This enhancement of human and technical capacity was undertaken by WHO, UNDP and UNFPA in support of the national government using finance provided by the MPTF.

In Montserrado County, active case finders were made accessible to some 1.2 million people. Project teams facilitated 209 safe burials, while Coordination Teams have identified and monitored some 8,613 community visitors. Community-Based Psycho-Social Support (PSS) teams have counseled and linked over 2,800 Ebola-affected families and survivors to support, while approximately 3,400 Ebola Response Workers have been paid through a Government system in Liberia. These results were financed by the Fund and attained through projects implemented by UNDP and partners.

With regard to reporting and oversight, 80% of the districts have submitted weekly active surveillance reports on time. 100 percent of districts have at least one weekly supervisory visit conducted from the national or county level. The Fund has helped procure and dispatch vehicles that assure that over 80% of districts in all the six counties receive weekly supportive supervision.

Community outreach and engagement projects funded by the Ebola Response MPTF helped bring transmission to zero in Liberia. The 'Operation Stop Ebola' campaign, for instance, targeted 1,090,000 people (80 percent) of the population of

Montserrado County. In January 2015, 990 community leaders were trained, who in turn trained other zonal and block leaders. With Fund support, a total of 239 megaphones were distributed along with 10,000 brochures to community leaders from eight wards covering 169 target communities in Paynesville and Monrovia City Corporation. Some 264 radio spots on Ebola aired throughout the 22 FM stations within Montserrado. By April 2014, 98,000 households had been reached, and it was estimated that mass media canvassed 250,000 people. These gains were achieved through a project provisioned by the Fund and implemented via UNICEF and partners.

Vulnerable populations, including those living along the border and children, have also been the focus of interventions. Motorbikes were provided to the County Health Team (CHT) to monitor the nine primary and 24 secondary border check-points; an estimated 50,861 travelers were registered and documented in April alone; and some 1,015 people living in the border district were provided additional support, all via Fund-supported Quick Impact Projects (QIPs).

With regard to children, 4,539 children registered in the Government's database have received one or more forms of child protection, PSS and/or case management services through UNICEF. Registration of children continues nationwide. In addition, one-time emergency cash assistance has been given to 2,292 orphans, and the Government has been provisioned with 200 personnel as well as: an increased number of social work workers (120, up from five) nationwide, with at least one in each district; 15 Child Welfare Workers; and 65 psychosocial support specialists/mental health clinicians. In preparation for schools reopening, 120 teachers and administrators have received psychosocial support training. Some 300 national youth volunteers have been trained as Contact Tracers to identify and refer children affected by Ebola, and 12 vehicles have been procured to extend outreach in remote communities.

Other outcomes in Liberia attained with Fund support included: the transport of 33,011m³ of essential items between November 2014 and April 2015³; establishment of five Forward Logistics Bases Main Logistics Hubs and regional staging areas to provide storage space for supplies meant for deep-field locations; and support for school re-openings across the country, supported by WFP. One Mobile Storage Unit was allocated to UNICEF at the Samuel K Doe Sports (SKD) main logistics hub, with a floor surface of 320m² for the provision of books and learning materials. These supplies will reach students in over 4,000 Liberian schools. Furthermore, the development of IPC standard protocols for schools and training teachers are being supported by WHO.

2 After over hundred days in which no-one was diagnosed with Ebola infection new infections were reported at the end of June 2015.

3 This was not exclusively funded by the UN Ebola Response MPTF



ACHIEVEMENTS OF THE EBOLA RESPONSE MPTF



Reopening of schools in Guinea
Photo: UNMEER

Sierra Leone

With Fund support, the WHO work force deployed alongside the Government of Sierra Leone and partners now includes 65 epidemiologists, 35 IPC experts, 13 logisticians and two social mobilization experts. Some 2,115 healthcare workers have been trained on IPC for Ebola and a training of trainers was held for 70 healthcare workers. A pilot community engagement training programme that has already benefitted 27,000 front line staff is being tested in a joint collaboration between the Government, UNFPA and WHO. A WHO-WFP partnership is already in full-scale implementation; with regard to office space, in Kambia, the small WHO village of prefabs is now operational and a hospital in Kambia has been rehabilitated for use as a holding center with a capacity of 40 beds.

Between November 2014 and April 2015⁴, a volume of 13,563m³ of essential items was transported with support from the Fund, via WFP. To prepare for the rainy season, prefabricated office structures at the four Forward Logistics Bases (FLBs) are being established to ensure operations continue despite potential access constraints. The storage capacity of the main logistics hub in Port Loko was expanded from 2,900m² to 7,680m² via an additional 14 MSUs of 32x10m, for a total of 23 MSUs.

Enhanced Rapid Response Stabilization Teams (RRSTs) and the NERC Secretariat are bolstering 'Phase 2' of the response in Sierra Leone. Information flow has been improved to the NERC Secretariat with the addition of new web and database technologies. Over the last six months, the Rapid Response Surge Fund (RRSF) has supported seven full surges and two medium surges, enabling critical case investigation and contact tracing; active case searching; implementation of community events based surveillance; border health screening; and a local healer support and alert program. Enabled by the Fund, this work has been supported by UNMEER and UNOPS.

With regard to Ebola Response Worker (ERW) payments, the National Ebola Response Center (NERC) has moved over US\$4 million per month in risk payments to ERWs starting in December 2014. Around 22,000 ERWs have been paid through the Government system, the efficacy of which has been improved by the removal of duplicate records, identification of fraudulent ERW records and the establishment of help desks for workers. These outcomes have been supported by a UNDP collaboration with the Government, financed by the Fund.

The Fund is also helping to support survivors. As of 30 April 2015, a list of 1,200 survivors, 150 widows and 700 orphans has been verified by the Government in a collaborative project with UNDP and UN WOMEN and financed by the Fund. By May 2015 the project will provision 500 Ebola survivors and destitute families with a one-off basic commodity package. The project is also providing financial support to 2,500 Ebola survivors and destitute families by developing a plan to support survivors' associations with a collective livelihood micro-project.

Finally, detention centers in Freetown and 12 other districts have been adapted to cope with the threat of Ebola and other infectious diseases. Thus far, 200 correctional officers have been trained on Ebola prevention and prevention kits are being distributed to 17 correctional facilities and three remand homes nationwide. The Infection Prevention Control (IPC) measures that have been put in place have benefitted over 3,000 inmates and correctional services staff. This project, supported by the Fund, has been implemented through a Government-UNDP partnership.

⁴ This was not exclusively funded by the UN Ebola Response MPTF.



EBOLA RESPONSE MPTF OPERATIONS

The Ebola Response MPTF is guided by the five strategic objectives of the UN Response STEPP strategy and its 13 Mission Critical Actions. The Fund will operate for a period of two years, through 30 September 2016. The funding priorities for the Trust Fund are defined by three 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, including from the work of the Global Ebola Response Coalition; and iii) the comparative advantage of the UN System, as assessed by the Special Envoy and through his interactions with the UN agencies, funds and programmes.

Governance Structure and Procedures

The Ebola Response MPTF has a transparent governance structure, which includes the Special Envoy and an Advisory Committee, a Fund Secretariat, Recipient Organizations and a Fund Administrator. The Special Envoy articulates the Ebola Response MPTF funding priorities and makes fund allocation decisions in consultation with the Advisory Committee. Recipient Organizations include UNMEER, UN organizations and departments, the International Organization for Migration (IOM) 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 Fund Secretariat provides support to the Advisory Committee; supports the fund mobilization efforts led by the Special Envoy; organizes calls for and appraisal of proposals; and monitors and reports on the Fund's programmatic performance to the Special Envoy and Advisory Committee. The Advisory Committee provides guidance to the Special Envoy 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 discussing strategic issues and sharing information on key issues. The Ebola Crisis Managers in each country prioritize and endorse proposals prior to submission to the Special Envoy and the Advisory Committee.

The Press Conference Call with the Republic of the Philippines

During a press video-link between Manila and New York, Dr. David Nabarro thanked the Government of the Republic of the Philippines for its generous contribution of 90-million-pesos (Approximately US\$2 million) to the UN Ebola Response MPTF. The Philippines' contribution supported many new needs, especially in regard to survivors and intensified action to end the outbreak. The Government of the Philippines noted that this was one way to give back to the international community

Advisory Committee

The Advisory Committee is a unique facet of the Trust Fund 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 Special Envoy on Ebola (as Chair), up to three representatives of contributing donors, one representative from each of the three most affected countries, and the Special Representative of the Secretary-General for UNMEER (serving as an observer). The UN Ebola Crisis Managers from each affected country serve as Resource Persons to the Advisory Committee, while the MPTF Office serves as an ex-officio member.

The Advisory Committee meets when there is an operational need to do so, in order to evaluate and fund projects as quickly as possible. It has met six times since the inception of the Fund and has allocated over US\$128 million for 23 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.

Ebola Trust Fund donor briefing on 20 February 2015

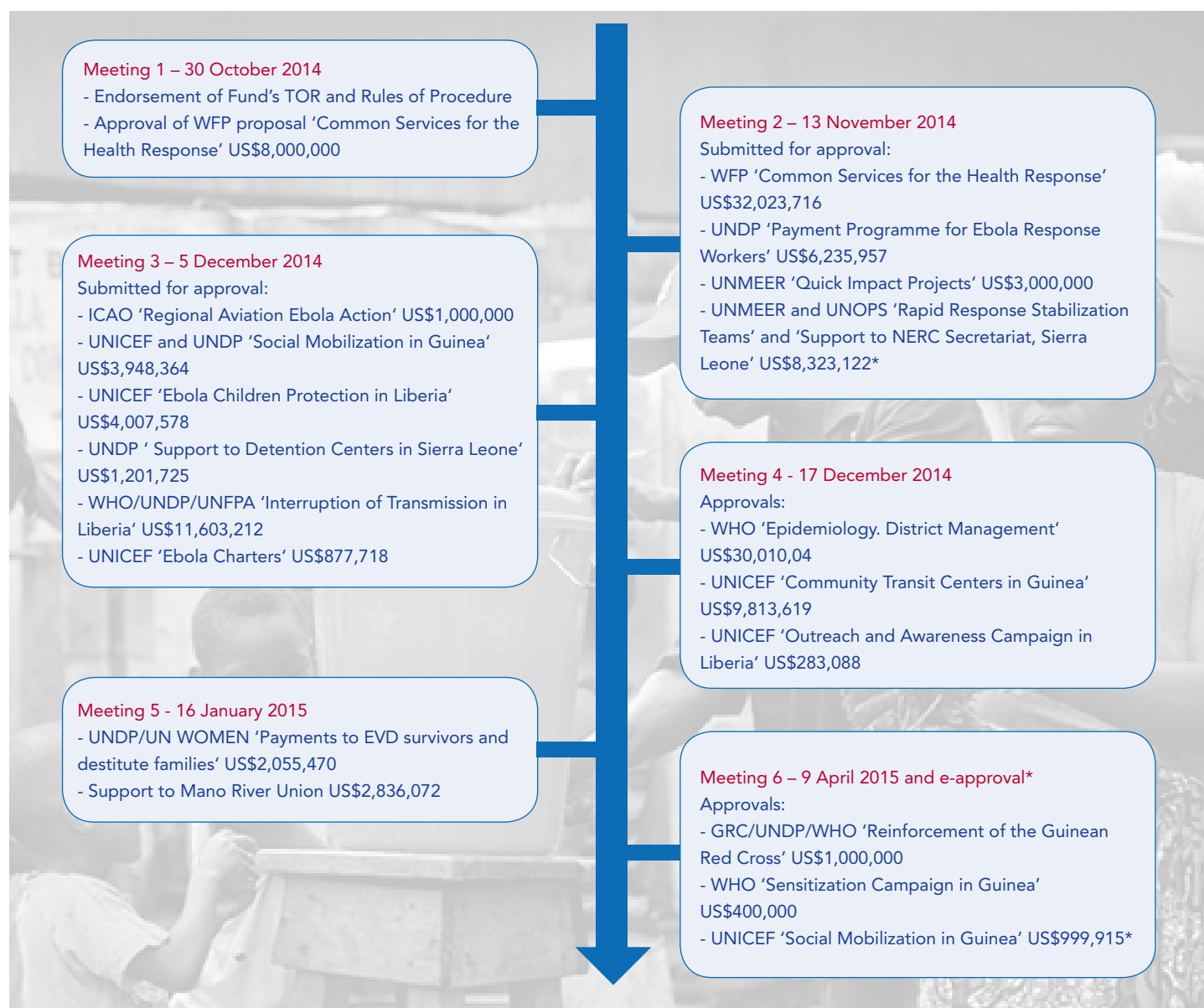
More than 50 Member States gathered at a Trust Fund briefing chaired by David Nabarro, the UN Secretary-General's Special Envoy on Ebola, in the company of the Permanent Representatives of the three affected countries, and representatives of the WHO and African Union. The first Interim Report of the Ebola Response MPTF, covering October 2014 through January 2015, was launched at this meeting. Countries including Denmark, Norway, Sweden and the UK expressed appreciation for this critical mechanism supporting the Ebola response.



Photo: MPTF Office



SUMMARY OF PROJECT APPROVAL



* Proposals approved via e-approval procedure

Transparency and Reporting

The Trust Fund Administrator and the Fund Secretariat maintain a public on-line platform (<http://mptf.undp.org/ebola>) containing Advisory Committee funding decisions, real-time financial information, and monthly and interim project and Fund-level reporting. The website provides programmatic and real-time financial information that is refreshed every two hours.

CONTRIBUTORS - UN EBOLA RESPONSE MPTF

The Secretary-General's Ebola Response MPTF garnered financial support from a diversity of governments, the private sector and private citizens, including schools and children. The Fund is the second biggest Trust Fund in terms of the number of donors financially supporting it, after the Secretary-General's Peacebuilding Trust Fund. It is number one in terms of breadth of donor engagement in the first six months of operation.

Most recently, the Fund has garnered contributions from the Government of the Philippines, which gave 90-million-pesos (approximately US\$2 million), in a show of solidarity with tragedy-affected countries.

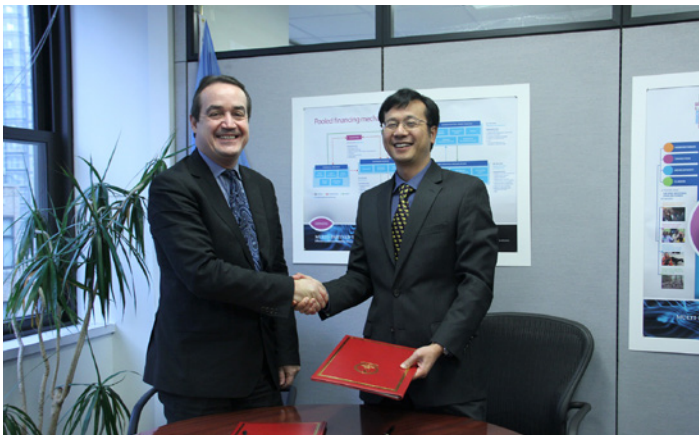
A wide range of Governments have contributed to the UN Ebola Trust Fund as reflected on the following page. In December 2014, The Volvo Group, a private company, made the first private sector donation to the Fund. In addition, the UN Foundation's Ebola Response Fund, the funds from which are held in the Ebola Response MPTF, has enabled many individual contributions.

As of 19 April 2015, the United Nations Foundation Ebola Response Fund had raised a total of US\$136,232 to benefit the UN's Ebola Response MPTF. This amount came from 493 donors from 40 countries and 45 U.S. states and territories. The average donation amount was US\$276.

The Volvo Group



The Volvo Group donated 10 million Swedish Krona to the Ebola Response Multi-Partner Trust Fund on behalf of its employees as a seasonal gift for 2014. The company's decision to support the UN's Ebola response gave much needed resources to critical and unfunded priorities in the fight against Ebola. The Volvo Group, which is a founding company of the UN Global Compact, made the first private sector donation to the fund, setting an example for other companies to get involved and contribute to stopping Ebola's spread.



China Signatory Event Ebola MPTF



Bolivia Signatory Event Ebola MPTF



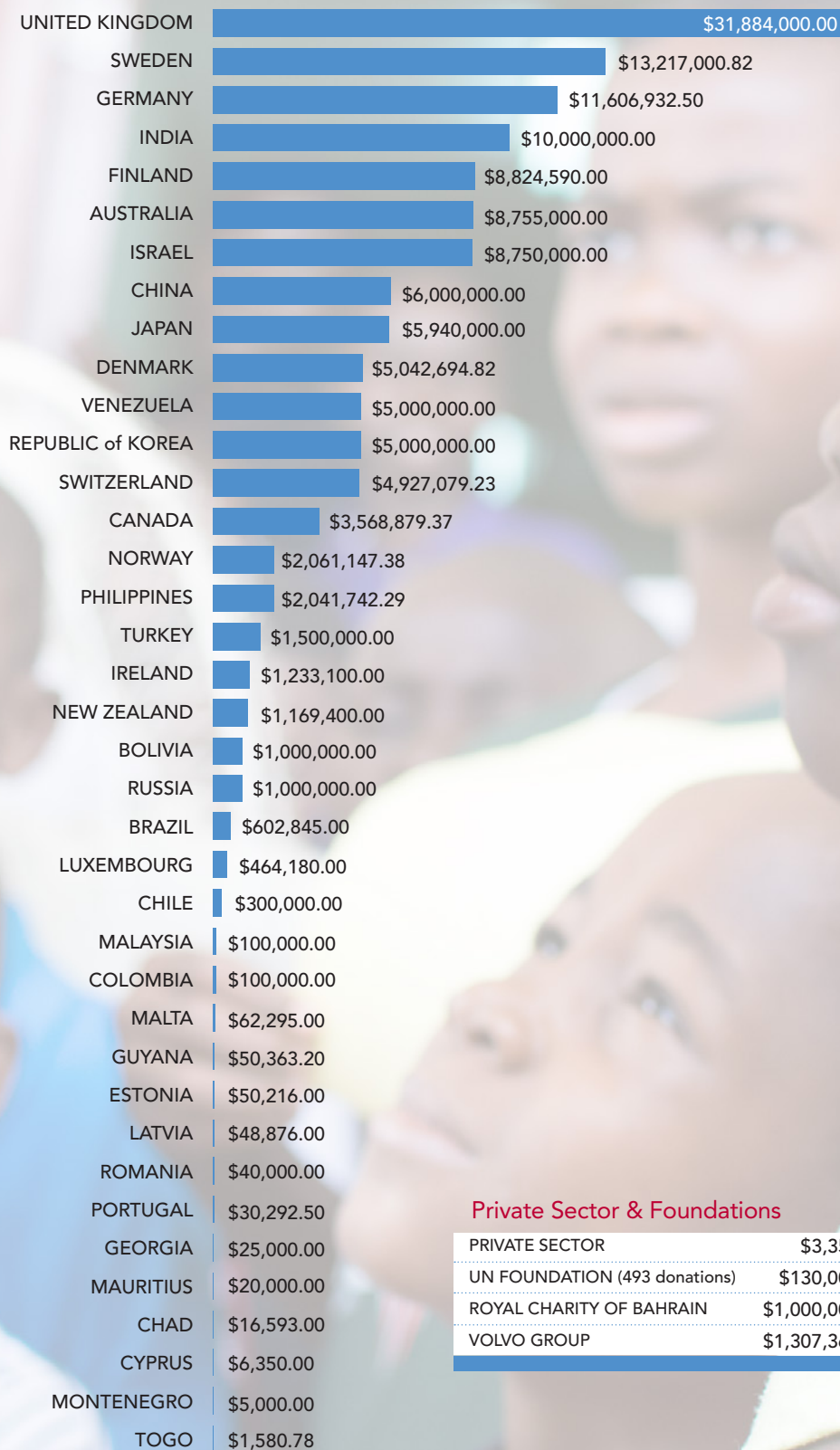
Mauritius Signatory Event Ebola MPTF



Philippines Ebola Response MPTF Signing Ceremony



CONTRIBUTORS - UN EBOLA RESPONSE MPTF



United Nations African Mothers' Association: keeping the commitment

The United Nations African Mothers' Association, previously known as United Nations African Mothers for the Crisis, was formed in 1984 by African women in the UN system at a time of famine and distress in Africa. We are working closely with UN agencies, NGOs and Foundations by raising funds to help realize our objective of supporting projects in Africa that benefit women and children.

Last year at the time when the Association celebrated its 30th anniversary in December 2014, Africa was again facing a serious crisis - the Ebola outbreak in Liberia, Sierra Leone and Guinea. In keeping with the Association's commitment to help make a difference in the lives of African mothers and children, we once again responded to the Secretary-General's appeal to the international community for intervention. We were heartbroken to hear about children and families affected by the crisis and we responded with a commitment to raise funds to support children, caregivers and families contributing US \$20,000 to the UN Ebola Response MPTF.



Ms. Luzia de Jesus Gaspar Martins, President of the Association, and six members of its executive committee handed the Association's contribution to the Special Envoy on Ebola, Dr. David Nabarro

Not too young to make a difference in the Ebola outbreak

When 15-year-old Fiyin Durojaiye received an assignment to carry out a major school project, it didn't take her long to settle on a theme. A student at Malvern St. James in Worcestershire, United Kingdom, Durojaiye is originally from Nigeria and had been following the Ebola outbreak in West Africa closely. While she was grateful that Nigeria had just been declared free of the virus, Durojaiye knew that Ebola was continuing to run its deadly course in other countries in the region. "It was truly overwhelming and I wished I could do more," she said. "[Then] I realized that no one ever changed the world by doing nothing. I see myself as not being too young to make the world a better place."

Motivated by this sentiment, Durojaiye came up with an idea to host an exhibit about contemporary African arts and fashion. She conducted a survey to determine the types of goods that would most interest her audience. She then secured a wide variety of products from Nigeria during a visit to her home country, ranging from clothes and accessories, to paintings, to carvings and more. The exhibition, which she advertised throughout the school, featured the African items for sale, complimentary Nigerian finger foods, African music and a continuously running PowerPoint presentation on the Ebola outbreak.

Through the sale of the African goods, as well as through small voluntary donations made by attendees, Durojaiye was able to raise more than £1,000 (\$1,515) to donate towards the Ebola outbreak response in West Africa. She researched many of the organizations supporting the response, but she ultimately decided to contribute to the United Nations Foundation Ebola Response Fund. According to Durojaiye, she chose this fund, which directly supports the UN's Ebola response, because "I was particularly inspired by Mr. Ban Ki-moon's quote, which said, 'Ebola is a major global crisis that demands a massive and immediate global response...No country can defeat Ebola alone.' It was exactly how I felt about Ebola." Durojaiye is also a member of the Model United Nations and knew the UN would put her donation to good use in its fight against Ebola.

Most of Durojaiye's friends were surprised that she undertook such an ambitious task for her project, though many were supportive. She also noticed that this support grew as she helped educate the school community about the Ebola crisis. She credits the school's strong culture of charitable support with much of her exhibition's success, and she hopes it will inspire other students to take on similar projects in the future. She certainly plans to continue to do so, herself. "You should never feel intimidated by the magnitude of a problem around you," she said. "Once there is a call for help, please take a step and do something. You could be the solution to others' problems or needs."



Fiyin Durojaiye (R) and her friends

Photo: UN Foundation



GUINEA



COUNTRY PROFILE

By Mission Critical Action



GUINEA

Reflections from Ebola Crisis Manager, UNMEER-Guinea, Mr. Abdou Dieng

The Role of UN Ebola Response MPTF in financing the unfunded gaps

While Guinea was facing this unprecedented crisis, partners were compelled to learn and adapt their support based on the context and evolution of the epidemic. Given these circumstances, the UN Ebola Response MPTF, with its flexibility and simplified and rapid procedures, has been an appropriate funding mechanism, allowing for the launch of necessary programmes and the procurement of complementary materials in Guinea. The Trust Fund ensures efficient resource mobilization, and supports rapid, coherent and efficient interventions across UN agencies. In addition, the close collaboration between the UN agencies, partners and the national counterpart, the National Coordination Cell, has been critical in assuring that the needs and gaps identified by the countries have been taken into account. The variety of activities funded through MPTF projects have ranged from social mobilization to case management, from logistical support to cross border projects.

Through the UN Ebola Response MPTF, it was also possible to strengthen the strategy validated by the National Ebola Coordination Cell. UN Agencies, Funds and Programmes were able to provide continued support to the successive plans elaborated by the national authority together with the international community. This was recently the case when support was given to a campaign for sensitization and early detection of Ebola suspected cases in lower Guinea. This door-to-door campaign was prompted after a Presidential declaration to reinforce a medical state of emergency for 45 days in the six most affected prefectures of Guinea. It was a significant step towards the elimination of the virus in Guinea.

UNMEER has been identified as a partner able to support and fund activities meant to strengthen the coordination capacity of partners at the district level. UNMEER has respected the spirit of the MPTF by emphasizing access through UN System Organizations to the local NGOs and other community organizations that have local knowledge. It is clear from Monitoring and Evaluation and closure reports provided by recipient agencies that their collaboration with local NGOs and other community organizations to support interventions addressing the current outbreak have shown promising results. This is evident from the downward trend in Ebola transmission rates within Guinea.

To date, the approved budget for Guinea is US\$ 43,982,832. So far, US\$ 42,982,917 has been disbursed. Some of the results obtained through Ebola Response MPTF funding are as follows:

- Sensitization and early detection of Ebola suspected cases in affected districts;
- Sensitization of the general population and community leaders;
- Prevention of new infections by ensuring safe and dignified burials of deceased patients; and
- Prevention of strikes among Ebola Response Workers by providing timely payments.

Transition from UNMEER to UN Country Team

The UNMEER Country Office has also been keen on assuring that the UN Country Team continues its resource mobilization efforts to support critical programmes with large operational budgets under the recovery phase. Such programmes, like logistical support, would need to run for an extended period of time to help prevent the reemergence of Ebola in Guinea. Should Ebola resurface, the objective of recovery efforts would be to ensure that health structures have adequate protocols, materials and staff to detect and respond to any outbreaks.

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In Guinea, the UNMEER Country Office has kept the UN Country Team abreast of the Ebola outbreak. This has allowed for the circulation of timely information. It has also served as a forum for discussion on progress made by each agency (at the central and field levels), a means to assess the Government's ability to respond to requirements (human resources, materials and funding), and an understanding of the level of support that could come from other governments.

The downward trend in transmission rates in Guinea since January 2015 has given hope that the outbreak could soon stop. Given the positive progress by humanitarian actors, discussions between UNMEER and the UN Country Team have focused on the recovery phase of the humanitarian response. As such, UNMEER would gradually cease its coordination work with respect to the emergency operations and essential services (end of April), but continue with coordination of field operations (end of July).



Photo: UNMEER



UN EBOLA RESPONSE MPTF



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.

AT A GLANCE

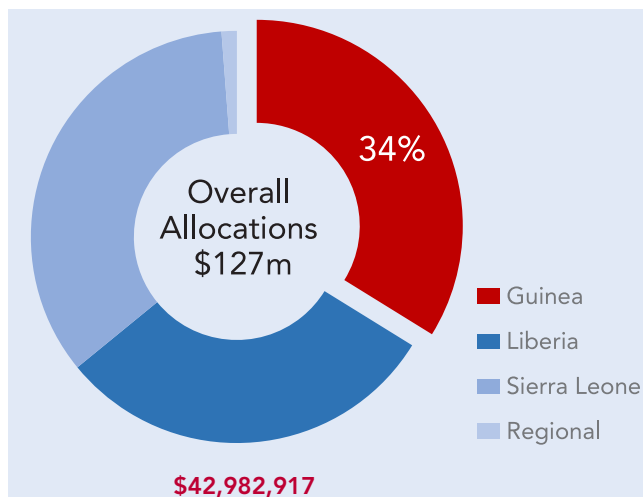
\$ 43m Contributed

\$ 23m Expenditures

9 Proposals

6 UN Entities

Funding Guinea as of 30 April 2015



Funding per Mission Critical Actions - Guinea as of 30 April 2015



PIPELINE

#30	Reinforcement of the Guinean Red Cross	GRC, UNDP, WHO (funded 29 May, 2015)
#32	Ensuring Safe and Dignified Burials	IFRC
#34	Support to Ebola Survivors	Pink Cross



GUINEA

Mission Critical Action 1



MCA1

Identify and trace people with Ebola



\$6.7 million
allocated

COVERAGE: High Case Load districts **10** Other Districts **19**

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093251	#16 Epidemiology District Management	19-Dec-2014 6-Feb-2015	\$ 6,308,640	\$1,342,400
00094960	#35 Sensitization and Early Detection Campaign	08-May-2015	\$ 400,000	\$ 0

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Contact Tracers	1,511 Contact Tracers	1,511 Contact Tracers	WHO
	66 Supervisors	66 Supervisors	
	74 District monitors	74 District monitors	
Epidemiologists deployed	25 International Staff	195 ¹ International Staff and National Staff	WHO
Vehicles	25	131 Leased vehicles	WHO

Situation Update

In the first three days of the week leading up to 15 May 2015, 15 new cases of Ebola were reported in Guinea. Most of these cases resulted from one outbreak of nine cases in Dubreka, which all came from the sub-prefecture Tanene. Whilst none of the nine were from registered contacts, after further investigation, epidemiological links to each have been established. According to information received by UNMEER, several contacts of one confirmed Ebola case in Kamsar (Boké), fled to Tanene using public transport while showing symptoms of Ebola.²

Tracking transmission chains in Guinea remains challenging. Some communities continue to resist care and response. In the week leading up to 13 May, the WHO Situation Report noted some 23 reported unsafe burials out of 368 reported community deaths. While the number of unsafe burials has declined for a third consecutive week, community outreach focused on behavior change continues to be an important element of the Ebola response.

Early Achievements and Results

With Fund support, project partners are working to increase total staffing in the country; district-level capacities to monitor and trace contacts and suspected cases are being strengthened; and recruited experts are integrating into district-level emergency committees focused on areas with the most active transmission. These experts, recruited by WHO in partnership with the Government, are reinforcing the ability of districts to find, investigate, monitor and refer new cases, as well as helping to assuage fear and assure accurate communications on Ebola.

Today over 1,651 people are deployed in Guinea (with funding from donors including the Ebola Response MPTF) to support the response, including 195 medical doctors focused on epidemiology and surveillance. WHO, at the request of the Government, has hired and trained large numbers of national experts.

Teams are working in the high case load districts to ensure that

¹ "Further to the original proposal to hire a limited number of international epidemiologists, WHO and the Government decided it would be more effective and sustainable to hire local staff in larger numbers to cover all the target prefectures. This resulted in the hiring of over 190 compared to 25 planned."

² UNMEER External Situation Report 15 May 2015: http://ebolaresponse.un.org/sites/default/files/150515_-_unmeer_external_situation_report.pdf



GUINEA

all cases are investigated and referred appropriately, and that a listing of all contacts are made and provided to a team lead for contact tracing. Data consolidation, management and analysis in real time are being provided to inform district level response strategies. International staff have been supporting capacity building and linkages at all levels.



Meeting with the community for contact tracing sensitization.

Photo: WHO



GUINEA

Mission Critical Action 3



MCA3

Care for Persons with Ebola
and Infection Control



\$20.24million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093219	#23 Community Transit Centers (CTCs)	19-Dec-2014	\$9,813,619	\$ 4,459,906
00093254	#16 IPC District Management	19-Dec-2014	\$1,990,380	\$ 176,348
00092644	#1 Transportation of Essential Items	26-Nov-2014	\$3,780,000	\$ 2,575,553
00092847	#1 Storage Capacity	23-Dec-2014	\$658,902	\$ 0 ¹
00092450	#1 Air Services	07-Nov-2014	\$4,000,000	\$ 3,402,005

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
CTCs Community Transit Centers	6	6	UNICEF
Treatment/Triage Centres	7 ²	0	
IPC Expert Infection & Prevention Control	10	5	WHO
Vehicles	10	10	WHO
FLBs Forwarding Logistics Bases	1	1	WFP
Transportation	1,000m ³	Feb 2015 2,764m ³ Mar 2015 3,091m ³ Apr 2015 2,261m ³	WFP
Strategic Airlift	12 Covering all three countries	28 Covering all three countries	WFP
Air Services	1,300 Passengers/months (all three countries)	Feb 2015 2,094 passengers Mar 2015 2,271 passengers Apr 2015 2,718 passengers	WFP

¹ WFP internal mechanisms do not allow the reporting of expenditure until final closure of the project. The figures provided represent expenditures assigned at a point in time to grants as part of a pool fund. These figure may not represent the actual the level of expenditure, until expenditures are certified.

² Proposal recently reprogrammed



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Situation Update

As of 13 May 2015, Guinea has registered 3,597 confirmed cases of Ebola and 2,392 deaths since the epidemic started. Transmission remains active in the country, which had 15 new cases in the first three days of the week leading up to 15 May 2015, most coming from an outbreak in Dubreka.³ Some Guinean communities continue to resist care and practice unsafe burials, meaning that community outreach focused on behavior change continues to be an important element of the response.

Early Achievements and Results

The diminishing number of new cases of Ebola over the course of the outbreak is in large part due to expanded social mobilization and sensitization efforts, which the Fund has supported. As part of a Government-led effort, a four-day intensified campaign in Forécariah was launched with the aim of ending the Ebola outbreak. Some 2,120 community and health workers were organized into 495 teams that visited 60,000-plus houses in the prefecture. This same strategy, which was led by UNICEF and partners, was also employed in the prefecture of Coyah from 25-28 April 2015.

In addition, the Government requested UNICEF to establish six Community Transit Centers (CTComs) located in Kouremalé, Friguigbé, Kissidougou, Kouroussa, Bofossou and Koropara. In February 2015, as the epidemiological situation changed, the National Coordination Committee requested UNICEF to stop the construction of the remaining four CTComs as they might not be needed. In addition to the six completed, one CTCom constructed in Bossou was destroyed after completion.

In consultation with the Government, UNICEF has requested an extension of this project until December 2015. It has also requested to re-purpose the remaining US\$4.3 million to fund construction of seven treatment/triage centers in Nzérékoré, Mamou, Faranah, Boké, Kankan and Labé. These centers will address and improve rapid isolation and case management of patients with infectious diseases by establishing isolation units within health centers.

In addition, district-level Infection Prevention and Control (IPC) experts have been recruited and are supporting community care centers with training, on job-mentoring and day-to-day supervision. These personnel were recruited by WHO.



Internet installed at an ETU
Photo: WFP



Ebola Treatment Unit set up by WFP in Coyah, near Conakry

³ UNMEER External Situation Report 15 May 2015: http://ebolaresponse.un.org/sites/default/files/150515_-_unmeer_external_situation_report.pdf

GUINEA

Mission Critical Action 4

**MCA4**

Medical Care for Responders

**\$1.58** million
allocated

COVERAGE: Country, including districts areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093284	#1 Responder Clinic	23-Dec-2014	\$1,577,030	\$1,514,451
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
Rehabilitation of Responders Clinic (Level 1)		1	1	WFP

Situation Update

At the onset of the outbreak, the UN medical facility in Conakry consisted of a single room structure with limited equipment located inside the UN compound. This facility quickly became obsolete and was not adapted to increasing demand following a large deployment of response teams in Guinea.

The Fund has consequently supported the scale-up of logistics networks and infrastructure construction to provide for, *inter alia*, the protection of healthcare workers. A request to set up a Level 1 UN clinic in Conakry by made by UNCT to WFP, in the framework of its common service special operation, and in addition to its contributions to logistics. Meanwhile, UN staff was allowed access to the Centre de Traitement des Soignants (CTS) of the French Government in Conakry to meet the most urgent needs.

Early Achievements and Results

Following discussions with the UN country team and medical department in New York, a decision was made to move the medical facility to another area to accommodate a larger structure. An existing premises was entirely refurbished and transformed into a full-fledged UN clinic, with support from WFP. Rehabilitation included light construction, electricity and the set-up of a water and sewage system, as well as the provision of a high power generator, water tank and technical support.

The UN clinic comprises standard amenities including a waiting room, diagnostic block, examination rooms, sick bay emergency/treatment room, beds ward, pharmacy and a

waste treatment and incineration area. The facility was further expanded to accommodate Ebola contact cases, including a triage and isolation area. Further, the UN clinic has connectivity and is equipped to ensure minimum operating security standard for communications.

In addition, four Ebola Treatment Units (ETUs) have been completed in Coyah, Guekedou, Macenta and Nzerekore as part of a request by partners and the Government of Guinea to the WFP. In March, a new ETU in Nongo to be managed by MSF-Belgium went under construction. All ETUs have been equipped with wireless internet connectivity. These ETUs, representing a total capacity of 250 beds, were not part of the initial earmarking through the Ebola Response MPTF funding and therefore they constitute a deviation from the original plan.



Layout plan- Level I Clinic for UN personnel

Photo: WFP



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Moreover, with Fund support, medical evacuations and isolation bubbles for the safe air transportation of humanitarian workers with Ebola-like symptoms have been provided along with transportation from remote areas into Conakry. These services were orchestrated by WFP and UNHAS. Since October, when the first helicopter equipped for Medevac started operating, 30 Medevacs of humanitarian and UN personnel have been performed in Guinea, Liberia and Sierra Leone.



Medical evacuation simulations using isolation bubble units provided by WFP

Photos: WFP

GUINEA

Mission Critical Action 7

**MCA7**Cash Incentives for
Workers**\$2.2** million
allocated**COVERAGE:** Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00092904	#7 Payment for Ebola Workers	04-Dec-2014	\$2,204,200	\$1,431,103
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
Average # ERWs (Ebola Response Workers) paid per payment cycle through Government systems with UNDP support (# of Cycles)*		N/A	23,174 (#6)*	UNDP
Average number of ERWs paid per payment cycle through UNDP Contingency Plan (# of Cycles)*		500	1,225 (#4)*	UNDP

*Please note that the Government of Guinea leads payments to ERWs. UNDP only provides support, whether by supporting payments through government systems or through UNDP's Contingency plan, when requested by the Government. There are payments, especially for pay rolled Health workers in the Ministry of Health, which are paid directly by the Government with no UNDP support.

Situation Update

At the height of the Ebola epidemic in November 2014, thousands of Ebola Response Workers (ERWs), were not registered and/or were receiving inadequate pay or delayed payments for their role in the response. In addition, payments were not harmonized across different groups of beneficiaries, which included: workers from the Ministry of Health (MoH) that were beneficiaries of a motivation indemnity on top of their salary; ERWs that were personnel working in the Ebola Treatment Centers (ETCs), as burial teams and as contact tracers; and community engagement workers that were members of community watch committees tasked with raising Ebola awareness.

Several different pay scales were in place for MoH workers and NGO workers, and the salary and compensation levels varied greatly within and in between the different payment schemes.

ERWs working for NGOs in the treatment centers in Guinea did not receive any incentive payments while their counterparts at the MoH were granted a significant motivation indemnity. As a result, disputes over indemnity payments caused threats of strikes and social unrest among ERWs in ETCs, and Guinea faced a real and imminent risk of interruption to its Ebola response.

Early Achievements and Results

The project's goal of ERWs receiving appropriate payment was achieved despite technical and financial gaps caused by the registration of workers under different payment systems. In April 2015, a total of 26,597 beneficiaries (inclusive of MoH, NGO and community workers) in Guinea received indemnity payments for work related to Ebola.

MINISTRY OF HEALTH	EBOLA WORKERS	COMMUNITY
WORKERS FROM MINISTRY OF HEALTH BENEFICIARIES OF AN INDEMNITY OF MOTIVATION ON TOP OF THEIR SALARY	EBOLA WORKERS: CTUs, BURIAL TEAMS, COORDINATION CELL CONTACT TRACERS	COMMUNITY ENGAGEMENT BENEFICIARIES
4,939	3,695	17,963



GUINEA

The National Coordination Cell, the national body responsible for coordinating the Ebola response in Guinea, was assisted in establishing a harmonized policy on indemnity payments across all sectors of ERWs, both those employed by the Government and by the international NGOs running ETCs, as well as other sectors of Ebola-related workers and beneficiaries. In order to achieve compensation parity among the different ERWs, an indemnity compensation scheme for the ERWs working for NGOs was put in place. The Program for Payments for Ebola Response Workers (PPERWs) also assisted in anticipating the necessary cash flow and facilitated negotiations between the Government and the World Bank to increase its grant from US\$1.5 Million to US\$6 Million, ensuring payments through June 2015. This project was led by UNDP.

In December 2014 and in January 2015, ETCs that faced unrest among workers were visited as part of the project. ERWs were made to understand that they would receive indemnity payments as a motivation to continue their important life-saving work. This calmed the workers and mitigated threats of strikes.

Given a temporary financial gap, the National Coordination Cell requested the assistance of UNDP to finance and operate payments to ERW beneficiaries working for NGOs as a one-time payment for December 2014, through the PPERW contingency plan. UNDP financed this payment request for ERWs working in four NGO-run treatment centers (Alima, Médecins Sans Frontiers, and French Red Cross) in Guinea, paying approximately US\$280,000 through the PPERW project funds, provided by the MPTF. Following the success of the first payment round, the National Coordination Cell once again requested UNDP to make the payments for January through June 2015 (approximately US\$350,000 – US\$400,000 per month, given an expanded base of ERW beneficiaries). On

average, 1,225 front line ERWs via the PPERW's contingency plan were paid on a monthly basis. Strikes have thus been avoided.

Currently, there is no central database in Guinea for all ERWs. There are several paying entities (MOH, UNDP, IFRC, WFP) with their own databases. A central IMS system is currently being setup that will centralize all the databases in Guinea and insure interoperability with the MOH system. This will ensure sustainability and is preferable to creating a parallel system. Going forward, the Government will be assisted in strengthening its ERW registration system, as well as with initiating a diagnostics study on the system. Moreover, it will assist with setting up a monitoring system and a payment system for ERWs based on Government request. It will also continue managing indemnity payments to administrative personnel working in ETCs to compensate them for risks of exposure.



PPERWs Guinea Identification and Payment

Photo: UNDP

GUINEA



Ebola Response Workers
Photo: UNDP

"It was very difficult frankly, it was hard," says Akoï standing in front of the Red Cross compound in Macenta. As a nurse at the Ebola Treatment Center in these lush mountains some 800 miles from Conakry, in Guinea, he reminisces on the months past, fighting on the front line of the epidemic. Like many of his colleagues, he not only had to fight his fears, but those of his family, as he crossed daily into the red zone of one of the seven treatment centers in Guinea.

"The work in a treatment center for Ebola was difficult. The virus was there; God only saved us! We were amongst people who were dying; family members were being brought in, and we were in our protective suits, with the heat it was relentless day and night. We had to be courageous; otherwise we would have given up."

"This incentive payment rewards all of us for the risk that we have taken. It's significant for us, while the epidemic was taken place, if we were not courageous, we would not have been able to carry on, but this is a recognition of what we did."

To secure and reward the essential services provided by health workers during a very difficult time, the Government, World Bank, and the UN, worked on a hazard payment program. At its peak, the programme provided fiduciary incentives to as many as 26,000 health workers. The payment for those working in the Ebola treatment centers was sizable; a 75% bonus of their monthly wage.

Akoï is humble about the part he played, noting that without the hygienists, nurses and doctors who volunteered to help, and the financial recognition that rewarded them for their commitment, Guinea couldn't have brought the Ebola virus under control.



GUINEA

Mission Critical Action 9



MCA9

Reliable supplies of materials and equipment



\$2.6 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093526	#16 District Logistical Capacity	22-Jan-2014	\$2,618,660	\$ 2,446,075

PRIORITY INTERVENTION

PLANNED

ACHIEVED

RESPONDING AGENCIES



Logisticians deployed

15

17

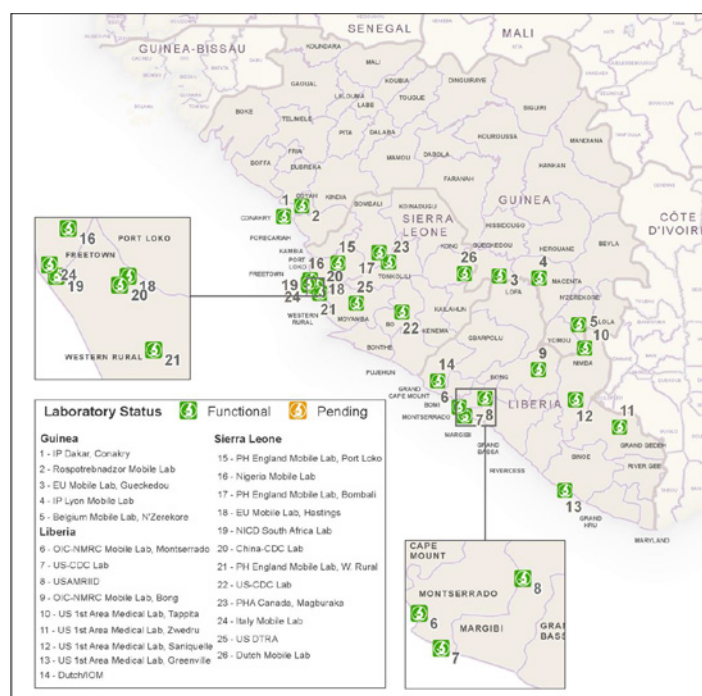
WHO

Situation Update

Though caseloads have fallen substantially since the height of the outbreak in Guinea, intensified contact tracing, surveillance and early treatment at the district level remain critical to efforts to bring transmission to and keep it at zero. The country's 15 new cases in the first three days of the week of 15 May 2015 came from nine cases all in one sub-prefecture, Tanene. While none of the nine were registered contacts, after further investigation, epidemiological links to each have been established. According to information received by UNMEER, several contacts of one confirmed Ebola case in Kamsar (Boké), fled to Tanene using public transport while showing symptoms of Ebola. Such events underscore the importance of a consistent and well provisioned response to research, respond to and contain remaining cases.

Early Achievements and Results

To support "last mile" efforts to end the outbreak in Guinea, to date, continuous, effective supply chain management for public health interventions at the prefecture level has been assured. One logistician per prefecture has been recruited to oversee day-to-day disbursement of essential supplies required for case management and Infection Prevention and Control. The logisticians manage logistics for epi-surveillance such as distribution of forms and tools, contact tracing and monitoring. Overall, the agency has hired 17 logisticians. These activities and resources have enabled case-finding, contact tracing as well as other investigations. With Fund support, this project is being implemented by WHO in partnership with the Government.



WHO Situation Report, 11 February 11, 2015: Table shows functional and pending laboratories.

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Mission Critical Action 10

**MCA10**

Transport and Fuel

**\$0.28** million
allocated**COVERAGE:** Country, including district areas

MPTF Project No: 00093226	Title: #22 Ebola Charters	TRANSFER DATE: 19-Dec-2014	AMOUNT: \$ 276,262	EXPENDITURES (Apr 15) \$ 276,262
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PRIORITY INTERVENTION

PLANNED

ACHIEVED

RESPONDING AGENCIES



Flight Cargo

56MT**100%**
delivered**UNICEF**

Enabling the Response

With regard to assuring achievement of MCA 10, the Fund financed one UNICEF charter carrying Ebola supplies. The charter delivered 56 metric tonnes of supplies to Conakry. Supplies included PPE, nutrition, tents, tarps, hygiene gloves, and medicine.



Reception of PPEs for the personnel working in Ebola Treatment Centers and health facilities
Photo: UNICEF



GUINEA

Mission Critical Action 11



MCA11











Social Mobilization and Community Engagement



\$7.35 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093105	#3 Social Mobilization and Community Engagement	12-Dec-2014	\$ 3,948,364	\$3,377,714
00093970	#16 Social Mobilization	6 Feb 2015	\$ 570,788	\$182,182
00094442	#29 Support Confidence Building Units from Mano River Union (MRU)	13 Mar 2015	\$ 2,836,072	\$1,537,854

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
 Community Watch Committees (CWCs)	2,560	2,359	UNICEF
 Vehicles	10 Ambulances 20 Motorbikes	6 Ambulances + 13 trucks 76 Motorbikes	UNICEF
 Training of volunteers on EVD	12,800	12,800+	UNDP
 CBUs (Confidence Building Units) fully functioning	30	Recently Funded	UNFPA UNICEF UNDP
 Trained community leaders by TOTs	80%	Recently Funded	UNFPA UNICEF UNDP
 Door to Door sensitization activities on EVD MRU	1 million	1.2 million	UNFPA UNICEF UNDP
 Social Activities (including sports, gatherings, village meetings)	360	360+	UNFPA UNICEF UNDP
 Radio Debates on EVD sensitization	200	200+	UNICEF UNDP
 EVD affected Families/ Women supported	N/A	5,596 390	UNFPA
 Social Mobilization Experts	3	10	WHO

GUINEA

Situation Update

Social mobilization and efforts to directly involve community members in neighborhood sensitization and surveillance, early alert and referral of suspected Ebola cases and contacts, have been critical to bringing transmission down to current levels in Guinea. These interventions will continue to be critical in getting to and maintaining zero transmission.



WHO Social Mobilization
Photo: WHO

Early Achievements and Results

Advocacy to sensitize the population on health-seeking behaviors, reduce Ebola-related stigma and introduce precautionary measures, all of which have directly contributed to the downward trend in caseloads, is being undertaken. Workshops in Siguiri, Kouroussa, Kérouané and Nzérékoré have been conducted to build support in and gain the trust of communities with regard to the response. The communities, after expressing their views, put in place a localized action plan to share messages with their families and influence behavior change. These project activities have been led by UNICEF and partners.

In addition, communicators, social mobilization experts and anthropologists recruited by WHO participated in an 'Urgence Sanitaire Renforcée' campaign held 11-14 April 2015 in Forécariah. The campaign, which went door-to-door, aimed to identify any potential or suspected Ebola cases. WHO-recruited personnel are also working with surveillance and epidemiological teams in the five communes of Conakry and the seven active prefectures. They are actively supporting contact tracing and case identification as well as tracking community deaths and unsafe burials.



GUINEA

To support government capacity, two senior staff have been put in place to assist the chairman of the sub-commission on communication. Operating expenses to support the decentralization of the Ebola response and improved coordination at the national, prefectural and communal levels is being maintained. To facilitate coordination, information sharing and the daily planning of operations, a ten-partner platform for the six most affected prefectures has been established. It serves as an operation center and reduces

implications from staff turnover. UNICEF, which has supported these capacity upgrades, is also adopting an “urban strategy” to further decentralize services to the 130 neighborhoods of Conakry, as well as Dubréka and Coyah. The aim is to ensure that every single household is reached with the necessary communications and alerts.

In April 2015, Ebola Response MPTF funds were allocated to UNFPA, which works with 518 community agents and 804 members of 132 village committees in seven districts in Guinea. To improve the institutional capacity of its implementing partners, recruitment of midwives by the Ministry of Health (MoH) has been supported. With selection completed, the midwives will be deployed to 25 health structures in May. With a view to boosting community knowledge and support to community engagement activities, delivery kits, section kits and blood transfusion kits, all of which will be distributed after the midwives have been deployed, have been provisioned. Hospital kits, individual protection for health workers and an exam table are also being procured. Finally, in order to help mitigate the financial impact of Ebola on vulnerable groups, one women’s organization per prefecture (Nzérékore, Macenta, Lola, Gueckedou, and Forécariah) will be supported. Field visits to identify the organizations are planned for May.



Le Supérieur Scout déroule la boîte à image à la Gare Routière de Coyah
Photo: UNICEF

GUINEA

L'UNICEF appuie les scouts dans la riposte contre Ebola

Les scouts de Guinée ont mené des campagnes de sensibilisation dans toutes les communes de Conakry, ainsi qu'à Coyah, Forécariah, Dubréka et Boffa, avec l'appui de l'UNICEF.

L'objectif de cette grande mobilisation des scouts a été de faire intervenir un maximum d'acteurs dans la riposte contre Ebola dans les lieux les plus affectés par l'épidémie. Lors de la première phase du projet qui a eu lieu du 27 février 2015 au 13 mars 2015, plus de 6,000 kits d'hygiène ont été distribués et au moins 64,000 personnes ont été touchées.

Les activités menées par les scouts comprennent des séances de sensibilisation porte à porte, des carnivals accompagnés de fanfares, des matchs de gala, des causeries autour de feux de camps lors de veillées nocturnes et des projections publiques de films de sensibilisation contre Ebola.



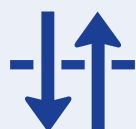
Sensibilisation des jeunes après un match de Gala à Kouria dans Coyah

Photo: UNICEF



GUINEA

Mission Critical Action 13



MCA13
Preventing Spread




\$2.0 million
allocated

COVERAGE: Country, including district areas

RESPONDING AGENCY: UNMEER

MPTF Project No: 00092649	Title: #11 Quick Impact Project	TRANSFER DATE: 3-Dec-2014 16-Apr-2014	AMOUNT: \$1,000,000 \$1,000,000	EXPENDITURES (Apr 15) \$ 599,813
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PRIORITY INTERVENTION	PLANNED	AMOUNT FUNDED	ACHIEVED
 QIP - Quick Impact	8000 liters of fuel	\$ 11,232	100%
	UNMEER with National Coordination Cell		
	Payment for health workers	\$ 298, 295	100%
	Provision of Condolence Kits	\$ 39,375	80%
	Provision of Support Kits to Ebola affected people	\$ 43,870	50%
	Provision of diesel fuel for boats to local NERC	\$ 4,197	80%
	National Campaign « Ebola Ça Suffit »	\$ 66,477	90%
	Social Mobilisation of Womens networks	\$ 71,777	20%
	Support to Civil Protection Units mobilized for Burials	\$ 47,000	50%
	Generators for operational centers in Prefectures to operation	\$ 49,220	80%
	Nat'l Coordination For Ebola Response	\$130,345	0%
TOTAL QIPs		\$ 761,788	

Situation Update

Quick Impact Projects (QIPs) give Ebola Crisis Managers (ECMs) a degree of flexibility in responding rapidly to urgent, high priority needs not funded through other mechanisms. Through QIP funding, the Ebola Crisis Manager (ECM) from Guinea received US\$1,000,000 to support high impact, small-scale, relatively low cost and implementable projects.

As of May 2015, the demand for new QIPs remained high and the need to fund additional projects was real. UNMEER Guinea aims to work until its closing to answer favorably to the most impactful projects in the fight against Ebola.

Early Achievements and Results

Given the importance of social mobilization and behavior change to containing the outbreak, as well as pockets of continued wariness of the Ebola response, UNMEER Guinea approved several communication related QIPs. They included a mobilization campaign called 'Ebola is Enough' and a project supporting women's networks focused on lowering community resistance to the response.

In addition, logistics are being supported and generators have been provided to Ebola Prefectural Coordination cells to allow lighting and connectivity. Fuel for a helicopter and a boat to rapidly deploy investigation teams in the remote islands and locations has been purchased. These project outputs, supported by UNMEER, helped contain an outbreak on the remote island of Kito.

In Guinea, a 45-day reinforcement of emergency measures was declared on 28 March 2015 by the President in the Guinean prefectures of Forécariah, Coyah, Dubréka, Boffa, Kindia and Conakry (all prefectures of "Lower Guinea"). One of the measures, led by the Red Cross and which aimed to ensure safe and dignified burials for all of the deceased in Lower Guinea, was a source of tension among local populations. After a request from the National Ebola Coordination Cell, UNMEER Guinea funded activities of the Guinean Civil Protection, which was specifically trained on Ebola, to accompany the Red Cross during interventions in order to diffuse possible confrontations during burials.

GUINEA

A Quick Impact Project Success Story on Fuel for Kito



Ebola response teams transported to the remote island of Kito, Boffa, Guinea
Photo: UNMEER

In the beginning of 2015, the remote island of Kito in the Prefecture of Boffa, Guinea faced an outbreak of Ebola. Response to this chain of transmission was delayed by community resistance along with inadequate transportation to bring Ebola response teams to this remote area.

Working quickly to address this problem, QIP funding was used by the National Ebola Coordination Cell to purchase fuel to operate a boat lent by the “Gendarmerie Maritime,” which carried National and Prefectural level surveillance teams to the remote island of Kito.

The fuel provided through the QIP was crucial, as it enabled the investigation of any suspected cases and community deaths (12 positive cases were found); ensured follow-up with contacts; enabled the provision of food to affected populations; allowed for sensitization teams to be sent to the island; and ensured security for deployed teams.

By the end of April, the Ebola outbreak on the island of Kito was brought under control despite the fact that it is located in Boffa, where Ebola is persistently active. QIP funding played an important role in this outcome, closing an unfunded gap in the response implemented by the Guinean authorities.



GUINEA

LIBERIA



COUNTRY PROFILE

By Mission Critical Action



LIBERIA

Reflections from former Ebola Crisis Manager for Liberia and acting SRSG and Head of UNMEER, Mr. Peter Graaff

The Role of UN Ebola Response MPTF in financing the unfunded gaps

MPTF funding was a critical tool in getting to zero Ebola in Liberia. This Trust Fund gave UNMEER the flexibility to respond to immediate gaps that may not have been covered by existing funding mechanisms, including seed funding to support the activities of the Government of Liberia's Incident Management System, and funding to UN partners for the Payment Programme for Ebola Response Workers (PPERWs), contact tracers, monitors and other essential front line Ebola response workers in Liberia.

The \$1,000,000 from the MPTF for quick impact projects (QIPs) in Liberia in particular filled immediate operational gaps to stop Ebola. QIPs empowered UNMEER Field Crisis Managers (FCMs), giving them resources and leverage to support local partners who could act quickly, often in remote areas. These projects were small-scale, relatively low cost, and implementable, and complemented larger responses by international partners. FCMs reported that these funds enabled them to quickly build goodwill in Liberian communities, which was crucial given the trust lost at the outset of the epidemic. This approach also encouraged Liberians to be part of the solution. With the support of QIP funds, communities worked with the government and partners on EVD surveillance along the Liberian borders, undertaking monitoring as well as recording and documenting travelers. Their timely enumeration of immigrants/travelers has created a network of information and experience sharing between communities and government officers as well as with communities in Guinea, Sierra Leone and neighboring districts and counties in Liberia.

Funding provided to local organizations to conduct social mobilization and community messaging also proved to be extremely effective. Small amounts of money had a significant impact and empowered local leaders and communities to better take control of the precautionary measures required to mitigate the threat of Ebola.



Taffi Dollar Children's Welfare Center
Photo: UNMEER

LIBERIA

UNMEER Liberia used MPTF resources to fund simple, clear advocacy messages like “Stop Ebola” which continue to be highly visible and effective, often employing local artists and partners to create street art. It is hoped that by engaging communities, it will have contributed to lasting behavior change throughout Liberia.

Transition from UNMEER to UN Country Team

In February 2015 the UNMEER Liberia grants team launched a special initiative to provide financial support to Community-Based Organizations (CBOs) with the ability to reach people affected by Ebola, on the margins of society, in Montserrado County. Over 150 CBOs applied to UNMEER for grants of up to US\$ 5,000. After training and comprehensive assessments, 70 community based organization were selected for funding.

As part of the transition, UNMEER Liberia transferred \$311,870 of QIP balance intended for Community-QIPs to UNDP so that it could manage these projects from the outset to avoid any changes to reporting lines during their life cycle. In May, a joint capacity building workshop was conducted by UNDP, UNMEER and Mother Patern College for the selected CBOs on project management and financial reporting. It is envisaged that UNDP will use these Community-QIPs as a model for community engagement and empowerment going forward. At the same time, this exercise will build local organization’s capacity to apply for and undertake similar grant activities in the future.



UN EBOLA RESPONSE MPTF

LIBERIA



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.

AT A GLANCE



38m Contributed



20m Expenditures

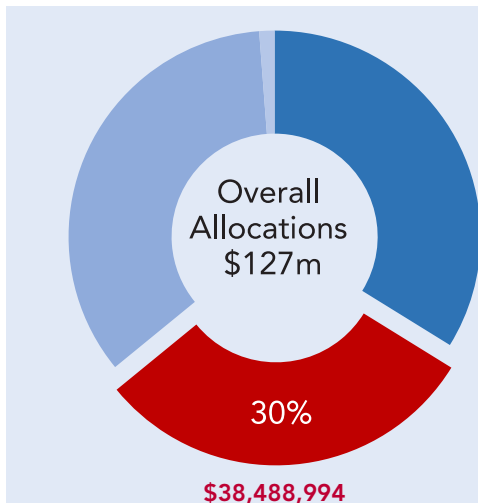


7 Proposals

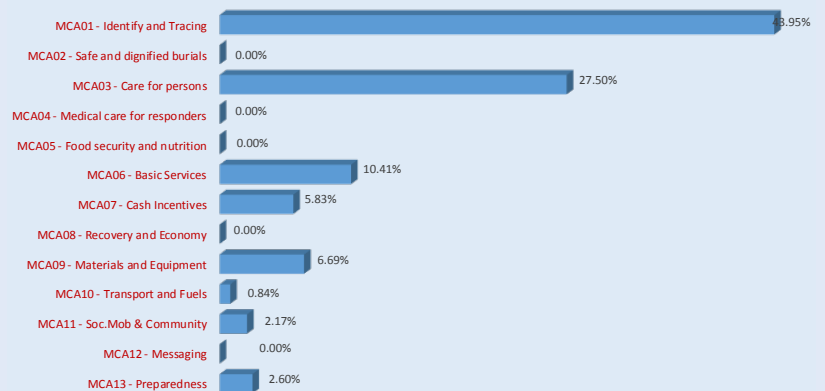


6 UN Entities

Funding Liberia as of 30 April 2015



Funding per Mission Critical Actions - Liberia as of 30 April 2015



PIPELINE

#33

Restoring Mid-wifery services in Ebola areas

UNFPA

LIBERIA




Mission Critical Action 1

**MCA1**

Identify and trace people with Ebola

**\$16.9**million
allocated**COVERAGE:** Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093218	#10 Interruption of Transmission	23-Dec-2014	\$11,603,212	\$4,493,439
00093252	#16 Epidemiologist District Mgmt.	19-Dec-2014 6-Feb 2015	\$ 5,312,789	\$944,057

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
 Contact Tracers	14,057 Contact Tracers	12,371 Contact Tracers	WHO UNDP UNFPA
	1,300 Active Case Finders	3,945 Active Case Finders	
	2,861 Supervisors	2,743 Supervisors	
	158 District monitors	190 District monitors	
	42 County Coordinators	54 County Coordinators	
	50 Psycho-Social Support Counselors	50 Psycho-Social Support Counselors	UNDP
	14 National UNVs	14 National UNVs	UNDP
 Epidemiologists deployed	21	35	WHO
 Vehicles	28	32	WHO UNDP UNFPA

Situation Update

Liberia was declared free of Ebola by the UN World Health Organization on 9 May 2015¹ as the country reached the epidemiological milestone of +42 days without a new confirmed case. Contact tracing and active surveillance at the district level, along with local capacity building and community-led response have been critical to this outcome.

Since the end of December 2014, transmission had been concentrated in the three counties of Montserrado, Grand Cape Mount and Margibi. Strengthened surveillance, especially improvement in the quality of contact tracing and active case finding in the last phase of the outbreak, led to what is now a success story for the region.

Early Achievements and Results

Across Liberia's 15 counties high quality active surveillance, case searching and contact tracing - with the goal of rapidly detecting every single chain of Ebola transmission - were pursued with Fund support to UNDP, UNFPA and WHO projects. In the lead up to Liberia's pronouncement as free of Ebola, 100% of confirmed cases originated from known chains of transmission.

These efforts, which built on existing presence and networks included, *inter alia*: supporting the recruitment and training of necessary personnel; providing incentives to these personnel; providing data processing equipment for counties and districts' surveillance supervisors; and ensuring high quality monitoring and supportive supervision of contact tracing and active surveillance.

¹ After over hundred days in which no-one was diagnosed with Ebola infection new infections were reported at the end of June 2015.



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Across these 15 counties, a total of 19,367 staff out of a planned 18,482 - (WHO (12,243); UNDP (4,230); and UNFPA (2,894) - were deployed with Fund support to UN agencies. All (100%) of the counties now have enhanced surveillance operations; 90% of County Surveillance Offices have data processing equipment; and 100% have been furnished with functioning internet. All the County Surveillance Offices were also equipped with additional supplies such as clothing. A contact tracer database was developed by each of the implementing partners to simplify the identification process with regard to incentive payments to ensure this recruited workforce was properly compensated.

In addition, all contact tracers and active case finders were trained using national Standard Operating Procedures (SOPs). To develop the SOPs, preparing and facilitating a National Validation Workshop for the counties, the Ministry of Health and Social Welfare (MoHSW) collaborated with UNDP, UNFPA and WHO.

In Montserrado County, active case finders reached out to some 1.2 million people. Over 2,808 cases were identified in this county alone. Of these, 180 cases were referred to the Ebola Treatment Unit (ETU). Some 402 deceased were identified and the team was able to facilitate 209 safe burials. Coordination Teams were established to identify some 8,613 community visitors as early as possible, trace their location and monitor their movements.

Community-Based Psycho-Social Support (PSS) teams counseled and linked over 2,800 Ebola-affected families and survivors to

support from the General Services Agency (GSA) through the PSS Task Force Reporting Channel. Such support included the provision of nutritious food to Ebola-affected families and survivors. UNDP supported this work.

The surge in human and institutional capacity provided by the agencies strengthened community surveillance for health alerts. Active case finders have rebuilt the community's trust in the health system for access to maternal as well as other health services. This is evidenced from the county reports, which note a 20% increase in the number of spontaneous referrals to health facilities made by contact tracers and active case searchers between January and April 2015.

With regard to reporting and oversight, 80% of districts have submitted weekly active surveillance reports on time, with any delays attributable to logistical challenges. On a weekly basis, 100% of districts have at least one supervisory visit conducted from national or county level. With the procurement and dispatch of vehicles, over 80% of districts in all the six counties are anticipated to receive weekly supportive supervision. All counties have conducted daily or weekly meetings on Incident Management including contact tracing and active surveillance. Agencies are monitoring the outcomes of these meetings through recruited Field Contact Tracing Associates.



Photos: UNDP





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Contact tracers receive their gear after training in Lofa County

Photo: UNFPA



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Mission Critical Action 3



MCA3

Care for Persons with Ebola and Infection Control



\$10.58million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093255	#16 IPC District Management	19-Dec-2014	\$1,212,945	\$887,158
00092643	#1 Transportation of Essential Items	26-Nov-2014	\$3,780,000	\$3,780,000
00093282	#1 Storage Capacity	23-Dec-2014	\$1,592,796	\$1,592,796
00092448	#1 Air Services	07-Nov-2014	\$4,000,000	\$4,000,000

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
IPC Expert Infection & Prevention Control	12 International Staff	70	WHO
Vehicles	10	10	WHO
FLBs Forwarding Logistics Bases	3	5	WFP
Essential Items	4,000m³	Feb 2015 3,074m ³	WFP
		Mar 2015 ¹ 9,484m ³	
		Apr 2015 8,291m ³	
Strategic Airlift	12 Upon request by partners (all three countries)	28	WFP
Air Services	1,300 Passengers/months (all three countries)	Feb 2015 2,094 passengers	WFP
		Mar 2015 2,271 passengers	
		Apr 2015 2,718 passengers	

Situation Update

The Ebola outbreak has been brought under control in Liberia². Since 29 December 2014, all cases have been linked to one single cluster that originated in Monsterrado (St. Paul Bridge Cluster). The last confirmed case was reported on 20 March 2015, and by 9 May 2015, WHO had declared the country free of Ebola. Healthcare workers (HCW) have been heavily affected by the outbreak: 372 Ebola cases reported among HCWs resulting in 179 deaths as of 18 February 2015.

As the epidemic has been brought under control, a concerted effort is being made to restore essential health services, improve disease surveillance and build a resilient healthcare system that is

better able to withstand the threat of future potential epidemics.

Early Achievements and Results

Forward Logistics Bases, Main Logistics Hubs and regional staging areas in Liberia to provide storage space for supplies meant for deep-field locations have been established with Fund support to WFP. The logistical infrastructure to facilitate the receipt, handling, storage and transport of cargo to and within the most affected areas in Liberia, including remote locations, upon the request of NGOs, governments and UN agency partners is being maintained.

The volume of essential items transported by trucks in Liberia

¹ The increased trend of this indicators is caused by the procured items by responding organizations continue to arrive to Liberia. Strong coordination efforts by WFP/ Logistics Cluster created awareness and users increased the movement of cargo backlog from Hubs to FLBs and other warehouses. This increase is also due to the substantial prepositioning campaign ahead of the rainy season.

² After over hundred days in which no-one was diagnosed with Ebola infection new infections were reported at the end of June 2015.

LIBERIA

was 33,011m³ between October and April 2015². All five Forward Logistics Bases (FLBs) in the country are provisioned with NGO radio communications, security communications and internet connectivity. Internet connectivity was also provided to two UNMEER Logistics Bases and two Ebola Treatment Units (ETUs). As part of UNMEER's handover, the Emergency Telecommunication (ET) Cluster has absorbed UNMEER ICT equipment and services at the Main Logistics Bases (MLBs) in SKD and RIA airports, and at the FLBs in Gbarnga, Voinjama, Zwedru, Buchanan and Harper.

Moreover, school re-openings are being supported across the country. One Mobile Storage Unit was allocated to UNICEF at the SKD main logistics hub, with a floor surface of 320 m² for the kitting of books and learning materials. These supplies will reach students in over 4,000 Liberian schools.

A district-by-district strategy, operational readiness and faster access to medical expertise are being facilitated by a WFP-WHO Joint Collaboration. Technical field teams are deployed by WHO while, logistics services such as the construction of infrastructure, movement of staff and supplies and telecommunications services are provided by WFP.

28 strategic airlifts of relief items to the three most affected countries on behalf of the humanitarian community have been facilitated, coordinated or chartered by WFP. Since August 2015, the UNHAS fleet, composed of four fixed-wing aircraft and five helicopters, has transported over 14,500 passengers across the region. Three helicopters are specially equipped for the medevac of health and humanitarian personnel with Ebola-like symptoms; since October, 30 Medevacs of humanitarian and UN personnel in Guinea, Liberia and Sierra Leone were performed.

Over the last two months, a substantial increase in the number of passengers transported has been recorded, which can be explained by the rotation of humanitarian personnel, increased number of external missions in the affected countries, and largely to the draw-down of UNMEER air transport assets and services.

Support to Infection Prevention and Control (IPC) activities to control the Ebola outbreak in Liberia resulted in better coordination of partners through the establishment of a national IPC Task Force; development of national IPC standards in non-Ebola healthcare facilities and an associated national IPC package of tools ("Keep Safe, Keep Serving" MOHSW package); and support for the provision of IPC supplies to Healthcare Facilities (HCFs). These project activities supported by the Fund were implemented by WHO and partners. In addition, 14 international and national consultants to support IPC were recruited. The consultants cover mainly Montserrado County, (the county hardest hit by Ebola) and five border counties (Nimba, Lofa, Bong, Gbaprolu, and Grand Cape Mount) in addition to Grand Gedeh (bordering Ivory Coast).

Major accomplishments during the reporting period include: creation of a secretariat in the MOHSW to support IPC Task Force activities; and leadership in establishing an IPC database that captures IPC minimum standards tool results. From its original launch in February of 2015 to early March 2015, a total of 24% of Liberian facilities were assessed based on the collaborative IPC minimum standards audit tool. The results of these assessments were recorded in this database. In addition, an IPC approach to rapidly reinforce triage in selected HCFs in hotspots (the "ring approach") in response to the last

WHO IPC Team Key Results

1. Assessed private & public health facilities with identified IPC focal point = 168/211 (14 counties*)
2. Assessed private and public health facilities that received training in "Keep Safe Keep Serving" (KSKS) = 238/659 (14 counties*)
3. Number of Healthcare facilities assessed with Liberia Health System Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola = 211 (14 counties*)
4. Assessed private and Public health facilities that have adequate Ebola patient triage system in place = 96/211 (14 counties*)
5. # of healthcare workers trained = 1423/2034
6. # of health facilities with reinforced triage and isolation (since the start of the "Ring Approach" in Feb 2015) in high risk areas = 70
7. Rapid evaluation of health facilities in high risk border areas = 23
8. # of ETUs supervised in the country=16

* no information available for Maryland County

² This was not exclusively funded by the UN Ebola Response MPTF



LIBERIA

confirmed cases in February and March 2015 was developed. The “ring approach” consists of: rapid assessment; a training refresher with a focus on triage; provision of emergency minimal supplies for approximately one week; review and correction of triage set up; deployment of staff to be at triage to support HCF staff; and reinforced external monitoring (i.e., daily or several times a week external audits).

Finally, procedures to define the flow of action whenever an Ebola patient is cared for at a HCF in order to inform control measures were established; the planning and delivery of a training workshop on the development of IPC in HCFs for 13 IPC technical assistants and 8 County Health Team IPC focal points was supported; IPC standard protocols for schools and training teachers are being developed; and the WHO IPC consultant conducted regular assessments of Non-Ebola Health facilities, to check IPC minimum standards were being adhered to in order to support the re-opening of healthcare service in safe manner. IPC assessments were conducted in 19 ETUs and all met IPC criteria. The WHO IPC team developed



Moving cargo

Photo: WFP

an online database for IPC audit data management; a triage checklist; a guideline for vaccinators in the Ebola context; and (ongoing) a triage mentorship package.



LIBERIA

Mission Critical Action 6



MCA6

Access to Basic Services



\$2.0 million
allocated

COVERAGE COUNTIES: Montserrado, Margibi, Lofa, Bong, and Bomi

BENEFICIARIES: 12,600 Children receiving mental health and psychosocial support

MPTF Project No: 00093136	Title: #4 EBOLA CHILDREN PROTECTION	TRANSFER DATE: 16-Dec-2014 30-Apr-2014	AMOUNT: \$2,000,000 \$2,007,578	EXPENDITURES (Apr 15) \$1,692,452
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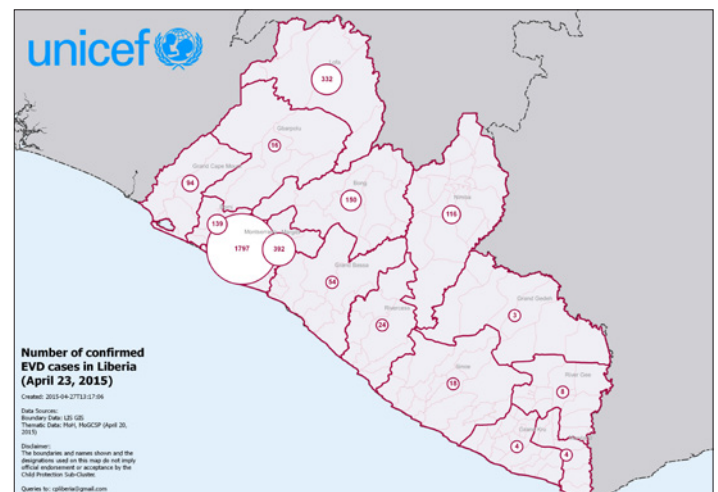
PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
# Orphans and/or EVD affected children registered and identified (national)	3,500	3,290 ¹	UNICEF
# Orphans and/or EVD affected children receiving grants	3,500	2,292 ²	UNICEF
ICCs (Interim Care Centres)	3	2 No active cases	UNICEF

Situation Update

Liberia was hard hit by the Ebola outbreak and children remain among the most vulnerable. The total number of Ebola-affected children registered in the country has reached 4,539. Out of this number, some 3,290 children have been orphaned, meaning they have lost at least one or both parents and/or a primary caregiver to Ebola. In addition, the closure of all Liberian schools for the 2014-2015 academic year due to the epidemic took a big toll on the already-weak education sector, affecting over one million children and some 44,250 teachers. The schools began reopening on 16 February 2015, and with the support of UNICEF Liberia, have developed protocols for Ebola prevention. Liberia was declared free of Ebola on 9 May 2015.

Early Achievements and Results

Outreach to 12,600 Ebola-affected children³, up from the current number of 4,539 registered in the Ministry of Gender, Children and Social protection (MoGCSP) database. Thus far, all 4,539 registered children have received one or more forms of child protection, PSS and/or case management services. Out of this number, 3,290 have been registered as orphans



and 2,292 have benefitted from one-time emergency cash assistance. All of these children are in family-based care. Registration continues nationwide.

Approximately 1,200 survivors are being recruited to act as child referral agents in their communities to refer vulnerable children in need of services to MoGCSP social workers.

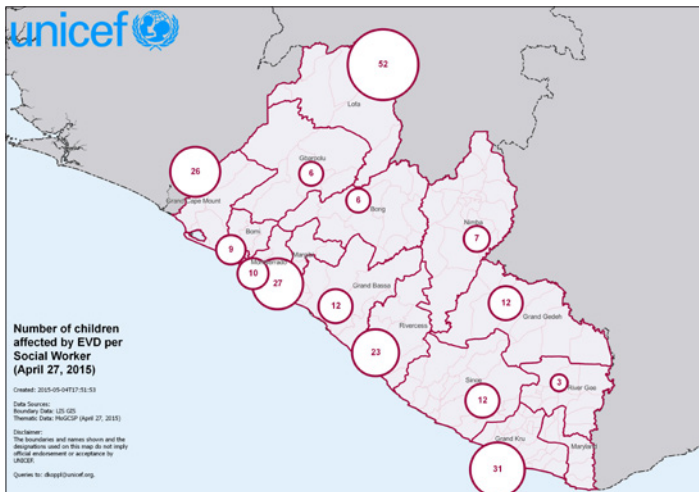
¹ Registration continues as new children are identified. Breakdown per county is: Bomi-152, Bong-232, Margibi-1,045, Montserrado-1,195, Lofa-727. Total caseload in five counties is 3,351, which constitutes 74% of the total caseload nationwide.

² Total caseload of orphans that have received the one off cash assistance is out of the 3290 (70%). Breakdown as per targeted counties: Bomi-108, Bong-130, Margibi-246, Montserrado-805, Lofa-430; Total who received grant in the five counties: 1,719 (51%). Validation continues for an additional 2,247 children. This is a continuous process as registration continues in the remote communities that were not before covered.

³ The current number of Ebola affected children registered by MoGCSP is 4,539. This number continues to be updated.



LIBERIA

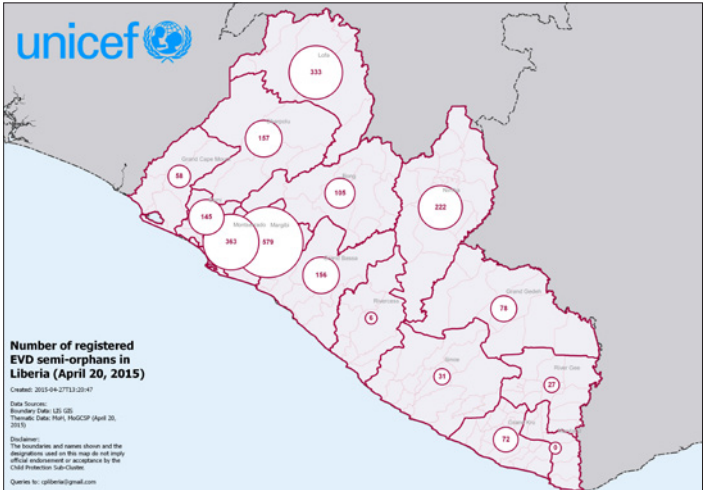


The survivor network has so far counted over 1,400 survivors, of which 13% are children. To mitigate the influx of children being placed into child welfare institutions, the Independent Accreditation Committee (comprised of five Ministries) was reactivated to serve as a monitoring and accreditation body for such organizations. The project also revitalized the National Child Protection Information Management System that stores data on children in need of protection.

Overall, the project has increased support to the Government by providing a total work force of 200 personnel. It supported the various line Ministries by: increasing the number of social workers from five to 120 nation-wide, with at least one in each district; hiring 15 Child Welfare Workers; and hiring 65 Psychosocial Support Specialists and Mental Health Clinicians. These 65 specialists and clinicians will provide case

management, psychosocial care and support, placement in appropriate care, and protection services for children who have lost parents or primary caregivers to Ebola or who have survived the virus themselves. In preparation for schools reopening, the agency has conducted psychosocial support training for 120 teachers and administrators. The agency has also procured 12 vehicles to extend outreach in remote communities.

A Fund-supported partnership between the Ministry of Youth and Sports and UNICEF, has supported the training and deployment of 300 national youth volunteers as contact tracers to identify and refer children affected by Ebola and to provide psychological first aid, community and social mobilization as well as messaging for Ebola prevention. With Liberia declared free of Ebola, discussions are underway to decommission current Interim Care Centers (ICCs) for children.



LIBERIA



Mercy Kennedy embraced by her brother in Paynesville
Photo: UNICEF

Orphaned by Ebola

By Sarah Grile, UNICEF

School is dismissed and a group of girls gather around a white pick up truck. Mercy Kennedy, 9, walks over to a younger girl, picks her up and carries her to the truck, helping her to climb into it. Then, she piles in the back seat of the cabin with other girls near her age. The driver puts in a cd with the latest hits circulating Monrovia, the girls start bouncing around, laughing and reciting the words.

This is Mercy's first year attending school. The majority of students attending the More Than Me academy come from West Point and are able to walk to school. However, Mercy's commute to the school is different.

In September, Mercy's mother came down with the Ebola virus. Both Mercy and her brother, Harris Wureh, cared for her, but she succumbed to the disease. The two siblings, who had previously lost their father, took refuge at a UNICEF-supported interim care center. All the staff at these centers are survivors themselves, meaning they are immune to the virus and are therefore the only ones who can care for the children in a way a child needs - by being touched, held and loved.

There are more than 2,600 children in Liberia like Mercy and Harris. UNICEF has been working with identifying extended family that can take care of the orphans. The families are also receiving a reunification kit to ease the burden.

Stephen Jared, a social worker who works closely with UNICEF, discovered a neighbor and friend of Mercy's family, Martu Weefor, who accepted the two siblings into her house after her daughter, Patience, convinced her it would be a good idea. Patience, 24, says that Mercy has adjusted well to her new living environment. "She still has her childhood memories at the back of her. She still has her friends around." The only difference in her life is a "person who is missing," she says. Mercy now calls Patience her young ma.

Matt Vargas, a staff worker at More Than Me, remembers the first time he met Mercy at her new home in Paynesville in December. He went to check on her after she left the Interim Care Center and was pleased with how she was acclimating. Right away, she grabbed his hand and told him she wanted to go to college. Over the next month, Vargas continually went back to visit Mercy. In school or at home, he says, "She can't be phased no matter what life throws at her. She accepts it with a smile."

Now that Mercy is attending school, her favorite subject is math. However, her dream is to someday become a journalist. "I want to know people's minds and how they feel," she says.



LIBERIA

Mission Critical Action 7





MCA7

Cash Incentives for Workers



\$2.25 million
allocated

COVERAGE: Full, including district areas

MPTF Project No: 00092903	Title: #8 Payment for Ebola Workers	TRANSFER DATE: 04-Dec-2014 21-Jan-2014	AMOUNT: \$1,532,616 \$713,216	EXPENDITURES (Apr 15) \$787,954
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
 Average # ERWs (Ebola Response Workers) paid per payment cycle through Government systems with UNDP support (# of Cycles)*		N/A	3,383 (#3)	UNDP
 Average number of ERWs paid per payment cycle through UNDP Contingency Plan (# of Cycles)*		449 Contact Tracers	410 (#2)	UNDP

* Please note that the Government of Liberia leads payments to ERWs. UNDP only provides support, whether by supporting payments through government systems or through UNDP's Contingency plan, when requested by the Government. There are payments, especially for pay rolled health workers in the Ministry of Health, which are paid directly by the Government with no UNDP support.

Situation Update

In the fall of 2014, the Ebola response in Liberia was hampered when Ebola Response Workers (ERWs) went on strike to protest insufficient or late payments for their service. Most recently, there were two demonstrations in Monrovia in April 2015. This issue occurred largely because the personnel management software – the Integrated Human Resource Information System (IHRIS) – installed by the Ministry of Health and Social Welfare (MOHSW) was derailed by the crisis, mainly due to challenges with using the system offline and user unfamiliarity with the technology. The MOHSW reverted to using Excel files and hard copy log books, which created a major challenge in quickly gathering and organizing lists of workers for payments.

Early Achievements and Results

The UNDP Payments Program for Ebola Response Workers (PPERWs) programme, with technical experts from the UN Capital Development Fund (UNCDF), consists of three components: information management; strengthening payment systems; and developing an operational contingency plan. To make progress in each of these areas, despite significant challenges, UNDP and the MOHSW and other agencies are collaborating.

With regard to information management, the initial plan was to support the Government in setting up an information management system to register the ERWs. However, in Liberia, the MOH

already had a system in place - IHRIS - previously setup through a USAID programme, which registered 11,000 healthcare workers. That program ended in 2014. USAID has a new programme underway that will further develop IHRIS. Thus, UNDP instead looked to support the interoperability of IHRIS with the financial management software (FMIS) currently used by the MOH Office of Financial Management, the Ministry of Finance and the Civil Service Administration, as this will contribute to a more efficient internal payment process.

On strengthening payment systems, logistical arrangements for collecting ERW information were provided, computer hardware was procured and a two-way information system using the UNICEF SMS platform mHero to verify payments to ERWs was established. Plans for the payment of US\$2.5 million to the ERWs that were owed four months back-pay were assisted.

Currently, salaries are up to date for routine healthcare workers, allowances are consistently one month behind and while hazard payments are still 5 months in arrears, this should be corrected in the next several weeks. As of now, 6,809 banked routine healthcare workers have received their hazard or response pay for October to December 2014. There are approximately 1,578 routine healthcare workers that do not use banks who received direct cash payments for hazard pay for the period from October-

LIBERIA

December 2014 the last two weeks in May. All ERWs and routine healthcare workers have received hazard pay for September/October - December 2014. In Montserrado County, all hazard pay is up to date, where the bulk of the ERWs are located. 'No objection' has been received from the World Bank for the hazard pay lists for ERWs and routine healthcare workers and the payment schedule will be drawn up the week of June 15. Banked workers will likely be paid the week of June 15 and the workers that do not use banks before June 30, barring any unforeseen delays. Hazard pay lists are being compiled for April/May hazard pay with the support of UNVs and all hazard pay should be paid prior to July 31. The MOHSW requested assistance with collecting

and verifying the hazard pay list for private healthcare workers at 261 private facilities across the country, for which \$4 million has been designated. This is also expected to be paid prior to July 31, barring any unforeseen delays."

Based on a Government request, 507 ERWs were registered and verified. Out of the 507 ERWs, payment was facilitated to 493¹ workers in January 2015 for pay for October to December 2014. Ebola Response MPTF funds were used for this payment of just under US\$400,000. A second payment for 327 workers is planned for early May to cover the period from January to March 2015 for just under US\$300,000. Payments will no longer be made to IMS staff after March 2015.



Front line health workers

Photo: UNDP

¹ Payments were made for all 507, however, some ERWs did not pick up their payments.



LIBERIA

Mission Critical Action 9



MCA9

Reliable supplies of materials and equipment



\$2.57 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093527	#16 District Logistical Capacity	22-Jan-2015	\$ 2,574,893	\$ 356,975

PRIORITY INTERVENTION

PLANNED

ACHIEVED

RESPONDING AGENCIES



Logisticians deployed

15

14

WHO

Situation Update

A district-level focus and a more integrated response across communities have been critical to ending the Ebola outbreak in Liberia. Given this context, it has been essential that logistic operations run smoothly across and within all districts, assuring the flow of essential materials and supplies to a more widely spread response.

Early Achievements and Results

A network of logisticians and enhanced logistics capacity across the most affected areas of Liberia is being supported by the Fund with resources allocated to WHO. Strategic objectives have included supporting the Ministry of Health by: providing supplies; meeting any logistics needs in the Ebola response and restoration of health services; providing technical logistics support to the Ebola outbreak response teams; capacity building; and maintenance of a correct inventory of all WHO-procured and donated supplies kept at the Airport and SKD Cluster Warehouse.

Ten international and four national logisticians currently based in the country have been recruited by WHO with Fund support. This includes a head of logistics and a supply chain manager, who are providing support at the national level. Two logisticians per Forward Logistics Base (FLB), for the five FLBs in Lofa, Nimba, Bong, Grand Bassa and Maryland have been deployed. Forward Logistics Bases are strategically located in different parts of the country to act as supply hubs and to be used to pre-position supplies before last mile distribution.



Photos: WHO

LIBERIA

All of the 15 counties are being covered by WHO teams based in FLBs. They have developed distribution plans for Ebola commodities from central warehouses to FLBs and from FLBs to the Mobile Storage Units (MSU) and from MSU to the health facilities.

The supervision and monitoring of last mile distribution of supplies is being supported by a WHO logistics team and partners such as JSI. County health logistics teams working on the storage of excess supplies in MSU are also being supported.



Photo: WHO



LIBERIA

Mission Critical Action 10



MCA10

Transport and Fuel



\$0.32 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093189	#22 Ebola Charters	19-Dec-2014	\$ 322,898	\$ 322,898

PRIORITY INTERVENTION

PLANNED

ACHIEVED

RESPONDING AGENCIES



Flight Cargo

60MT

100%
delivered

UNICEF

Enabling the Response

The Ebola Response MPTF has funded a UNICEF charter carrying Ebola supplies. The charter delivered 60 metric tons of supplies to Liberia. Supplies included personal protective equipment (PPE), nutrition, tents, tarps, hygiene gloves and medicine.



UNICEF warehouse staff member inspecting a consignment of Ebola supplies before dispatch to Ebola Treatment Centres and Community Care Centres
Photo: UNICEF



LIBERIA

Mission Critical Action 11



MCA11

Social Mobilization and Community Engagement



\$0.84 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093220	#25 Outreach and Awareness Monrovia and Paynesville	19-Dec-2014	\$ 283,088	\$ 283,088
00093971	#16 Social Mobilization	6 Feb 2015	\$ 552,963	\$184,842

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Volunteers for outreach activities	733 Commissioners, community, zonal and block leaders	990	UNICEF
Training of volunteers on EVD	170	191	UNICEF
Meetings - Prevention and Protective	169 Communities (900,000 people)	169 Communities (900,000 people)	UNICEF
Social Mobilization Experts	3	5	WHO

Situation Update

The second outbreak of Ebola in Monrovia was traced to one woman returning to New Kru Town from a funeral in Sierra Leone. As the virus began spreading in the city, government and municipal authorities disseminated messages aimed at restricting contacts with symptomatic patients and with other disease vectors, like bush meat. Communications were not effective because few people in Monrovia and most of Liberia had heard of the Ebola virus, its symptoms, treatment or management. Initial messages sent out to urban residents referred cases to facilities that were not equipped, ready or able to treat victims. The prevention of transmission during burial or funerals was not well understood and did not feature in early messages. This resulted in denial, a high number of infected persons and rejection of the messaging. Once the scale of the Ebola outbreak became obvious, the need to mobilize the communities beyond public service messages and mass media publications also became clear.

Even though Liberia has been pronounced free of Ebola, owing in part to successful and strengthened community outreach and engagement, rumors and misconceptions continue to prevail in a number of communities across the country, propelling resistance and undermining response activities meant to

keep the country at a zero level of transmission. In addition, complacency by the general public following the slowdown of Ebola transmission and people trying to resume normal activities has affected adherence to risk reduction precautions.

Early Achievements and Results

The 'Operation Stop Ebola' campaign was launched on 24 December 2014 within two of Liberia's most populated cities (Monrovia and Paynesville), home to close to half of the population of Liberia. The campaign bridged the linkages between the Ministry of Health (MoH) community health volunteers and other healthcare workers in communities with community leadership structures through the two City Corporations. This ensured consistent messaging on Ebola and engaged at-risk communities and families through interpersonal communications spearheaded by community leaders and full use of mass media.

The campaign, implemented with Fund support to UNICEF, targeted 1,090,000 people (80%) of the population of Montserrado County. The project approach was community-centered, with communities "taking the lead" in reaching out to community members. This partnership aimed to ensure that



LIBERIA

Ebola messaging went “deep” within communities. By the end March 2014, the initiative reached 98,000 households, while mass media canvassed an estimated 250,000 people.

In the early phase of the campaign, January 2015, 990 community leaders were trained and equipped with tools to help disseminate messages, such as posters and leaflets within Monrovia and Paynesville. These community leaders went back into their communities and trained other zonal and block leaders.

A total of 239 megaphones and 10,000 brochures were distributed to community leaders from 8 wards covering 169 target communities in Paynesville and Monrovia City Corporation. A total of 10,000 flyers, 100 banners, and 10,000 Ebola awareness flipbooks were printed. To date, 20 ward leaders within these two cities have been issued motorbikes (11 bikes for Monrovia city and 9 for Paynesville) to facilitate monitoring of ongoing community engagement activities within these communities. These outputs were a result of Fund support to a UNICEF project. Additional support was also provided to communities with UNICEF-supported hygiene kits (in-kind contribution from UNICEF) to further provide assistance to hotspot communities that were under quarantine or couldn't access markets .

Also through this project, 22 FM stations in and around Monrovia and Paynesville that were estimated to reach a total

population of over 400,000 individuals helped disseminate Ebola messaging. Monrovia City Corporation, Paynesville City Corporation, UNICEF and the managers of these stations devised a media plan of action for Operation Stop Ebola. Every day, a total of 264 radio spots and jingles were aired throughout the 22 FM stations within Montserrado.

In addition, project outputs have focused on: strengthening social mobilization coordination and partnerships; development of guidelines and training materials; community mobilization and engagement; messages and Information, Education and Communication (IEC) materials development; social mobilization capacity enhancement at all levels; and social mobilization assessment, monitoring and evaluation. These activities as well as technical leadership were supported by collaboration between WHO, UNICEF (C4D), CDC, UNMIL, UNMEER, the Ministry of Health, the Ministry of Education and other partners.

By the end of April, 15 counties had been supported to establish and strengthen social mobilization committees for Ebola response activities. Jointly with a local NGO 'Kvinna Till Kvinna' and the Ministry of Health, WHO oriented 60 female leaders from various local groups via stakeholders meetings for women groups on the Ebola response. Some 30 partners in Montserrado were also instructed on the new sector approach and Ebola updates and mapping.



UNDP officials on motivational visit to Active Case Finders in the Caldwell Community, under the Montserrado Community Based initiative Project
Photo: UNDP



Protect from Ebola poster viewing
Photo: UNICEF

LIBERIA

Also, with regard to training, 65 Community Task Force members were trained and supported with IEC materials, and 93 block leaders were trained and provided rain gear and phone recharge cards (two months) to enable them to engage their communities. Intensified community mobilization and active case finding activities were conducted within their blocks in Montserrado. Community engagement with traditional leaders and elders in 8 Counties was conducted (Grand Gedeh; Nimba; Bong; Lofa; Margibi; Cape mount; Bomi; Gbarpolu) and sensitization activities encouraged nationwide. 400 traditional leaders and elders were trained to conduct community engagement activities and members of the Traditional Council were trained and supported.

Finally, a community Infection Prevention and Control (IPC) package on hand washing, and the mixing of chlorine and chlorax was developed by WHO.

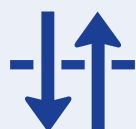


WHO Meeting with community leaders in Zuma town, Montserrado
Photo: WHO



LIBERIA

Mission Critical Action 13



MCA13
Preventing Spread




\$1.0 million
allocated

COVERAGE: Country, including district areas

RESPONDING AGENCY: UNMEER

MPTF Project No: 00092648	Title: #11 Quick Impact Project	TRANSFER DATE: 3-Dec-2014	AMOUNT: \$1,000,000	EXPENDITURES (Apr 15) \$597,410
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PRIORITY INTERVENTION	PLANNED	AMOUNT FUNDED	ACHIEVED
 QIP - Quick Impact	Strengthen local response capacity along the border with Sierra Leone (Grand Cape Mount County)	\$ 39,167	80%
	'Ebola Must Go' campaign in three districts (Sinoe County)	\$ 77,976 (3 awards of \$25,992)	80%
	Community Radio Cross Border Dissemination of EVD Messages (Bomi County)	\$9,545	100%
	Stop Ebola Transmission at Cross-border (Bong County)	\$41,890	80%
	Operation Stop Ebola - social mobilization cross-border communities (Lofa County)	\$41,656	80%
	Stop Ebola Transmission at Cross-border (Nimba County)	\$47,606	80%
	Operation Stop Ebola in Liberia (six health districts in Grand Gedeh County)	\$44,210	80%
	Fencing of Chief Jallah Lone Medical Center (Gbarpolu County)	\$12,750	100%
	"Stopping Ebola is Everybody's Business"/ Ebola Must Go campaign	\$10,000	100%
	Monitoring in the Mano River Union (Guinea, Liberia and Sierra Leone)	\$63,800	80%
	Operationalization of Montserrado Incident Management System	\$46,500	80%
	Cross-border Technical Conference	\$12,125	100%
	Support to Montserrado Incident Management System for active case finding training	\$34,050	80%
	Support Cross Border Meeting Liberia/ Guinea/S. Leone	\$9,170	100%
	Renovation Westpoint School (Montserrado County)	\$144,511	50%
	Liberia Statistics and Geo Information Science Coordination Conference	\$4,600	In process
	New Georgia Signboard Well & Handpump Rehab	\$1,000	--
	TOTAL QIPs	\$640,556	
	QIPs to UNDP	Montserrado County	\$311,870 in process

LIBERIA

Situation Update

Liberia was declared free of Ebola by the World Health Organization on 9 May 2015. Yet, with transmission still occurring in neighboring Guinea and Sierra Leone, the country will continue to remain vigilant. Ninety days of intense surveillance in Liberia will follow the declaration; exit screenings at airports and social mobilization will continue and cross-border monitoring will be strengthened so that positive behavior change is reinforced.

With the improvement in the epidemiological situation on the ground, UNMEER Liberia is phasing out. UNMEER operations in Liberia were handed over to National and UN Country Team partners at the end of April 2015. Essential Services will remain until the end of May to close out all Quick Impact Projects (QIPs) funds and to transfer responsibilities related to the restoration of essential health services. To date, 17 Quick Impact Projects have been implemented through local NGOs and by UNMEER for intergovernmental processes.

As part of the transition, UNMEER Liberia will transfer the QIPs balance of US\$311,870 intended for Community QIPs (grants of under \$5,000 to small, Liberian community-based organizations in Montserrado County) to UNDP, which will manage these projects. It is expected that 70 small community based organizations in greater Monrovia will receive funding from UNDP to boost community engagement and surveillance.

Early Achievements and Results

Operation Stop Ebola

In Liberia, the communities played a critical role in stemming the tide of Ebola. Delivering lifesaving Ebola prevention and control messages to communities through local traditional leaders became an effective tool. UNMEER Liberia's 'Operation Stop Ebola' campaign QIP made a significant contribution to behavior change by giving resources to Liberian partners who in turn empowered local leaders and built their capacity.

UNMEER Liberia employed this model to strengthen monitoring and surveillance along the critical border areas. Four Operation Stop Ebola QIPs were awarded to empower Liberian communities along the border areas in Grand Cape Mount, Lofa, Bong, and Grand Geddeh Counties.

The results are impressive. During an UNMEER field visit to border communities in Quardu Gboni district in April, activities to enhance community awareness on Ebola continued through door-to-door sensitization on the use of IPC and hygiene materials. Activities targeted 1,015 people in the border district. Motorbikes were provided to the County Health Team (CHT) to monitor the nine primary and 24 secondary check points. The CHT border check point monitoring report for April 2015 indicated an estimated 50,861 travelers were registered and documented in April alone. Reports from development partners indicate that this approach is working in Liberia and should be replicated. These communities are not turning away outside assistance, as they have been actively engaged in preventing its spread from the beginning of the outbreak albeit with very little resources.

"Stopping Ebola is Everybody's Business"- 'Ebola Must Go' campaign

This campaign has been extremely effective in Liberia. With just a US\$10,000 investment, signage with a simple message reminds people to stay the course. The signage has appeared in the media, on bumper stickers and buttons, which are visible throughout the country, and even at the UN in New York. This campaign will last long after Ebola leaves.



Women Leaders in the workshop
Photos: UNMEER



LIBERIA



An-Ebola Must Go-campaign-poster
Photo: UNMEER

SIERRA LEONE



COUNTRY PROFILE

By Mission Critical Action



SIERRA LEONE

Reflections from Ebola Crisis Manager, UNMEER- Sierra Leone, Ms. Bintou Keita

The Role of UN Ebola Response MPTF in financing the unfunded gaps

The MPTF has provided a vital source of funding for the Ebola response effort in Sierra Leone, identifying and filling numerous gaps that needed to be addressed. UNMEER Sierra Leone has fulfilled the objectives set by the original proposals, and has been instrumental in providing financial support to the National Ebola Response Centre (NERC) - Emergency Operations Centre at the national level, while at the same time strengthening the overall response in the districts, including through the District Ebola Response Centres (DERCs) and non-governmental organizations. With this support, UNMEER Sierra Leone has been a key enabler in facilitating full national ownership of central coordination function activities for the response.

As a multifaceted preparedness project, the Quick Impact Project (QIP) Fund has provided UNMEER Sierra Leone with the flexibility and capability to quickly respond to urgent gaps not funded through other mechanisms in the districts in order to facilitate the delivery of an effective and efficient response. There have been 42 QIPs approved in Sierra Leone, which are being implemented in 13 of the 14 districts, totaling US\$ 895,218. The use of QIPs was critical in the early stages of the response, as it funded: essential projects to operationalize several Ebola Treatment Centers (ETCs); two of the most crucial surges (Western Area Surges-WAS I and II) to eradicate Ebola from hotspots; and projects focusing on hazard pay, cross-border initiatives and Infection Prevention and Control (IPC). QIP Funds also supported a number of important areas in the second phase of the response: social mobilization and community awareness, especially with women; engaging survivors and traditional healers as part of the social mobilization and awareness response; cross border meetings



Social mobilisation promoting health and community engagement

Photo: UNMEER

SIERRA LEONE

to improve screening and protocols for border monitoring; support to quarantined households; active surveillance, contact tracing and essential services. The effectiveness of the QIPs in the response led UNMEER Sierra Leone to request an additional US\$ 500,000 to carry out “last mile” activities.

The MPTF has further enabled Sierra Leone with over US\$ 8.3 million to fill critical gaps within the NERC. The NERC faced human, technical and financial capacity challenges in responding swiftly and efficiently to the Ebola crisis. UNMEER Sierra Leone has provided support to the NERC Secretariat by financing 32 national staff, who have been trained and mentored to perform key technical and coordination functions, including rapid response and stabilization capacity, as well as the collection, analysis and dissemination of data. The MPTF has also enabled the procurement of equipment to support the NERC operational needs (24 pick-up trucks, nine ambulances, nine hearses, and tents), and has become a pertinent financial vehicle in supporting surges in the districts of Sierra Leone. For Phase 2, the Government and UNMEER along with other UN agencies have focused on intensifying social mobilization and active surveillance. To this end, NERC is accessing US \$ 1.7 million to carry out surges in districts, whilst focusing on enabling activities such as case investigation and contact tracing (especially in riverine areas); active case searching; implementation of Community Events Based Surveillance; border health screening and local healer support and alert programme. UNMEER Sierra Leone is also supporting the DERCs through an allocated amount of over US\$ 600,000 to Catholic Relief Services (CRS) as an implementing partner.

Transition from UNMEER to UN Country Team

Following a consultative process with the UN Country team, UNMEER Sierra Leone is negotiating with UNDP and WHO to continue supporting activities set-out by the projects #11 QIPs, #17 Rapid Response (RRST) and #18 NERC Secretariat implemented by UNMEER.



UN EBOLA RESPONSE MPTF



AT A GLANCE

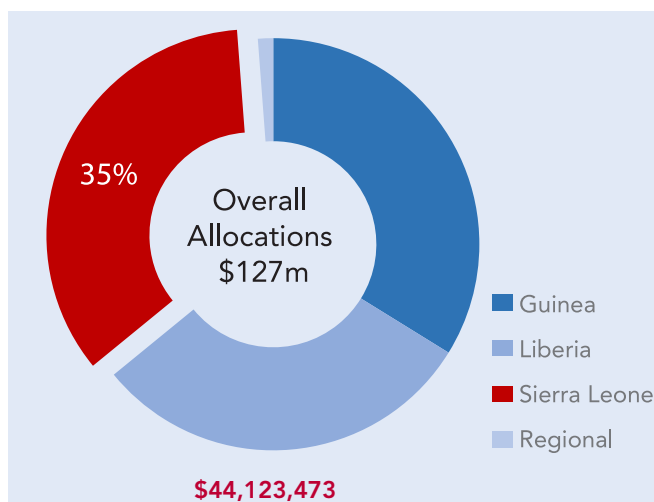
44m Contributed

28m Expenditures

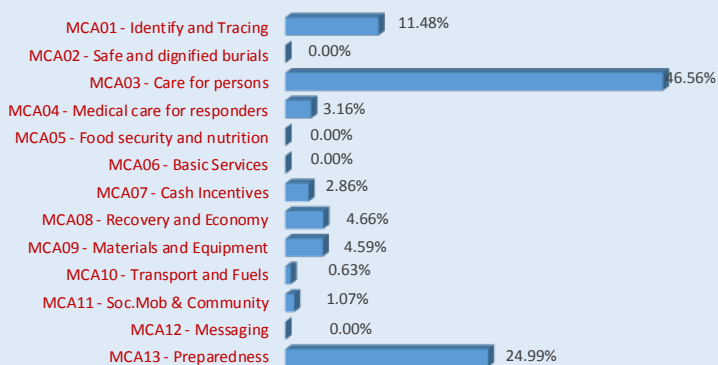
9 Proposals

7 UN Entities

Funding Sierra Leone as of 30 April 2015



Funding per Mission Critical Actions - Sierra Leone as of 30 April 2015



PIPELINE

#30	Reinforcement of the Guinean Red Cross	GRC, UNDP, WHO
#32	Ensuring Safe and Dignified Burials	IFRC
#34	Support to Ebola Survivors	Pink Cross



SIERRA LEONE

Mission Critical Action 1

**MCA1**

Identify and trace people with Ebola

**\$5.07** million
allocatedCOVERAGE: High Case Load districts **7** Other Districts **7**

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093253	#16 Epidemiology District Management	19-Dec-2014 06-Feb-2015	\$ 3,500,000 \$1,565,084	\$2,517,452
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	Epidemiologists deployed	21	65	WHO
	Vehicles	21	48	WHO

Situation Update

Support for disease surveillance, contact tracing and community engagement at the district level are critical to Sierra Leone's efforts to reach zero Ebola Transmission. A central focus has been strengthening the capacity of government health staff both at the district as well sub-district levels to actively identify, investigate and refer every new suspected or probable Ebola case. This includes registering all potential healthy contacts of the Ebola-confirmed cases and monitoring them for symptom development, as well as strengthening data collection, reporting and analysis mechanisms, providing evidence based advocacy to the appropriate representative from the government, and promoting appropriate messaging to the community to encourage behavior change.

The recruitment of experts for strengthening Ebola response measures in every district, and for developing existing healthcare infrastructural capacity as a part of the health system recovery in a post-Ebola setting is being undertaken. Going forward, WHO and partners, which have been spearheading these efforts with Fund support, will provide close technical oversight in every district with the aim of insuring the fastest possible recovery of health infrastructure.

Early Achievements and Results

Total staffing in the country by WHO has reached over 200 people. With Fund support, the work force deployed alongside the Government of Sierra Leone and partners includes 65 epidemiologists, 35 Infection Prevention and Control (IPC) experts, 13 logisticians and 2 social mobilization experts.

As a part of global Ebola response, a very sensitive surveillance system in the country is being established. This includes line-listing all potential healthy contacts and their daily monitoring through contact tracers for identification of any signs/symptoms. It also includes robust data collection mechanisms, data reporting and analysis, and the promotion of evidence-based behavioral change messages delivered to communities. Partners are also focused on strengthening capacities at the district level to support: prompt case investigation and referral; identification and registration of all potential contacts; effective routine monitoring of contacts; identification and referral of those who develop symptoms in real time; and effective data integration, consolidation and analysis to inform the response.

It has been agreed that one epidemiologist is deployed/assigned to each district to coordinate contact tracing.



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In addition, local staff is engaged at the Chiefdom-level to facilitate contact tracing. District-level epidemiologists have also been supporting the implementation of post-Ebola recovery strategies in a phased manner. Going forward, their presence will become more relevant for maintaining Ebola surveillance and for supporting the implementation of recovery phase strategies.



Investigating a swab positive case in Ribbi Chiefdom, Moyamba District – Photos: WHO



Capacity building training for contact tracers



SIERRA LEONE

Mission Critical Action 3



MCA3

Care for Persons with Ebola and Infection Control



\$20.54million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093256	#16 IPC District Management	19-Dec-2014	\$ 1,302,584	\$1,107,146
00093283	#1 Storage Capacity	23-Dec-2014	\$ 658,902	\$307,599
00092528	#1 Transportation of Essential Items	12-Nov-2014	\$11,052,470	\$11,052,470
00092527	#1 Air Services	12-Nov-2014	\$4,675,724	\$2,682,795
00092529	#1 Establishment ETUs	12-Nov-2014	\$2,687,375	\$2,103,499 ¹
00092530	#1 Communication Equipment	12-Nov-2014	\$ 167,547	\$0 ²

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
IPC Expert Infection & Prevention Control	7	35	WHO
FLBs Forwarding Logistics Bases	1	4	WFP
Transportation Essential Items	2,000m ³	Feb 2015 2,937m ³ Mar 2015 1,836m ³ Apr 2015 1,396m ³	WFP
Strategic Airlift	12 Upon request by partners (all three countries)	28	WFP
Air Services	1,300 Passengers/months (all three countries)	Feb 2015 2,094 passengers Mar 2015 2,271 passengers Apr 2015 2,718 passengers	WFP

¹ In Sierra Leone, no request for ETUs was received from health partners. WFP re-prioritized activities to build ETUs in Guinea.

² WFP internal mechanisms do not allow the reporting of expenditure until final closure of the project. The figures provided represent expenditures assigned at a point in time to grants as part of a pool fund. These figure may not represent the actual level of expenditure, until expenditures are certified.

Situation Update

Following a decrease in registered cases since January 2015, efforts have moved from rapidly building necessary infrastructure to implementing community engagement and case-management, thus shifting to a district-to-district approach as well as to capacity building. To support these efforts, Forward Logistics Bases, Main Logistics Hubs and regional staging areas across the three countries to provide storage space for supplies, ready to be distributed to deep-field locations, have been established. As the rainy season draws closer, supply chains of essential items are being

harmonized, while existing infrastructure and prepositioning essential items across the country are being strengthened. Relief cargo to and within Sierra Leone is being transported and stored upon request of NGOs, governments and UN agencies. These activities have been undertaken with Fund support to WFP.

District Ebola Response Centers (DERC) are being supported, especially in regard to investigating healthcare worker infections and with supervision of decommissioning and school reopening activities as well as general IPC improvement in



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non-Ebola facilities. WHO has supported these activities with resources from the Fund. To date, experts have developed guidance and standard operating procedures (SOPs), delivered eight IPC training sessions, and supported implementation and monitoring of safe care delivery in Ebola facilities. The work is being done under the leadership of the Ministry of Health and Sanitation in Sierra Leone (MoHS) and in collaboration with development partners in health such as the Center for Disease Control (CDC), London Kings College University, UNICEF, DFID and USAID.



WHO IPC expert Natalia Ribeiro with students at Prince of Wales School on the first day that classes resumed on 14 April 2015

Photo: WHO

Early Achievements and Results

As the focus of the response is now prepositioning items already in country for the upcoming rainy season, prefabricated office structures at the four Forward Logistics Bases (FLBs) in-country have been established by WFP. The storage capacity of the main logistics hub in Port Loko was expanded from 2,900m² to 7,680m² via an additional 14 Mobile Storage Units (MSUs) of 32x10m, for a total of 23 MSUs.

The volume of essential items transported by trucks in Sierra Leone was 13,563m³ between November 2014 and April 2015. Moreover, during the nation-wide stay-at-home exercise that took place at the end of March as part of the government's 'Getting to Zero Ebola' campaign, the WFP fleet supported food deliveries to vulnerable groups of the population whose ability to meet basic needs during the lockdown was limited.

Support to build Ebola Treatment Units (ETUs) was provided as required in the three most affected countries. In Sierra Leone, no request for ETUs was received from health partners. Therefore, activities beyond the planned indicators, including the building of ETUs in Guinea, the provision of connectivity to seven ETUs in Freetown, Makeni, Moyamba and Port Loko, and the provision of storage, transport and logistics coordination services over and above plans were implemented with Fund support to WFP. WFP also absorbed part of the UNMEER ICT services and equipment in Sierra Leone, ensuring that connectivity services are maintained: the handover was completed at the end of April at four FLBs and the Cockerill Helipad used by UNHAS.

Additional capacity to set up internet connectivity, accommodation, office spaces and transportation; and the dispatch of 10 vehicles to four locations have been undertaken by a WHO-WFP Joint Collaboration in Sierra Leone.

With regard to the WHO, having such a large team in the districts has yielded significant results in a short time period. Through monitoring work, 28 Ebola Care Centers (ECCs) have improved quality; 2,115 HCWs have been trained on IPC for Ebola; and a training of trainers for 70 HCWs on a broader range of IPC topics was held. Other developments included an: an IPC training module for Ebola; five monitoring tools; and technical input for national policies and SOPs, which are now a reference tool for other development partners. The coordination and activity mapping of IPC partners has meant better collaboration and has served as a tool for other pillars.



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Mission Critical Action 4



MCA4

Medical Care for Responders



\$1.39 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093285	#1 Responder Clinic	23-Dec-2014	\$1,392,970	\$ 0 ¹
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
 Rehabilitation of Responders Clinic (Level 1)		1	2	WFP

Situation Update

Through its common service platform to enable the health response, Sierra Leonean authorities and relief partners have been supported in scaling-up logistics, infrastructure and networks to provide supplies needed for the protection and health care of the responders and humanitarian workers. In this context, WFP was requested to perform the rehabilitation and widening of the UN clinic in Freetown to treat and care for health workers.

Early Achievements and Results

Following assessments and urgent requirements arising from the closing of the UN clinic following the infection of UN staff, WFP was requested to immediately provide a safe facility to temporarily accommodate humanitarian workers in Freetown. Within 48 hours, tents to accommodate the most urgent needs were set-up. This structure was subsequently replaced by a fully functional prefabricated structure composed of ablution units, exam rooms and a holding unit for potential Ebola patients. It was composed of additional prefabricated modules. A screening unit before the clinic main door for all people entering the building, and two more independent structures to be used as dressing areas for doctors and nurses were established.



Rehabilitation of UN Clinic

Photo: WFP

In addition, a hospital in Kambia to be used as a holding center with a capacity of 40 beds was rehabilitated with Fund support and based on a request from WHO to WFP. This center was set up, offering the possibility of transformation and extension into an ETU of 100 beds by erecting an additional 10m x 24m Mobile Storage Unit next to it. Partners in Health (PiH) is managing the hospital and health center.

¹ WFP internal mechanisms do not allow the reporting of expenditure until final closure of the project. The figures provided represent expenditures assigned at a point in time to grants as part of a pool fund. These figures may not represent the actual level of expenditure, until expenditures are certified.



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Mission Critical Action 7



MCA7

Cash Incentives for Workers



\$1.26 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00092905	#9 Payment for Ebola Workers	04-Dec-2014	\$1,261,625	\$1,040,236

PRIORITY INTERVENTION

PLANNED

ACHIEVED

RESPONDING AGENCIES



Average # ERWs (Ebola Response Workers) paid per payment cycle through Government systems with UNDP support (# of Cycles)*

15,000

21,922 (#7)

UNDP

*Please note that the Government of Sierra Leone leads payments to ERWs. UNDP only provides support, whether by supporting payments through government systems or through UNDP's Contingency plan, when requested by the Government. There are payments, especially for pay rolled health workers in the Ministry of Health, which are paid directly by the Government with no UNDP support.

Situation Update

A number of ERWs were already public employees (health sector workers) at the outbreak of the Ebola crisis, but, as casualties mounted, many more joined as part of the emergency response. Unfortunately, these workers were not captured by national payroll or public sector registration systems. By October 2014, many workers not only lacked identification, but had gone without pay for months. As a result, ERWs threatened daily to strike over non-payment or underpayment of dues. To confound matters, there were reports of patronage wherein ERWs had to pay up to 50% of their funds to their managers paying direct cash at the local health centers.

In a bid to resolve this stand-off and find a long-term solution, a program that tracked workers, digitized payments and reduced fraud was implemented. With Fund support, UNDP through its Payments Programme for Ebola Response Workers (PPERWs) assumed responsibility for 78% of total ERWs, including Ministry of Health and Sanitation (MOHS) employees and volunteers.

Given the current decreasing number of cases, a significant proportion of Ebola Treatment Centers (ETCs), Ebola Holding Centers (EHCs), Community Care Centers (CCCs) and laboratories have been closed. This has left only 13 ETCs, 13 laboratories and 20 tertiary and secondary hospital triages/isolation units and a number of CCCs with sizable numbers of staff. This move brings the total number of workers from

the total registered number of over 31,000 to an estimated number of 10,000 that will be entitled to risk allowance from April going forward.

Early Results and Achievements

The National Ebola Response Center (NERC) was supported with regard to: establishing a Cash Transfer Steering Committee; presenting policy options to the President of Sierra Leone and the leadership, with two major policy revisions undertaken on revised hazard pay and Ebola risk allowance policy; establishing an Information Management System (IMS) called nerpay.sl; establishing a decentralized helpdesk to handle ERW grievances and queries; and strengthening existing payment systems such as mobile money networks by supporting the coordination and facilitation with government regulatory authorities and increasing the number of companies bidding for the disbursement of payments.

All ERWs now have control over their pay, and the correct workers are getting paid the correct eligibility amount. Payments are delivered on-time. It should be noted that the number of estimated target ERWs to be paid by the UNDP-supported government system increased from 15,000 in December 2014 to 23,000 in February 2015. As a first major step, NERC was assisted by UNDP to move over \$4 million per month in risk payments to ERWs from direct cash via District

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Medical Teams to mobile wallets in December 2015, one month after the NERC, with UN's technical assistance, took over Hazard Payments from the MOHS. By 31 March, 100% of payments were digitized such that 67% of the average monthly \$4 million hazard disbursement was relayed by mobile money and the other 33% by bank accounts. Payment channels were diversified to include banks starting in March 2015. No payments were made with direct cash.

A transition from 100% cash payments to 100% digital money occurred within a week. This was possible due to: broad coverage enabled by a combination of available mobile networks; the fact that 90% of ERWs owned or had access to mobile phones; and an innovative payment platform provided by Splash across the country. The reality was that only 15% of the ERWs were registered for mobile money before the transition. But emergencies led to focused discussions and willing partners, and the project worked with the Mobile Network Operators (MNOs) to fast-track minimum Know Your Customer (KYC) requirements with all ERWs and link first disbursements to mobile money registrations.

In Sierra Leone, the NERC was mandated by the Government to establish a parallel system directly managing hazard payments to all workers – salaried and volunteers alike. The creation of this information management system (IMS), called *nerpay.sl*,

was supported by UNDP with assistance from the Fund. It has the following components: Core Human Resource Information System; Open Data Kit Smart-phone Application; SMS Application and biometric (facial recognition) identification.

By 31 March 2015, 95% of ERWs (31,591) were registered in the National Hazard Payroll system and an average of 21,922 ERWs were paid per payment cycle under the PPERW. The system hosts biometric information of all ERWs receiving hazard pay from over 35 different implementing donor/NGO partners in country and is able to prevent double entries, ghost workers and mispayments. So far the IMS has removed 3,054 duplicate records, and reported 150 fraudulent ERWs, 774 double-dipping ERWs and three medical centers to the Anti-Corruption Commission.

In February the cash transfer team decentralized the complaint resolution help desk to the most remote districts in the country. Help desks have been established in each of the 13 districts and the capital, Freetown, with two and five trained staff in each district and Freetown respectively (31 help desk personnel) in order to solve ERW complaints on the spot. ERWs in remote areas can now access a help desk near their district. Additionally, nine core teams are supporting the help desks with list management.

¹ Payments managed by other implementing partners but benefiting from PPERW's lead on policy and coordination



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Mobile pay for thousands of Ebola workers in Sierra Leone



Isatu Bangura shows her mobile phone after getting a text notification for her hazard pay.

Photo: Alpha Daramy Sesay / UNDP Sierra Leone

Freetown, Sierra Leone - Isatu Bangura (25) joined the fight against Ebola in August 2014. As a 'screener,' she took people's temperature and checked for symptoms of Ebola as they moved in and out of the capital, Freetown.

On top of the risk, fear and stigma often associated with anti-Ebola work, even getting paid was tough in the early stage of the outbreak. Hundreds had to travel long distances, often waiting overnight in far-off cities to collect their cash the next day.

"We had to fight to queue for a long time in the scorching sun and rain, just to get our hard-earned money," Bangura says.

Yet with help from the United Nations Development Programme (UNDP), by December 2014, a new system ensured that payment was sent directly to the workers, mainly by mobile phone.

"Removing the need for cash makes payment quicker, safer and far easier to keep good records" says Ghulam Sherani, UNDP's Payment Programme Manager in Sierra Leone.

"Many Ebola workers have literally risked their lives to help others, so we're proud to be helping pay 23,000 people across the country" he says.

80% of all payments across the country are now made through mobile phone network operators, with the rest directly through banks.

In support of Sierra Leone's National Ebola Response Centre, the payment system builds on UNDP's experience in Mali, Tajikistan and South Sudan, as well as "large-scale emergency programmes in the Central African Republic and Haiti" says Sherani.

Ms. Bangura says she likes the mobile pay system "because it saves time," but hit a problem when she lost her phone recently. "I thought I lost my hazard pay for the month," she says.

To help fix problems like Ms. Bangura's on the workers home turf, UNDP quickly trained and deployed two-person teams to each of Sierra Leone's 14 districts.

"What pleased me most is the way the staff sent to help spoke to me, it was lovely," says Bangura.

According to Stephen Gaojia, National Coordinator of Sierra Leone's National Ebola Response Centre: "With other partners, UNDP has been a great help in improving how we track payments. Their support has helped stop the duplication of pay, so the right people get the right pay, every time."

With the UNDP support, the Sierra Leonean team is aiming to do all payments directly by bank transfer, to remove risks related to mobile networks.

The World Bank and the African Development Bank fund the Programme in Sierra Leone. UNDP, the UN Mission for Emergency Ebola Response (UNMEER) and the UN Capital Development Fund (UNDCF) implement the programme and provide technical assistance.



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Mission Critical Action 8



MCA8
Recovery and Economy



\$2.05 million
allocated

COVERAGE: 6 Districts - Bo, Bombali, Kailahun, Kenema, Moyamba, Port-Loko

MPTF Project No: 00094514	Title: Social Rehabilitation and Payments to Ebola Survivors and destitute families	TRANSFER DATE: 13-Mar-2015	AMOUNT: \$2,055,470	EXPENDITURES (Apr 15) \$ 0
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PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
 Solidarity kits for survivors and destitute families	500	Final list of 2,050 beneficiaries established ¹	UNDP/UN WOMEN
 Social safety net arrangement	2,500	New arrangement reached merging stipend into final grants	UNDP/UN WOMEN
 Skills development Services	2,500	Based on recent assessment, a new approach have been identified and is being developed	UNDP/UN WOMEN

¹ The project was designed with the assumption that the GoSL would maintain and update the list. The assumption was based on (i) the fact that MoHS and NERC were issuing regularly updated figures about survivors and assurance would be given by the same institutions that the list was available. The current list is dynamic and new entries are considered after verification.

Situation Update

The Social rehabilitation and payment to Ebola survivors and destitute families (SRPSF) Project was designed to provide support to Ebola victims: a discharge package composed of a one-off basic commodity package (food, toiletry, sanitation and basic house furniture) to 500 beneficiaries. This number is to be extended to 2,500 for the provision of financial support to help re-build their livelihoods for a better socio-economic re-inclusion. The financial support is composed of a monthly stipend and a grant to fund individual livelihood plans to be developed in the meantime with the beneficiaries. As of 30 April 2015, the number of survivors stood at 3,568. Regarding the destitute families, the number of target beneficiaries is to be determined while focus is being put on the survivors. Five districts were identified, initially keeping in mind that the final list will be decided with priority given to the most impacted districts.

Early Achievements and Results

A Project Board meeting was held on 9 March 2015 with all stakeholders represented (GoSL, Local Councils, World Bank, UN WOMEN, UNDP). The main conclusions of the meeting were: (1) women should be given priority; (2) local authorities should be fully involved in list establishment and management; and (3) the term destitute family is to be understood as including Ebola widows/widowers and families hosting at least two Ebola orphans. The Ministry of Local Government and Rural Development (MLGRD) is leading the process with support from UNDP and UN WOMEN.

While it was assumed that the GoSL, Ministry of Health and Sanitation (MoHS), Ministry of Social Welfare, Gender and Children Affairs (MSWGCA), and the National Ebola Response Commission (NERC) had an updated list of survivors and destitute families to be used by the project to identify



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beneficiaries, the list had not been established at the time of project start. As of 30 April 2015, a list of 1,200 survivors, 150 widows and 700 orphans fully verified has been consolidated with support from NERC, UNMEER, MSWGCA and MoHS.

Delivery of discharge package to 500 Ebola survivors and destitute families - The list of the 500 beneficiaries of the one-off basic commodity package has been finalized and agreed upon with national and local authorities. They are located in six local councils (Kenema, Bo, Bombali, Port-Loko, Kailahun and Moyamba). The distribution will be done in May 2015.

Delivery of financial support to 2,500 Ebola survivors and destitute families - During the mission by MLGRD, UNDP

and UN WOMEN, discussions were held on the relevance of a monthly stipend, given its small size and the risk of dependency it could create despite the mitigation and exit strategy put in place by the project. Two strategic decisions were taken: (1) the monthly stipend would be put together and added to the grants to constitute a more substantial amount for the beneficiaries and (2) beneficiaries would be clustered by location into associations and experts would be deployed to help develop a collective livelihood micro-project with the grant serving to fund the project.



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Mission Critical Action 9



MCA9

Reliable supplies of materials and equipment



\$2.03 million
allocated

COVERAGE: High Case Load districts **7** Other Districts **7**

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093528	#16 District Logistical Capacity	22-Jan-2015	\$2,026,848	\$1,466,818

PRIORITY INTERVENTION

PLANNED

ACHIEVED

RESPONDING AGENCIES



Logisticians deployed

14

13

WHO

Situation Update

The WHO / WFP joint operation that allowed for the construction of prefab offices for WHO staff continues in the districts of Kambia, Port Loko, Makeni and Moyamba. Throughout this month, the joint operation gave rise to other operational support to the WHO team currently engaged in EVD response activities by providing them with accommodation space, fleet and fuel management, admin/finance support and ITC assistance.

Whilst this logistic operation is in process, there is a greater demand to prepare for the raining season which has started but is not yet in full force. In light of this, the logistics team has undertaken an assessment on what the gaps are, suitable measures to combat the issues and that would be implemented in the coming weeks.

Immediately, satellite phones have been distributed and procurement is under way for recovery and safety materials to safeguard the operations in the districts.

An evaluation on WHO/WFP's joint operational logistics work is planned in the upcoming months. It will help capitalize on this joint experience and identify challenges for future interventions in health emergencies.

Below is an aerial view of an example of a site in Kambia district with a row of offices and fleet to support the combination of activities undertaken by contact tracers and epidemiologists to name but a few.



At Port Loko, additional materials for three prefabs have been requested and are being procured.

Photo: WHO



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*At Makeni, three prefabs have been completed, while in Moyamba, the office at the District Health Management Team is operational.
Photo: WHO*



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Mission Critical Action 10



MCA10
Transport and Fuel



\$0.28 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093223	#22 Ebola Charters	19-Dec-2014	\$ 278,558	\$ 278,558

PRIORITY INTERVENTION

PLANNED

ACHIEVED

RESPONDING AGENCIES



Flight Cargo

67MT

100%
delivered

UNICEF

Enabling the Response

With regard to supporting MCA 10, the Ebola Response MPTF funded an urgent UNICEF charter carrying Ebola supplies. The charter delivered 67 metric tonnes of personal protective equipment (PPE) and nutrition supplies to Sierra Leone.



UNICEF facilitated the air shipment of drugs and other medical supplies meant for the treatment of people suffering from Ebola in Sierra Leone

Photo: UNICEF



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Mission Critical Action 11



MCA11

Social Mobilization and Community Engagement



\$0.47 million
allocated

COVERAGE: Country, including district areas

MPTF Project No: 00093972	Title: # 16 Social Mobiliz. And Community Engagement	TRANSFER DATE: 6-Feb-2015	AMOUNT: \$ 473,469	EXPENDITURES (Apr 15) \$ 212,305
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
 Social Mobilisation Experts		3	2	WHO

Situation Update

The Ebola situation in the country is considerably a lot less critical than it was a few weeks ago. Nonetheless it is still worrying because one year after the declaration of the outbreak and in spite of intense social mobilization and community engagement efforts in all districts there are still new cases even if the numbers are fewer. This is still a cause for concern because just one case is already one too many as it all started with one case.

To date there are three hotspot districts: Western Area, Kambia and Port Loko, with the latter being the most cause for concern as there are still reports of runaways, people hiding their sick and not reporting until symptoms are very serious, people still dying in the community, and washing the dead. All practices that fuel the spread of the Ebola disease.

Going on the premise that the messenger is more powerful than the message, community leaders (paramount chiefs, section and town chiefs, councilors, religious leaders, women's and youth leaders and other people of influence in their communities) are being engaged. These are the people who are deemed credible and trustworthy by community members and who can convince them to put aside the negative and harmful practices and behaviors so that we can put an end to the outbreak in the country. This is a collaborative effort of WHO community engagement staff, UNICEF, government (District Health Medical Team – DHMT) and other partners.

Social mobilization/community engagement officers have been deployed to every district by WHO. The Western Area currently has five staff, three nationals, and two international staff from AFRO and HQ; Port Loko has two national staff and two more will be deployed to the Kaffu Bullom Chiefdom which

is recording cases following harmful practices with the dead; two additional staff will also be deployed to Kambia. Kambia borders with Guinea and people in the border communities live as one people, speaking the same local language, with the same customs and socio-cultural practices. Crossing from one side to the other is a many times daily occurrence. Cross border collaboration has been intensified in an effort to find common approaches and solutions.

At present a total of 21 social mobilization/community engagement WHO staff are deployed nationally, of whom three are international staff and two are seconded to the MOH/Health Education Unit, under the supervision/guidance of one national social mobilization/community engagement coordinator. They work closely with the DHMT, UNICEF and other partners in their respective districts and carry out activities to engage community leaders and community members. They also work closely with surveillance, epidemiologists who provide them with epi data detailing information on case investigation and transmission chains in the areas at risk that should be given special attention and intensified activities. They sometimes have to conduct special engagement/training workshops for specific key groups who are contributing in one way or the other to the risks of the disease spreading. For example in Port Loko and other districts bike riders (a very popular means of transportation in the country) were identified as transporting Ebola infected persons to care centers/hospitals putting themselves and others at risk and so special workshops were organized to engage with them and solicit their help in the response. Other groups like traditional healers/herbalists, secret society leaders have also been targeted.

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Early Achievements and Results

The results on the ground in the country overall are good in the majority of districts. Most have gone months without recording any cases but activities continue to guard against complacency. The key message is that Ebola is still present in the country and that as long as there are cases in the country and in “free” districts must not let down their guard and community leaders must continue to talk to their people to continue with the safe practices and behaviors that have helped them remain free all this time.

Even the hotspot districts have cause to celebrate because Western Rural has not had cases for a while and many of the former hot areas are now “quiet”. In Port Loko all the cases are coming from just one chiefdom at present, and Kambia too has been relatively calm.

With a focus on recovery, communities are being informed and sensitized by WHO staff with regard to a measles and polio campaign that will run from 05 to 10 June 2015.

Indeed the campaign is coming at a time when people are still trying to recover from the negative impact of Ebola not just on the people but also on their socio-cultural values and beliefs. There is still a lot of mistrust and lack of confidence in government health systems/facilities and services as well as fear in the minds of the people.

Rumors abound that the measles and polio campaign is really Ebola vaccine campaign and many people are skeptical and not keen or willing to accept the vaccination for their children. Mindful of these fears and resistance WHO social mobilization/ community engagement officers in the districts have been actively supporting DHMT's efforts for the measles and polio campaigns working with UNICEF and other partners.

Specifically they have:

- Met with and briefed and engaged Community Health Workers (CHW), traditional Healers, religious leaders, women leaders, community volunteers, town chiefs, youth Leaders, Task Force members and Elders;
- Held community dialogue meetings with community members to inform them about the significance and benefits of immunization, and how the community can



A social mobilization team member engaging with community members in Neini Chiefdom as part of a three-day Active Case Search and Ebola Sensitization campaign

Photo: WHO

contribute and participate to make the campaign a success; special effort was made to address their fears concerning immunization/upcoming measles and polio SIAs.

- Explained to them Benefits of the triage system in relation to other illnesses not necessarily Ebola

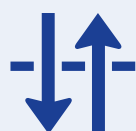
The teams continue to pass on health and hygiene messages to communities in order not to lose the gains from the Ebola response.

Another major achievement has been the community engagement training programme conducted in three districts to impart much needed communication skills to front line staff that have to interact with communities so they can approach them with empathy and compassion. Communities are already very traumatized with the impact of Ebola in their families/ communities and front line staff need to “handle” them with humane feelings.



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Mission Critical Action 13










MCA13
Preventing Spread



\$9.52 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00092907	#17 RRSTs (Rapid Response) Establishment	04-Dec-2014 21-Jan-2015	\$ 7,145,038	\$2,806,875
00092908	#18 NERC (National Ebola Response Centre) Secretariat	04-Dec-2014	\$ 1,178,084	\$ 478,151
00093086	#5 Support Detention Centres	04-Dec-2014	\$ 1,201,725	\$ 706,827
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
	RRST deployment after Surveillance Trigger	6 deployments	100%	UNMEER
	Small , Medium, Full Surge Intervention	14	7 Full 2 Medium	UNMEER
	Vehicles	23 Pick-ups 9 Ambulances 9 Hearses	100%	UNOPS
	Equipment	60 tents, mattresses, pillows, beds, etc. provided and installed in two camps	100%	UNOPS
	NERC Staff	32 Salaries NERC staff	100%	UNMEER
	NERC ICT Infrastructure	59 Laptops 32 Mobiles District e-reporting to NERC	100%	UNMEER
	Ebola Holding Units for prisons	4	Under Construction	UNDP
	# Detention centre staff trained on EVD	170	186	UNDP
	# case handled by legal aid lawyers for prison decongestion	350	469	UNDP

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Situation Update

The National Ebola Response Center (NERC), which is the national Emergency Operations Center in Sierra Leone, was facing human, technical and financial capacity challenges in responding swiftly and efficiently to the Ebola crisis. To support 'Phase 2' of the response, Rapid Response Stabilization Teams (RRSTs) and the NERC Secretariat hired thirteen additional staff to man the NERC Secretariat and Plans Directorate. This greater human capacity is supporting: NERC implementation, filling gaps in collaboration with pillar working groups; monitoring indicators, and gathering and analyzing data; strengthening information sharing by establishing laboratory and bed management coordination cells and linking these to the Situation Room; and setting up guidelines and procedures for information flow from the Situation Room to the Field Operations Directorate and to the pillars.

While it is imperative that the NERC Secretariat pay close attention to current "hot" chiefdoms, it is cautious to not lose sight of those districts that are controlling the outbreak. With UNMEER support, the NERC is ensuring that any recurring spikes in these areas are rapidly controlled before they result in Ebola resurgence, especially in the Ebola-free districts.

Also with regard to the Phase 2, UNMEER Sierra Leone has partnered with Catholic Relief Services (CRS) to maximize the response effort. CRS fulfilled the request made by District Officials to fast-track requests that will directly support District Ebola Response Centers (DERCs). The operational support has been thoroughly managed, while providing an accelerated provision and funding to the DERC in a non-duplicative manner.

In addition to bolstering national and district capacity for response, detention centers are being adapted to Ebola threats in Freetown and 12 other districts to: ensure that possible Ebola infections are quickly and effectively isolated; that new inmates have desegregated holding facilities where Ebola can be detected; and that overcrowding, a long-standing problem in the country, is reduced, thereby improving, *inter alia*, conditions with regard to the spread of infectious disease. Overcrowding is being addressed through the provision of legal aid to inmates and the establishment of a functioning case management system. This project, funded by the Ebola Response MPTF, is being implemented in partnership with the Government by UNDP.

Early Achievements and Results

The NERC Secretariat is being supported by UNMEER to coordinate and enable decision making-processes to

successfully halt outbreaks of Ebola. The goal is to ensure coherence between the seven pillars that form the basis of the NERC's response plan. Currently, and due in part to the project, all the pillars are functional and an integral part of the NERC on a weekly basis.

The project is also increasing information availability and flow. All documentation and pillar decisions have been made available and posted on the NERC Website. Performance indicators are being collected, and all national key performance indicators (KPIs) are now reported on. Information Management Officers have been deployed to all 12 DERCs in the country. With regard to strengthened information sharing, all districts are electronically reporting to the NERC.

A web and mobile technology based system has been implemented to collect data at the DERC-level for use by the NERC. This mechanism, which has been operational since January in the NERC and propagated to all the districts from January to March, has reduced reporting errors. The Information Management team has trained NERC and DERC personnel in using the system. All districts have been trained since the end of March to conduct daily data collection.

The Rapid Response Stabilization project, headed by UNOPS and UNMEER, is now an established part of the National Response Ebola Center (NERC) and has contributed to a number of major and minor surge operations. The project duration was extended for three months.

A new approach based on existing approved funds (RRST) has been developed by UNMEER. The 'Rapid Response Surge Fund (RRSF)' project will support NERC in assisting districts to respond to disease spikes and emergency events as part of the Ebola response. A first US\$ 500,000 drawdown was made to the NERC account to enable faster distribution to the districts when required for a rapid response. Pre-allocating funds to the NERC has ensured money is available immediately when a rapid response proposal is approved.

The project is seeing results with assessments leading to surges in target locations that prevent Ebola transmission. Over the last six months the project deployed RRSTs in Kono, Port Loko, Western Area, Kambia and Moyamba, which led to seven full surges and two medium surges. Main support is going to the teams of Medical and NERC personnel in enabling activities such as case investigation and contact tracing (especially riverine areas); active case searching; implementation of community events based surveillance; border health screening; and a local healer support and alert program.



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Complementary support is also offered through the provision of team leaders, work equipment, vehicles and tents for team members. Some 41 vehicles were procured to support rapid response and used to fill critical gaps in sub-districts/Chiefdoms. The vehicles are also being used for surveillance activities, especially contact tracing.

Thus far 200 correctional officers, scoring an average of 85% on post-testing, have been trained on Ebola prevention.

Prevention kits have been handed over to correctional services authorities. Some 17 correctional facilities and three remand homes nationwide are being assisted with Ebola preparedness. Infection Prevention Control (IPC) measures put in place have benefitted over 3,000 inmates and correctional services staff. The legal aid component of the project is reducing prison populations. The Government and UNPD have collaborated on these outputs, with support from the Fund.



Rapid response team upon return to Freetown



Situation Room operations centre



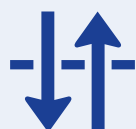
60 tents procured and handed over

Photos: UNMEER



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Mission Critical Action 13



MCA13
Preventing Spread



\$1.5 million
allocated

COVERAGE: Country level including district areas


RESPONDING AGENCY: UNMEER

MPTF Project No: 00092650	Title: #11 Quick Impact Project	TRANSFER DATE: 3-Dec-2014 16-April-2015	AMOUNT: \$1,000,000 \$500,000	EXPENDITURES (Apr 15) \$ 895,218
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PRIORITY INTERVENTION	PLANNED	AMOUNT FUNDED	ACHIEVED
<p>QIP - Quick Impact</p>	Operationalization of the Police Training School 2 and ADRA Waterloo Ebola Treatment Centers	\$ 181,043	100%
	Support to the Western Area Surge (WAS)	\$ 3,850	100%
	Western Area Surge II (WAS II): Heightened Social Mobilization	\$ 146,860	100%
	Refueling of water treatment facility in Kambia	\$ 18,169	80%
	Social Mobilization Prompt Action Team, for villages with new infection outbreaks	\$ 6,027	100%
	EVD Survivors involvement in effective community mobilization in Ebola Hotspot chiefdom	\$ 13,860	100%
	Support to Cross-Border meeting between Gueckedou-Guinea, Lofa-Liberia, Kailahun-Sierra	\$ 2,797	100%
	ICT Development and Transformation to support verification of Ebola Response Workers hazard pay	\$ 11,200	100%
	Material and logistical support to decontamination teams to enable them to adequately replace mattresses.	\$ 2,945	100%
	IPC-Compliant Post Ebola Clinical Services – Bombali District	\$ 18,864	85%
	Emergency delivery of replacement household kits in Kono district	\$ 11,771	80%
	Ebola Reach Project/ Strengthening Contact Tracing through reaching the un-reached members of society in Koya chiefdom	\$ 18,710	100%
	Social Mobilization with Ebola survivors in Koinadugu district	\$19,112	80%
	Intensification of Social Mobilization on Ebola Response at Community Level: Inter agency coordination	\$ 4,992	100%
	Intensification of Social Mobilization on Ebola Response at Community Level: Stipends	\$ 35,393	80%




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PRIORITY INTERVENTION	PLANNED	AMOUNT FUNDED	ACHIEVED
 QIP - Quick Impact	Intensification of Social Mobilization on Ebola Response at Community Level	\$ 13,584	80%
	Engage EVD Survivor's in Community Mobilization in Ebola Hotspots and silent communities in Kambia district	\$ 8,424	80%
	Media action to scaling-up awareness on EVD on borders of Gbindixon, Samu & Bramaia chiefdoms and overall Kambia district	\$ 9,735	100%
	Strengthening Traditional Community structures for the prevention and containment of EVD	\$ 21,576	80%
	IT support to Social Mobilization for Behavior Change Communication in Moyamba District	\$ 3,429	100%
	Media Campaign to Eradicate EVD in Moyamba District	\$ 3,574	100%
	Cross Border Meeting between Kono District and neighboring districts in the Republic of Guinea	\$ 4,170	100%
	Providing safe sanitation facility to end Ebola	\$ 6,642	100%
	Improved Sanitation to Prevent EVD Transmission; We De Duam!	\$ 10,425	90%
	WASH support to quarantined families and homes in Kono hotspots	\$ 12,503	100%
	Cross Border Training and Collaboration- Bombali District	\$ 18,675	80%
	Training and Sensitization of Traditional Healers and Community Members to Help Stop the Spread of Ebola Virus disease.	\$ 18,376	100%
	Mobile based data collection	\$ 12,132	80%
	Cooling project (providing running water to the hospital)	\$ 19,850	80%
	Cross border meeting on Ebola IPC with Liberian counterpart. (Pujehun+ Kenema joint proposal)	\$ 6,386	100%
	Helping Ebola survivors, bereaved families, health care workers and communities to cope.	\$ 18,522	80%
	Secret society support to Stay at home National Zero Ebola campaign	\$ 20,000	100%
	Training of school bodies on IPC methods	\$19,984	100%
	KAPS Consolidation in Frontline Communities	\$19,739	90%
	Creating access route to Kenema cemetery	\$15,486	85%
	MDCS training for surveillance officers, data managers, and the DERC	\$12,685	100%
	Ebola sensitisation for schools re-opening	\$7,361	70%
	IM training and equipment for surveillance, contact tracing, and the DERC	\$12,903	100%
	Women's Leadership & Engagement Campaign Strategy	\$44,204	60%



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PRIORITY INTERVENTION	PLANNED	AMOUNT FUNDED	ACHIEVED
 QIP - Quick Impact	Contact Accommodation Centre, Hastings	\$27,360	100%
	Integrated district based campaign towards Zero EVD	\$16,606	10%
	Construction of a Borehole for OICC in Kontoloh	\$15,700	100%
TOTAL QIPs	42	\$ 895,218	

Situation Update

Quick Impact Project (QIP) funding is meant to address the need for “a flexible [Ebola] response—adapted to the unique conditions of densely populated urban areas, remote rural locations and towns and villages close to national borders” (Global Ebola Response Outlook 2015). The Fund has provided ECMs, each receiving US\$ 1,000,000, with the flexibility to respond quickly to urgent, high priority needs not funded through other mechanisms.

With the collective efforts of QIP Implementing Partners and several district actors, the epidemic has been significantly reduced in the Southern and Eastern districts, with most maintaining an Ebola-free status for over 50 days. The epidemic is currently now situated in the North West of the country and QIP-related activities are currently addressing this shift. For instance, the QIP is being implemented by UN Women in the Western Area, Port Loko, Kambia, and Bombali districts to engage women to lead their communities in effectively practicing Ebola-preventive measures.

UNMEER is committed to supporting the Government of Sierra Leone in its current strategy of ‘Getting to Zero.’ The active response to Ebola has now reached a stage where cases are being hunted down using a cross-functional approach. This means that the District Ebola Response Center (DERC) and NGOs are still frequently in need of rapidly accessible, flexible funding support that can allow them to respond immediately to carry out ‘last mile’ activities. To this end, UNMEER Sierra Leone requested an additional US\$ 500,000 to continue fulfilling approved requests made by the DERC and NGOs in order to get a ‘resilient’ zero.

Early Achievements and Results

The Quick Impact Project (QIP) Fund has fulfilled all of the objectives set by original proposals, supporting high impact, small-scale, relatively low cost and implementable projects. It has catalyzed and motivated the field operations team (Field Crisis Managers) in the districts and continues to serve as a readily available tool for the ECM. Moreover, the proposal has been instrumental in providing financial support to NGOs and the District Ebola Response Centers across the Sierra Leone.

The QIP Fund has supported a number of important areas in the second phase of the response: (1) social mobilization and community awareness, especially engaging women; (2) inviting survivors and traditional healers to take part in the social mobilization and awareness response; (3) cross-border meetings to improve screening and protocols for border monitoring; (4) supporting quarantined households; and (5) active surveillance and contact tracing and providing essential services. These projects directly reflect the current epi-situation in the country and aim to reduce transmission by directly engaging communities.

In Sierra Leone, QIP funds are being used to support several high-impact projects including: operationalization of Ebola Treatment Centers (ETCs) and quarantine homes; using Ebola survivors community mobilization in Ebola hotspot districts; support to cross-border meetings; provision of emergency delivery of replacement household kits to disinfected households; and extending contact tracing in previously inaccessible populations. In addition, clean water is being provided to four main Ebola response establishments for four hours a day. QIP funding is securing the fuel to run this water treatment facility in Kambia, thereby providing sanitized water. With regard to hazard pay, QIP funding is supporting a revision of the pay system to assure that workers are compensated on time and appropriately for the risks they are taking.



Intensification of Social Mobilization on Ebola Response at Community Level
Photo: UNMEER



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Sufficient tap-water ensured my family's safety from Ebola:



Family showing their paid water bills

Mrs. Ratamanan Shaw 38 years old in Kambia town lives with her three daughters and her husband Alhaji Bangura, 45 years old. She had a small grocery shop in her home to help support her family, with her husband. "Life in Kambia is very expensive after Ebola and most of our supplies and production has been stopped", says Ratamanan.

Before the Ebola outbreak water was scarce and got worse after the epidemic hit the village. Everyone was focused on Ebola, but no one was thinking about sufficient water to supply our homes. Half of our days were spent fetching water. Today she shares that "life is easier and I am getting water every day and I have more time to help my mother with her shop."

Wells, river and mountain springs are the main source of water in Kambia district, however this back breaking journey, often undertaken by women and children is time consuming and arduous. It takes an average four to six hours to carry out this task. This reduced access to water and the time taken to collect it affects the health of the population as well as affecting Ebola-related precautionary measures. The lack of water access also affects the standard of environmental sanitation facilities available. To this end, UNMEER continues to supply water to the affected communities in Kambia.

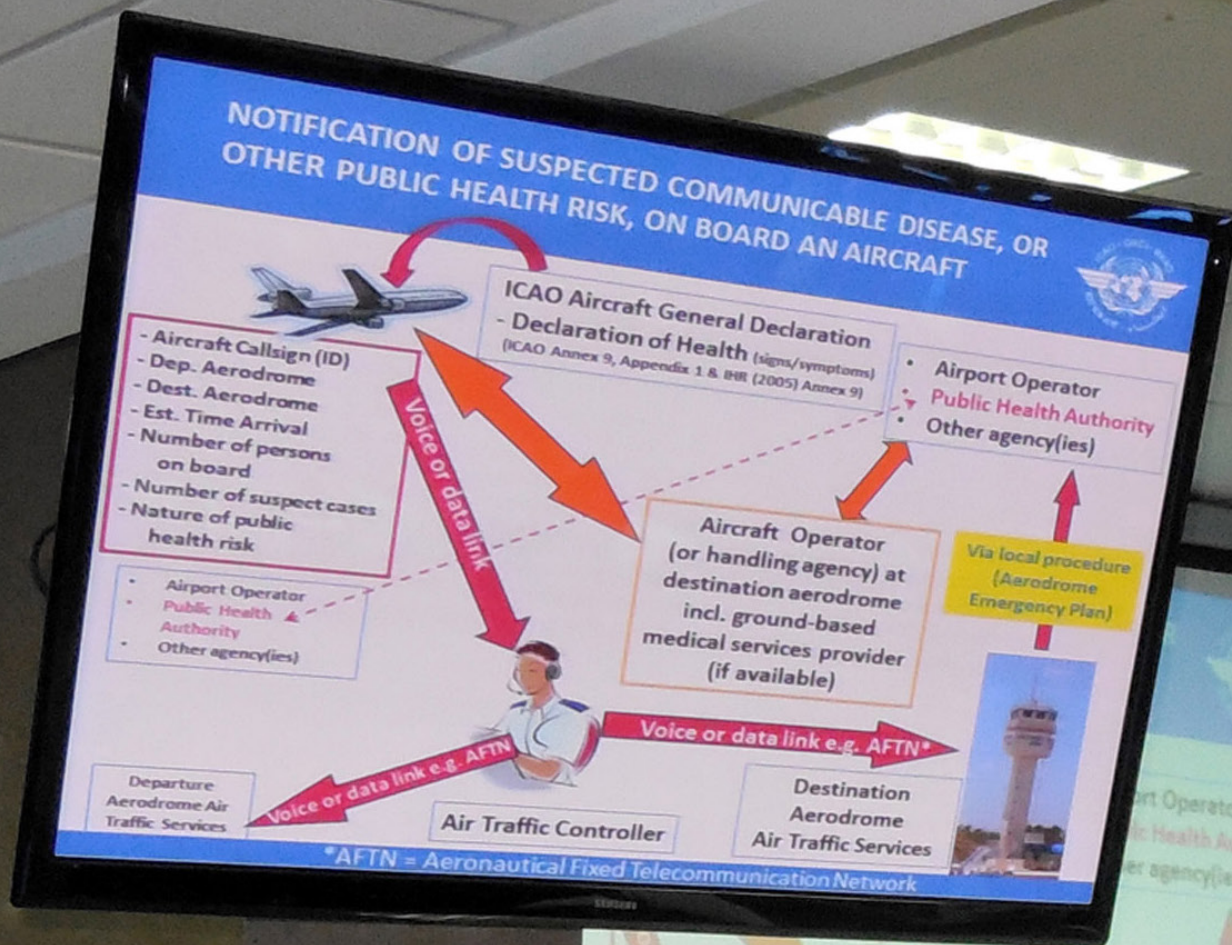


Water Treatment – Kambia

Photos: UNMEER



REGIONAL



PROFILE

By Mission Critical Action



UN EBOLA RESPONSE MPTF

WEST AFRICA - Reference Map



AT A GLANCE

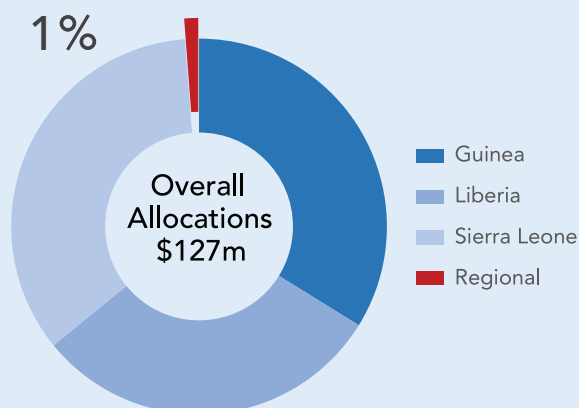
 **1.5m** Contributed

 **0.36m** Expenditures

 **2** Proposals

 **2** UN Entities

Funding Regional as of 30 April 2015 \$1,524,300



Funding per Mission Critical Actions - Regional

MCA07 Cash Incentives  34.40%

MCA13 Preparedness  65.60%

REGIONAL

Mission Critical Action 7

**MCA7**

Cash Incentives for Workers

**\$0.52** million
allocated**COVERAGE:** Regional

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00092902	#6 Payment for Ebola Workers	04-Dec-2014	\$ 524,300	\$ 235,401

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Support to the 3 country-led technical programmes	Provided	On-going	UNDP
Regional contractual services and standardization	Provided	On-going	UNDP
Technical workshops for coordination	2 for Region 3 for Countries	2 for Region; 2 (Guinea & Liberia)	UNDP

Situation Update

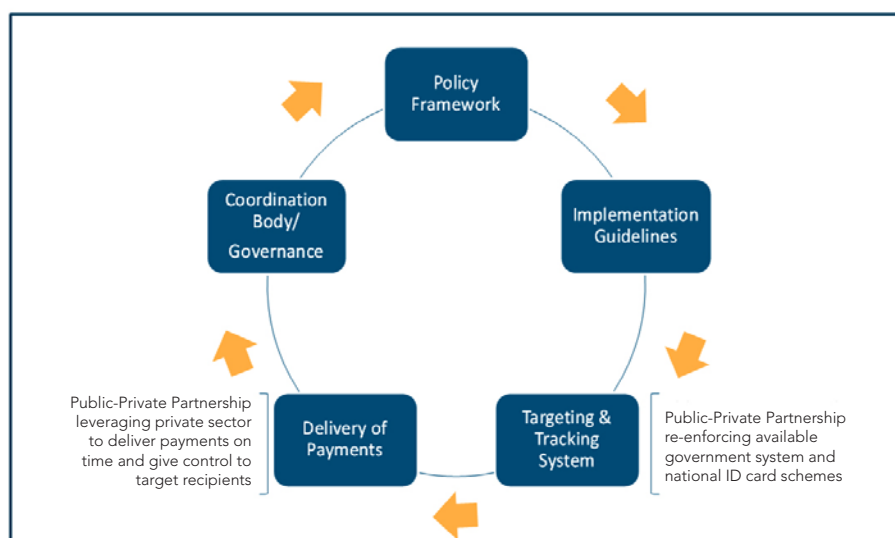
The exponential growth of the Ebola epidemic during the emergency phase of the response challenged the traditional model of managing a workforce. The nature and distribution of the effective workforce and Ebola Response Workers (ERWs), including contact tracers, staff working in Ebola Treatment Units (ETUs), and burial teams, amongst others, was highly dynamic, growing at 25% every two weeks during its height, and with 20% turnover in this same time period.

Whilst health systems of the three epicenter countries of Guinea, Liberia and Sierra Leone had received substantial

investments prior to the epidemic, none of them had information management systems that could be easily decentralized to track ERWs and ensure correct pay based on their roles. In some cases, non-payment and/or insufficient payment to ERWs resulted in strikes or work slow-downs that impacted the efficacy of the Ebola response.

Results and Early Impact

The Payments Program for Ebola Response Workers (PPERWs) was designed by UNDP with support from the Fund to provide





REGIONAL

technical assistance to governments in epicenter countries to ensure timely delivery of incentives to ERWs and to fill gaps in government capacity. The PPERW had three components: (1) strengthening information management systems (IMS); (2) strengthening existing payment platforms; and (3) establishing a UN-run contingency payment platform.

Through the Regional Unit, PPERW integrated five components of key work streams so that the right workers were paid the right incentive amounts, on time.

The Regional Unit provided technical assistance, management support and knowledge generation in the following key areas:

1. **Policy Framework:** All Hazard incentives to Ebola Response Workers were supported by national policy frameworks that stipulate broad consensus on who should receive payments as well as how much they should receive, and how frequently they should receive them. During crisis, national policy is subject to revisions to accommodate emerging priorities. The Regional Unit provided technical support to the Country Teams to provide high-quality advice to governments on balancing political decisions with fiscal sustainability within the broader economic well-being of a crisis-impacted country.
2. **Implementation Guidelines:** Following the policy framework, implementation guidelines around best practices and solutions that are available in crisis economies is a key component. Implementation guidelines are the basis upon which key areas of work are identified for private sector partnerships, given the scale and type of crisis and consequently, the response. The Regional Unit assisted Country Teams with the development of implementation guidelines.
3. **Targeting & Tracking:** The nature of the crisis informs the functionalities required for the information management system (IMS), which targets and tracks recipients as they change. Broadly, IMS system capabilities lie with the private sector and are built on existing national government infrastructure wherever available. The IMS is owned by the national government and helps establish a clear baseline of recipients that are beneficiaries of crisis response. The Regional Unit assisted Country Teams with the development of the requirements for system documentation and introduced the private sector provider. In addition, the Regional Unit facilitated

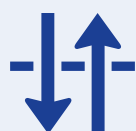
knowledge sharing and the usefulness of the IMS for PPERW work at the national level. In each country, the level of government engagement and national systems' readiness shaped the PPERW programme.

4. **Delivery of Payments:** Workers were targeted and tracked in order to discern the final amount they should be paid based on their level of risk as well as national policy. Private sector partnerships with mobile network operations and the financial sector were leveraged to deliver payments on time, thereby strengthening existing financial sector infrastructure wherever applicable. The Regional Unit provided technical assistance to Country Teams to conduct mapping of financial sector access points, products and fee structures to develop the partnership for delivery. In each country, the level of financial sector depth shaped the payment mode used by UNDP.
5. **Coordination Body & Governance:** Coordination and Governance on Digital Cash Transfer was key to reducing errors of exclusion and to further improving transparency by allowing all implementing agencies/development partners of the same policy to register and track their recipients through the common national IMS system. This helped weed out 'double-dipping' recipients accessing benefits from more than one source during the crisis, thereby addressing issues of fraud and governance. The Regional Technical Unit introduced this concept for Country Programmes, and developed a Terms of Reference for the Coordination Groups firmly established within the country structures.



REGIONAL

Mission Critical Action 13



MCA13
Preventing Spread



\$1.0 million
allocated

COVERAGE: Regional

MPTF Project No:	Title:	TRANSFER DATE:	AMOUNT:	EXPENDITURES (Apr 15)
00093085	#2 Ebola Aviation Action Plan	12-Dec-2014	\$1,000,000	\$129,813
PRIORITY INTERVENTION		PLANNED	ACHIEVED	RESPONDING AGENCIES
Training Events		4 in 2015 starting in March	2 (50%)	ICAO/WHO
		2 in 2014	2 (100%)	
State/ Airport Assistance Visits		25 in 2015	3 (12%)	ICAO/WHO

Situation Update

Though the number of new cases of Ebola continues to fall across the three affected countries, Guinea, Liberia and Sierra Leone, various areas of transmission continue. ICAO's activities are timely, as flights by Kenya Airways to Monrovia, Liberia, recommenced on 6 April 2015 and Liberia was declared free of Ebola on 11 May 2015.

Results and Early Impact

Planning for Airport Assistance Visits and Training Events commenced in December 2014. A total of two Training Events and five Assistance Visits have been undertaken.

ICAO Training Events are meant to facilitate, in the aviation sector, the development of a multi-sector/multi-stakeholder framework for strengthening capacity in the public health and aviation sectors to prevent, rapidly detect and respond to cases of a serious communicable disease, such as Ebola. The training therefore focuses on the implementation of requirements contained in relevant ICAO annexes to the Convention on International Civil Aviation, the WHO International Health Regulations (2005) and associated guidance material.

82 participants from 13 States (Benin, Cameroon, Côte d'Ivoire, Gabon, Guinea, Kenya, Liberia, Mali, Mauritania, Senegal, Sierra Leone, Togo and Uganda) and two International Organizations (African Civil Aviation Conference and the Agency for Aerial Navigation Safety in Africa and Madagascar (ASECNA)) attended the first training, which was held at the ICAO Regional Office in Dakar, Senegal on 9-13 March 2015.

Expertise was provided by trainers from ICAO, WHO, US Centers for Disease Control and Prevention, Airports Council International and the International Air Transport Association.

A second event was held at the East African School of Aviation in Nairobi, Kenya, 13-17 April 2015. 68 participants from 12 States (Angola, Botswana, Burkina Faso, Burundi, Comoros, Kenya, Namibia, Seychelles, South Africa, Tanzania, Uganda and Zambia) and one International Organization (Civil Aviation Safety and Security Oversight Agency (CASSOA) of the East African Community) attended. As in Dakar, expertise was provided by trainers from ICAO, WHO, US Centers for Disease Control and Prevention, Airports Council International and the International Air Transport Association.

Three Assistance Visits, which aim to promote and facilitate communication and collaboration between the aviation and public health sectors with a view to improving the development of capacities in the aviation sector at a national and operational level, were undertaken in Africa during March 2015. They were held in Bamako, Mali (2-3 March 2015); Ouagadougou, Burkina Faso (5-6 March 2015); and Freetown, Sierra Leone (16-17 March 2015). The assistance provided an opportunity to review in detail the specific challenges faced by individual states and airports to help prepare and manage public health events that impact aviation, including Ebola. In each case a gap analysis was undertaken and a confidential report provided to stakeholders, including an Action Plan for development of necessary capacities.



REGIONAL

FINANCIAL INFORMATION

FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the Ebola Response MPTF using the pass-through funding modality as of 28 May 2015. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: <http://mptf.undp.org/ebola>.

1. SOURCES AND USES OF FUNDS

As of 28 May 2015, 39 contributors have deposited US\$ 140,369,276 in contributions and US\$ 19,433 has been earned in interest, bringing the cumulative sources of funds to US\$ 140,388,708 (for more details, see respectively, Tables 2 and 3)

Of this amount, US\$ 128,119,599 has been transferred to nine Recipient Organizations, of which US\$ 23,163,284 has been reported as certified expenditure as of 31 December 2014. The Administrative Agent fee has been charged at the approved rate of one percent on deposits and amounts to US\$ 1,403,693. Table 1 provides an overview of the overall sources, uses, and balance of the Ebola Response MPTF as of 28 May 2015.

Table 1. Financial Overview, as of 28 May 2015 (in US Dollars)

	Annual 2014	Jan - May 2015	Cumulative
Sources of Funds			
Gross Contributions	125,852,927	14,516,348	140,369,276
Fund Earned Interest and Investment Income	19,433	-	19,433
Interest Income received from Recipient Organizations	-	-	-
Refunds by Administrative Agent to Contributors	-	-	-
Other Revenues	-	-	-
Total: Sources of Funds	125,872,360	14,516,348	140,388,708
Use of Funds			
Transfers to Recipient Organizations	100,452,267	27,667,332	128,119,599
Refunds received from Recipient Organizations	-	-	-
Net Funded Amount to Recipient Organizations	100,452,267	27,667,332	128,119,599
Administrative Agent Fees	1,258,529	145,163	1,403,693
Direct Costs: (Secretariat M&E)	-	1,000,000	1,000,000
Bank Charges	404	25	429
Other Expenditures	-	-	-
Total: Uses of Funds	101,711,200	28,812,520	130,523,721
Change in Fund cash balance with Administrative Agent	24,161,160	(14,296,172)	9,864,987
Opening Fund balance (1 January)	-	24,161,160	-
Closing Fund balance (31 December)	24,161,160	9,864,987	9,864,987
Net Funded Amount to Recipient Organizations	100,452,267	27,667,332	128,119,599
Recipient Organizations' Expenditure	23,163,284	0*	23,163,284
Balance of Funds with Recipient Organizations			104,956,315

*The 2015 expenditures, covering January to May 2015, reported by the Recipient Organizations through the Ebola MPTF Secretariat are reported in Annex I and II.



2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to the Ebola MPTF Fund as of 28 May 2015.

Table 2. Contributors' Deposits, as of 28 May 2015 (in US Dollars)

Contributors	Prior Years as of 31-Dec-2014	Current Year Jan-May-2015	Total
AUSTRALIA, Government of	8,755,000	-	8,755,000
BOLIVIA, Government of	-	1,000,000	1,000,000
BRAZIL, Government of	602,845	-	602,845
CANADA, Government of	3,568,879	-	3,568,879
CHILE, Government of	300,000	-	300,000
COLOMBIA, Government of	100,000	-	100,000
CHINA, Government of	6,000,000	-	6,000,000
CYPRUS, Government of	6,350	-	6,350
DENMARK, Government of	5,042,695	-	5,042,695
ESTONIA, REPUBLIC OF, Government of	50,216	-	50,216
FINLAND, Government of	8,824,590	-	8,824,590
GEORGIA, REPUBLIC OF, Government of	25,000	-	25,000
GERMANY, Government of	11,606,933	-	11,606,933
MONTENEGRO, Government of	5,000	-	5,000
GUYANA, Government of	-	50,363	50,363
INDIA, Government of	10,000,000	-	10,000,000
IRISH AID	1,233,100	-	1,233,100
ISRAEL, Government of	8,750,000	-	8,750,000
JAPAN, Government of	5,940,000	-	5,940,000
LATVIA, REPUBLIC OF, Government of	48,876	-	48,876
LUXEMBOURG, Government of	248,940	215,240	464,180
MAURITIUS, Government of	-	20,000	20,000
MALTA, Government of	62,295	-	62,295
MALAYSIA, Government of	-	100,000	100,000
NORWAY, Government of	2,061,147	-	2,061,147
NEW ZEALAND, Government of	1,169,400	-	1,169,400
PHILIPPINES, Government of	-	2,041,742	2,041,742
PORTUGAL, Government of	-	30,293	30,293
PRIVATE SECTOR	3,300	50	3,350
Royal Charity Organization of Bahrain	-	1,000,000	1,000,000
REPUBLIC of KOREA, Government of	5,000,000	-	5,000,000
ROMANIA, Government of	40,000	-	40,000
SWISS AGENCY FOR DEVELOPMENT & COOPERATION	-	4,927,079	4,927,079
SWEDISH INT'L DEVELOPMENT COOPERATION	13,217,001	-	13,217,001
TOGO, Government of	-	1,581	1,581
UNITED KINGDOM, Government of	31,884,000	-	31,884,000
UN Foundation/UN Partnership Office	-	130,000	130,000
VENEZUELA, Government of	-	5,000,000	5,000,000
Volvo Group	1,307,360	-	1,307,360
Grand Total	125,852,927	14,516,348	140,369,276

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 28 May 2015, Fund earned interest amounts to US\$ 19,433. Details are provided in the table below.

Table 3. Sources of Interest and Investment Income, as of 28 May 2015 (in US Dollars)

Interest Earned	Prior Years as of 31-Dec-2014	Current Year Jan-May-2015	Total
Administrative Agent			
Fund Earned Interest and Investment Income	19,433	19,433	19,433
Total: Fund Earned Interest	19,433	19,433	19,433
Recipient Organization			
Total: Agency earned interest			
Grand Total	19,433	19,433	19,433

4. TRANSFER OF FUNDS

Allocations to Recipient Organizations are approved by the Special Envoy on Ebola in consultation with the Advisory Committee and disbursed by the Administrative Agent. As of 28 May 2015, the Administrative Agent has transferred US\$ 128,119,599 to nine Recipient Organizations (see list below).

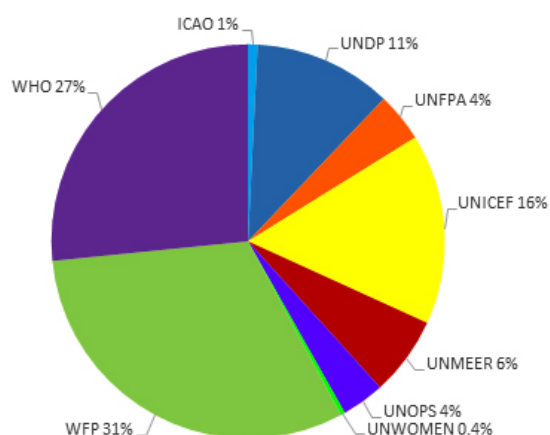
Table 4 and Figure 1 provides additional information on the net funded amount for each of the Recipient Organizations.

Table 4. Transfer, Refund, and Net Funded Amount by Recipient Organization, as of 28 May 2015 (in US Dollars)

Recipient Organization	Prior Years as of 31-Dec-2014			Current Year: Jan-May-2015			Total		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
ICAO	1,000,000		1,000,000				1,000,000		1,000,000
UNDP	10,932,076		10,932,076	3,604,765		3,604,765	14,536,841		14,536,841
UNFPA	4,549,552		4,549,552	631,300		631,300	5,180,852		5,180,852
UNICEF	16,113,789		16,113,789	3,903,513		3,903,513	20,017,302		20,017,302
UNMEER	6,678,084		6,678,084	1,643,548		1,643,548	8,321,632		8,321,632
UNOPS	2,500,000		2,500,000	2,001,490		2,001,490	4,501,490		4,501,490
UNWOMEN				472,673		472,673	472,673		472,673
WFP	40,023,716		40,023,716				40,023,716		40,023,716
WHO	18,655,050		18,655,050	15,410,043		15,410,043	34,065,093		34,065,093
Grand Total	100,452,267		100,452,267	27,667,332		27,667,332	128,119,599		128,119,599



Figure 1: Cumulative Net Funded amount by Recipient Organization, as of 28 May 2015



5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All certified annual financial expenditure reported for the year 2014 were submitted by the Headquarters of the Recipient Organizations. These were consolidated by the MPTF Office.

5.1 EXPENDITURE REPORTED BY RECIPIENT ORGANIZATION

As shown in table below, the cumulative net funded amount is US\$ 128,119,599 and 2014 certified annual financial expenditures reported by the Recipient Organizations amount to US\$ 23,163,284.

Table 5.1 Net Funded Amount and 2014 Expenditure by Recipient Organization, as of 28 May 2015
(in US Dollars)

Recipient Organization	Approved Amount	Cumulative Net Funded Amount	2014 Expenditure
ICAO	1,000,000	1,000,000	0
UNDP	14,536,841	14,536,841	312,351
UNFPA	5,180,852	5,180,852	0
UNICEF	20,017,302	20,017,302	19,260
UNMEER	8,321,632	8,321,632	0
UNOPS	4,501,490	4,501,490	1,068,087
UNWOMEN	472,673	472,673	0
WFP	40,023,716	40,023,716	21,763,586
WHO	34,065,093	34,065,093	0
Grand Total	128,119,599	128,119,599	23,163,284

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 expenditure reported in the UNDG expense categories.

2012 CEB - Approved UNDG Expense Categories

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

Table 5.2 Expenditure by UNDG Budget Category, as of 28 May 2015 (in US Dollars)

Approved Amount	2014 Expenditure	Percentage of Total Programme Cost
Staff & Personnel Costs	952,020	4.39
Supplies, Commodities and Materials	45,763	0.21
Equipment, Vehicles, Furniture, and depreciation	10,335,331	47.70
Contractual Services	8,242,912	38.04
Travel	569,718	2.63
Transfers and Grants	-	
General Operating	1,522,619	7.03
Programme Costs Total	21,668,363	100.00
Indirect Support Costs Total 1	1,494,921	6.90
Total	23,163,284	

1 Indirect Support Costs charged by Recipient Organization, based on their financial regulations, can be deducted upfront or at a later stage during implementation.

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 were as follows:

- The Administrative Agent (AA) fee: one percent is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. As of 28 May 2015, US\$ 1,403,693 has been charged in AA fees.
- Indirect Costs of Recipient Organizations: Recipient Organizations may charge seven percent indirect costs. Indirect costs for the year 2014 reported by the Recipient Organization amount to US\$ 1,494,921.



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 Special Envoy on Ebola in consultation with the Advisory Committee 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 2015, direct costs amounting to US\$ 1,000,000 were approved by the Special Envoy on Ebola to deploy three Planning, Monitoring and Evaluation officers.

DEFINITIONS

Allocation

Amount approved by the Special Envoy on Ebola in consultation with the Advisory Committee for a project/programme.

Approved Project/Programme

A project/programme including budget, etc., that is approved by the Special Envoy on Ebola in consultations with the Advisory Committee 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.

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 seven percent 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 the Ebola MPTF.

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 Special Envoy on Ebola in consultation with the Advisory Committee.

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.

ANNEXES

Annex 1. Net Funded Amounts and Expenditure by Strategic Objective, as of 28 May 2015 (in US Dollars)

Project No. and Project Title		Recipient Organization	Approved Amount	Net Funded Amount	Certified Expenditure (as of 31-Dec-2014)	Cumulative Uncertified Expenditure (as of 30-Apr-2015)
SO1 STOP the outbreak						
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNDP	3,398,610	3,398,610	0	1,092,404
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNFPA	4,549,552	4,549,552	0	2,142,311
00093218	MCA01 #10 LBR INTERRUPT TRANSM	WHO	3,655,050	3,655,050	0	1,258,724
00093251	MCA01 #16 GIN EPIDEM DIST MNGM	WHO	6,308,640	6,308,640	0	1,342,400
00093252	MCA01 #16 LBR EPIDEM DIST MNGM	WHO	5,312,789	5,312,789	0	944,057
00093253	MCA01 #16 SLE EPIDEM DIST MNGM	WHO	5,065,084	5,065,084	0	2,517,452
00094960	MCA01 #35 GIN SENSITIZATION AN	WHO	400,000	400,000	0	0
SO1 STOP the outbreak TOTAL			28,689,725	28,689,725	0	9,297,348
SO2 TREAT the infected						
00092448	MCA03 #1 LBR AIR SERVICES	WFP	4,000,000	4,000,000	3,344,226	4,000,000
00092450	MCA03 #1 GIN AIR SERVICES	WFP	4,000,000	4,000,000	3,402,005	3,402,005
00092527	MCA03 #1 SLE AIR SERVICES	WFP	4,675,724	4,675,724	147,411	2,682,795
00092528	MCA03 #1 SLE TRANSP ESS. ITEMS	WFP	11,052,470	11,052,470	5,260,973	11,052,470
00092529	MCA03 #1 SLE ESTABLISHMNT ETUs	WFP	2,687,375	2,687,375	1,831,837	2,103,499
00092530	MCA03 #1 SLE COMMUNICTN EQPMNT	WFP	167,547	167,547	0	0
00092643	MCA03 #1 LBR TRANSP ESS. ITEMS	WFP	3,780,000	3,780,000	3,608,785	3,780,000
00092644	MCA03 #1 GIN TRANSP ESS. ITEMS	WFP	3,780,000	3,780,000	2,575,553	2,575,553
00092847	MCA03 #1 GIN STORAGE CAPACITY	WFP	658,902	658,902	0	0
00093219	MCA03 #23 GIN CCCs	UNICEF	9,813,619	9,813,619	0	4,459,906
00093254	MCA03 #16 GIN IPC DISTRCT MNGM	WHO	1,990,380	1,990,380	0	176,348
00093255	MCA03 #16 LBR IPC DISTRCT MNGM	WHO	1,212,945	1,212,945	0	887,158
00093256	MCA03 #16 SLE IPC DISTRCT MNGM	WHO	1,302,584	1,302,584	0	1,107,146
00093282	MCA03 #1 LBR STORAGE CAPACITY	WFP	1,592,796	1,592,796	1,592,796	1,592,796
00093283	MCA03 #1 SLE STORAGE CAPACITY	WFP	658,902	658,902	0	307,599
00093284	MCA04 #1 GIN UN CLINICS	WFP	1,577,030	1,577,030	0	1,514,451
00093285	MCA04 #1 SLE UN CLINICS	WFP	1,392,970	1,392,970	0	0
SO2 TREAT the infected TOTAL			54,343,244	54,343,244	21,763,586	39,641,726
SO3 ENSURE essential services						
00092902	MCA07 #6 PAYMNT EBOLA WORKERS	UNDP	524,300	524,300	0	235,401
00092903	MCA07 #8 LBR PAYMNT EBOLA WORK	UNDP	2,245,832	2,245,832	0	787,954
00092904	MCA07 #7 GIN PAYMNT EBOLA WORK	UNDP	2,204,200	2,204,200	165,919	1,431,103
00092905	MCA07 #9 SLE PAYMNT EBOLA WORK	UNDP	1,261,625	1,261,625	146,433	1,040,236
00093136	MCA06 #4 LBR CHILDREN PROTECTN	UNICEF	4,007,578	4,007,578	0	1,692,452
00094514	MCA08 SLE #15 EBOLA SURVIVORS	UNDP	1,582,797	1,582,797	0	0
00094514	MCA08 SLE #15 EBOLA SURVIVORS	UNWOMEN	472,673	472,673	0	0
SO3 ENSURE essential services TOTAL			12,299,005	12,299,005	312,352	5,187,146



ANNEXES

Project No.and Project Title		Recipient Organization	Approved Amount	Net Funded Amount	Certified Expenditure (as of 31-Dec-2014)	Cumulative Uncertified Expenditure (as of 30-Apr-2015)
SO4 PRESERVE stability						
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNDP	809,000	809,000	0	809,000
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNICEF	3,139,364	3,139,364	0	2,568,714
00093189	MCA10 #22 LBR EBOLA CHARTERS	UNICEF	322,898	322,898	19,260	322,898
00093220	MCA11 #25 LBR OUTRCH&AWARNESS	UNICEF	283,088	283,088	0	283,088
00093223	MCA10 #22 SLE EBOLA CHARTERS	UNICEF	278,558	278,558	0	278,558
00093226	MCA10 #22 GIN EBOLA CHARTERS	UNICEF	276,262	276,262	0	276,262
00093526	MCA09 #16 GIN DISTRICT LOGISTICS	WHO	2,618,660	2,618,660	0	2,446,075
00093527	MCA09 #16 LBR DISTRICT LOGISTICS	WHO	2,574,893	2,574,893	0	356,975
00093528	MCA09 #16 SLE DISTRICT LOGISTICS	WHO	2,026,848	2,026,848	0	1,466,818
00093970	MCA11 #16 GIN DISTRICT SOCIAL MOB	WHO	570,788	570,788	0	182,182
00093971	MCA11 #16 LBR DISTRICT SOCIAL MOB	WHO	552,963	552,963	0	184,842
00093972	MCA11 #16 SLE DISTRICT SOCIAL MOB	WHO	473,469	473,469	0	212,305
00094442	MCA11 #29 GIN SUPPORT CBU's MRU	UNDP	1,308,752	1,308,752	0	924,465
00094442	MCA11 #29 GIN SUPPORT CBU's MRU	UNFPA	631,300	631,300	0	151,456
00094442	MCA11 #29 GIN SUPPORT CBU's MRU	UNICEF	896,020	896,020	0	461,933
00095292	MCA11 #36 GIN SOCIAL MOBILIZAT	UNICEF	999,915	999,915	0	0
SO4 PRESERVE stability TOTAL			17,762,778	17,762,778	19,260	10,925,571
SO5 PREVENT						
00092648	MCA13 #11LBR QUICK IMPCT PRJCT	UNMEER	1,000,000	1,000,000	0	597,410
00092649	MCA13 #11GIN QUICK IMPCT PRJCT	UNMEER	2,000,000	2,000,000	0	599,813
00092650	MCA13 #11SLE QUICK IMPCT PRJCT	UNMEER	1,500,000	1,500,000	0	895,218
00092907	MCA13 #17 SLE RRSTs ESTABLISHM	UNMEER	2,643,548	2,643,548	0	589,480
00092907	MCA13 #17 SLE RRSTs ESTABLISHM	UNOPS	4,501,490	4,501,490	1,068,087	2,217,395
00092908	MCA13 #18 SLE NERC SECRETARIAT	UNMEER	1,178,084	1,178,084	0	478,150
00093085	MCA13 #2 AVIA EBOLA ACTN PLAN	ICAO	1,000,000	1,000,000	0	129,813
00093086	MCA13 #5 SLE DETENTION CENTERS	UNDP	1,201,725	1,201,725	0	706,827
SO4 PRESERVE stability TOTAL			15,024,847	15,024,847	1,068,087	6,214,106
GRAND TOTAL			128,119,599	128,119,599	23,163,285	71,265,897

ANNEXES

Annex 2. Net Funded Amounts and Expenditure by Country, as of 28 May 2015 (in US Dollars)

Country / Project No. and Project Title		Recipient Organization	Approved Amount	Net Funded Amount	Certified Expenditure (as of 31-Dec-2014)	Cumulative Uncertified Expenditure (as of 30-Apr-2015)
Guinea						
00093251	MCA01 #16 GIN EPIDEM DIST MNGM	WHO	6,308,640	6,308,640	0	1,342,400
00094960	MCA01 #35 GIN SENSITIZATION AN	WHO	400,000	400,000	0	0
00092450	MCA03 #1 GIN AIR SERVICES	WFP	4,000,000	4,000,000	3,402,005	3,402,005
00092847	MCA03 #1 GIN STORAGE CAPACITY	WFP	658,902	658,902	0	0
00092644	MCA03 #1 GIN TRANSP ESS. ITEMS	WFP	3,780,000	3,780,000	2,575,553	2,575,553
00093254	MCA03 #16 GIN IPC DISTRICT MNGM	WHO	1,990,380	1,990,380	0	176,348
00093219	MCA03 #23 GIN CCCs	UNICEF	9,813,619	9,813,619	0	4,459,906
00093284	MCA04 #1 GIN UN CLINICS	WFP	1,577,030	1,577,030	0	1,514,451
00092904	MCA07 #7 GIN PAYMNT EBOLA WORK	UNDP	2,204,200	2,204,200	165,919	1,431,103
00093526	MCA09 #16 GIN DISTRICT LOGISTI	WHO	2,618,660	2,618,660	0	2,446,075
00093226	MCA10 #22 GIN EBOLA CHARTERS	UNICEF	276,262	276,262	0	276,262
00093970	MCA11 #16 GIN DISTRICT SOCIAL	WHO	570,788	570,788	0	182,182
00094442	MCA11 #29 GIN SUPPORT CBU's MRU	UNDP	1,308,752	1,308,752	0	924,465
00094442	MCA11 #29 GIN SUPPORT CBU's MRU	UNFPA	631,300	631,300	0	151,456
00094442	MCA11 #29 GIN SUPPORT CBU's MRU	UNICEF	896,020	896,020	0	461,933
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNDP	809,000	809,000	0	809,000
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNICEF	3,139,364	3,139,364	0	2,568,714
00095292	MCA11 #36 GIN SOCIAL MOBILIZAT	UNICEF	999,915	999,915	0	0
00092649	MCA13 #11GIN QUICK IMPCT PRJCT	UNMEER	2,000,000	2,000,000	0	599,813
Guinea Total			43,982,832	43,982,832	6,143,477	23,321,666
Liberia						
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNDP	3,398,610	3,398,610	0	1,092,404
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNFPA	4,549,552	4,549,552	0	2,142,311
00093218	MCA01 #10 LBR INTERRUPT TRANSM	WHO	3,655,050	3,655,050	0	1,258,724
00093252	MCA01 #16 LBR EPIDEM DIST MNGM	WHO	5,312,789	5,312,789	0	944,057
00092448	MCA03 #1 LBR AIR SERVICES	WFP	4,000,000	4,000,000	3,344,226	4,000,000
00093282	MCA03 #1 LBR STORAGE CAPACITY	WFP	1,592,796	1,592,796	1,592,796	1,592,796
00092643	MCA03 #1 LBR TRANSP ESS. ITEMS	WFP	3,780,000	3,780,000	3,608,785	3,780,000
00093255	MCA03 #16 LBR IPC DISTRICT MNGM	WHO	1,212,945	1,212,945	0	887,158
00093136	MCA06 #4 LBR CHILDREN PROTECTN	UNICEF	4,007,578	4,007,578	0	1,692,452
00092903	MCA07 #8 LBR PAYMNT EBOLA WORK	UNDP	2,245,832	2,245,832	0	787,954
00093527	MCA09 #16 LBR DISTRICT LOGISTI	WHO	2,574,893	2,574,893	0	356,975
00093189	MCA10 #22 LBR EBOLA CHARTERS	UNICEF	322,898	322,898	19,260	322,898
00093971	MCA11 #16 LBR DISTRICT SOCIAL	WHO	552,963	552,963	0	184,842
00093220	MCA11 #25 LBR OUTRCH&AWARNESS	UNICEF	283,088	283,088	0	283,088
00092648	MCA13 #11LBR QUICK IMPCT PRJCT	UNMEER	1,000,000	1,000,000	0	597,410
Liberia Total			38,488,994	38,488,994	8,565,067	19,923,069



Country / Project No. and Project Title		Recipient Organization	Approved Amount	Net Funded Amount	Certified Expenditure (as of 31-Dec-2014)	Cumulative Uncertified Expenditure (as of 30-Apr-2015)
Sierra Leone						
00093253	MCA01 #16 SLE EPIDEM DIST MNGM	WHO	5,065,084	5,065,084	0	2,517,452
00092527	MCA03 #1 SLE AIR SERVICES	WFP	4,675,724	4,675,724	147,411	2,682,795
00092530	MCA03 #1 SLE COMMUNCTN EQPMNT	WFP	167,547	167,547	0	0
00092529	MCA03 #1 SLE ESTABLISHMNT ETUs	WFP	2,687,375	2,687,375	1,831,837	2,103,499
00093283	MCA03 #1 SLE STORAGE CAPACITY	WFP	658,902	658,902	0	307,599
00092528	MCA03 #1 SLE TRANSP ESS. ITEMS	WFP	11,052,470	11,052,470	5,260,973	11,052,470
00093256	MCA03 #16 SLE IPC DISTRCT MNGM	WHO	1,302,584	1,302,584	0	1,107,146
00093285	MCA04 #1 SLE UN CLINICS	WFP	1,392,970	1,392,970	0	0
00092905	MCA07 #9 SLE PAYMNT EBOLA WORK	UNDP	1,261,625	1,261,625	146,433	1,040,236
00094514	MCA08 SLE #15 EBOLA SURVIVORS	UNDP	1,582,797	1,582,797	0	0
00094514	MCA08 SLE #15 EBOLA SURVIVORS	UNWOMEN	472,673	472,673	0	0
00093528	MCA09 #16 SLE DISTRICT LOGISTI	WHO	2,026,848	2,026,848	0	1,466,818
00093223	MCA10 #22 SLE EBOLA CHARTERS	UNICEF	278,558	278,558	0	278,558
00093972	MCA11 #16 SLE DISTRICT SOCIAL	WHO	473,469	473,469	0	212,305
00092650	MCA13 #11SLE QUICK IMPCT PRJCT	UNMEER	1,500,000	1,500,000	0	895,218
00092907	MCA13 #17 SLE RRSTs ESTABLISHM	UNMEER	2,643,548	2,643,548	0	589,480
00092907	MCA13 #17 SLE RRSTs ESTABLISHM	UNOPS	4,501,490	4,501,490	1,068,087	2,217,395
00092908	MCA13 #18 SLE NERC SECRETARIAT	UNMEER	1,178,084	1,178,084	0	478,150
00093086	MCA13 #5 SLE DETENTION CENTERS	UNDP	1,201,725	1,201,725	0	706,827
Sierra Leone Total			44,123,473	44,123,473	8,454,741	27,655,948
United Nations						
00092902	MCA07 #6 PAYMNT EBOLA WORKERS	UNDP	524,300	524,300	0	235,401
00093085	MCA13 #2 AVIA EBOLA ACTN PLAN	ICAO	1,000,000	1,000,000	0	129,813
United Nations Total			1,524,300	1,524,300	0	365,214
GRAND TOTAL			128,119,599	128,119,599	23,163,285	71,265,897

Acknowledgments

This report was prepared by the UN Special Envoy on Ebola with the support of the Ebola MPTF Annual Report Team: Olga Aleshina (Head of the Ebola MPTF Secretariat), Lauren Anderson, (Reporting Consultant) and Cristina Bertarelli (Ebola MPTF Secretariat Officer). The Country Data Sections of the report were reported by the UN entities UNMEER, WHO, UNICEF, WFP, UNDP, UNFPA, ICAO, UNOPS, and UNWOMEN in three affected countries.

Design and layout by Edgar Mwakaba, +254722359331

Any queries on the report should be addressed to the Ebola MPTF Secretariat: MPTF Office, 304 45th Street, 11th Floor, New York, 10017, USA; e-mail: olga.aleshina@undp.org.

Cover photo: UNMEER Liberia

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