

**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT  
DATE: 17 MAY 2016**

<p align="center"><b>Project Number(s) and Title(s)</b></p> <p>#11- Title: Ebola Response Quick Impact Projects (Gateway ID): 00092649</p>	<p align="center"><b>Recipient Organization(s)</b></p> <p><b>RUNO(s): UNDP</b> <b>Project Focal Point:</b> Name: Lionel Laurens, Country Director, Guinea E-mail: <a href="mailto:lionel.laurens@undp.org">lionel.laurens@undp.org</a></p>
<p align="center"><b>Strategic Objective &amp; Mission Critical Action(s)</b></p> <p>SO (STEPP) No: 5, MCA No: 13 – Multi-faceted preparedness</p>	<p align="center"><b>Implementing Partner(s)</b></p>
<p><b>Location: Guinea (nationwide)</b></p>	<ol style="list-style-type: none"> <li>1. Centre Régional de Recherche Agronomique de Bordo (CRAB)</li> <li>2. Association des Scouts Catholiques de Guinée (ASCG)</li> <li>3. Centre d’Ecoute de Conseil et d’Orientation des Jeunes de Coyah (CECOJE)</li> <li>4. Direction Régionale de l’environnement, eaux et forêts (DREEF)</li> <li>5. Club des Amis du Monde (CAM)</li> <li>6. Cellule nationale de coordination Ebola (NERC).</li> <li>7. Commune Rurale de Doko</li> <li>8. Women and Health Alliance International (WAHA)</li> <li>9. ONG-DHD (Développement Humain Durable)</li> <li>10. Appui aux Initiatives Communautaires pour le Développement (AICD)</li> <li>11. Consortium des ONG de Mobilisation Communautaire (COMC)</li> <li>12. Groupe d’Encadrement et de Recherche en Milieu Associatif et Communautaire (GERMAC)</li> <li>13. Coalition des Femmes Leaders de Guinée (COFEL)</li> <li>14. UNITE CONJOINTE de l’Union du Fleuve</li> </ol>

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



Project Proposal Title: Ebola Response Quick Impact Projects in Guinea						
Strategic Objective to which the project contributed	<i>Stop the Outbreak</i>	<i>MCA 13: Multi-faceted preparedness</i>				
MCA [ 13 ] <sup>7</sup>						
Output Indicators	Geographical Area	Target <sup>8</sup>	Budget		Means of verification	Responsible Organization(s).
<i>Number of QIPs implemented and amount disbursed in QIPs</i>	<i>Nationwide all Guinea</i>	Between 10-20 QIPs to be implemented	\$904,579 to be disbursed		Project progress reports	UNDP/RC Office/Implementing Parties
- <i>Output 1.1. Number of QIPs funded</i>	<i>Nationwide all Guinea</i>	Between 10-20	\$875,222	19 QIPs	Award contracts	UNDP
- <i>Output 1.2. Community sensitization and social mobilization QIPs-</i> <ul style="list-style-type: none"> <li><i>Indicator 1.2.1. Number of sessions dispensed to the population on practices of hygiene as a way to prevent new EVD infections</i></li> </ul>	<i>Prefectures of Coyah, Forecariah, Dubreka, Siguiri, Kindia, Lola &amp; Macenta</i>	N/A	N/A	500 sessions	<ul style="list-style-type: none"> <li>- Project progress reports</li> <li>- Final Reports from implementing partners</li> </ul>	ONGs: COFEL, COMC, ASCG, CECOJE, GERMAC, Unite Conjointe
<i>Indicator 1.3.6. Number of gel and soap distributed in health facilities</i> - <i>Output 1.3. Infection Prevention and Control</i> <ul style="list-style-type: none"> <li><i>Indicator 1.3.1. Number of kits installed</i></li> <li><i>Indicator 1.3.2. Number of health workers trained on IPC techniques</i></li> <li><i>Indicator 1.3.3. Number of hand wash kits and gel availed to communities</i></li> <li><i>Indicator 1.3.4. Number of door-to-door educative talks with households and public places</i></li> <li><i>Indicator 1.3.5. Number of facilities available in communities</i></li> </ul>	<i>Conakry, Kindia, Kankan and Nzerekore</i>	N/A	N/A	<ul style="list-style-type: none"> <li>- 2 kits IPC installed (1.3.1)</li> <li>- 36 health workers (1.3.2.)</li> <li>-500 wash kits distributed and 6420 soap/gel (1.3.3.)</li> <li>- 1,420 educative talks/sessions (1.3.4.)</li> <li>- 4 public wash</li> </ul>	<ul style="list-style-type: none"> <li>- Project progress reports</li> <li>- Final Reports from implementing partners</li> </ul>	WAHA, SOS Village d'Enfants, COFEL

<sup>7</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>8</sup> Assuming a ZERO Baseline

				stations (1.3.5)		
<ul style="list-style-type: none"> <li>- <i>Output 1.4. Socioeconomic assistance to EVD survivors through income-generating activities</i> <ul style="list-style-type: none"> <li>• <i>Indicator 1.4.1. Number of crop processing machines offered to Ebola affected communities to improve their nutritional conditions</i></li> <li>• <i>Indicator 1.4.2. Number of survivors' schemes provided with income-generating grants</i></li> </ul> </li> </ul>	<p><i>Prefecture of Kankan</i></p> <p><i>Forecariah, Coyah, Dubreka, Kindia, Lola, Macenta, Telimele, Bofa, Nzerekore, Kissidougou, Geckedou, Kouroussa and Faranah.</i></p>	N/A	N/A	<p>6 machines (1.4.1)</p> <p>15 income-generating initiatives supported (1.4.2)</p>	<ul style="list-style-type: none"> <li>- Project progress reports,</li> <li>- Site visit reports</li> <li>- IPs' Final reports</li> <li>- Beneficiaries testimonies</li> </ul>	<p>CRAB</p> <p>GERMAC, ASCG, CU Macenta, Unite Conjointe, COMC, CNLS and DHD.</p>
<b>MCA [ 13 ]</b>						
<b>Effect Indicators</b>	<b>Geographical Area (where the project directly operated)</b>	<b>Baseline<sup>9</sup></b> In the exact area of operation	<b>Target</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization(s)</b>
<i>Number of Ebola cases reduced</i>	<i>Nationwide all Guinea</i>	Number of cases reported by the time the QIP proposal is signed with MPTF	0 Ebola by the end of year 2015.	19 Ebola related QIPs implemented, 0 case at end of December 2015	Sitreps	UNDP/RCO

<sup>9</sup> If data is not available, please explain how it will be collected.

## FINAL PROGRAMME REPORT FORMAT

### EXECUTIVE SUMMARY

The Quick Impact Project was originally proposed to MPTF by UNMEER in the efforts to provide a quicker response to the Ebola outbreak by cutting down the chains of contamination and hence bring and maintain the country to 0 case. Following the withdrawal of UNMEER Guinea in July 2015, the project was transferred to the UN Resident Coordinator's office where it was managed by UNDP Country Office.

With this flexible funding mechanism, a total of 19 Ebola response projects were awarded for a total amount of \$875,222. All projects were implemented by the CSOs, NGOs (international and local) and by the National Ebola Response Cell while two administrative Districts of Macenta and Doko also executed two projects. The programme was able to cover all the four natural regions of Guinea with a focus to areas that were mostly affected by Ebola. The activities considered for funding ranged from Ebola prevention through community sensitization, social mobilization and infection prevention and control to nutrition improvement of the most vulnerable populations in Ebola torn communities. Additionally, some socio-economic assistance to Ebola survivors was provided through income-generating activities.

Below are some of the main realizations:

- a. One of the major achievements of this project is the assistance provided to EVD survivors to put in place their legal structures and associations in order to be most effective in their reconstruction endeavors. One QIP recipient toured the country to visit the Ebola survivors and organize them in associations, and later on a nationwide general assembly was held to elect the national Ebola survivor's executive committee which is now advocating for all survivors' needs.
- b. 500 sensitization sessions on good practices of hygiene were conducted and about 24,000 households benefited from the educative sessions and also received hygiene kits. Moreover, 14 hygiene committees were put in place in the Prefecture of Lola in the region of Nzerekore where additional 2,336 households received hand washing kits including gel and soap.
- c. 6 maize (or rice) processing machines were purchased and distributed to 6 most affected rural communities in the region of Kankan. This helped to improve the nutrition conditions of 1,105 vulnerable populations including pregnant or breastfeeding women and EVD orphans. Also 42,000 kilograms of maize was distributed to communities along with hygiene kits.
- d. 4 reinsertion centers were put in place in the Prefecture of Lola in the region of Nzerekore where about 250 direct and indirect EVD survivors will run income-generating activities. Still in Nzerekore region, 4 public latrines with running water were built to reinforce the hygiene in public places in four communities and 320 training sessions on ways of preventing Ebola infection offered to local populations were also dispensed.
- e. About 47 EVD orphans were able to return to school thanks to the distribution of school kits by some QIP funded projects across the country especially in the prefectures of Forecariah and Lola.
- f. Speaking of the infection prevention and control, two projects were funded to prevent new infections in two hospitals (Ignace Deen of Conakry by international NGO Women and Health Alliance International and at Kindia Regional Hospital by the International Federation of Red Cross).

## Background and Situational Evolution

### Narrative section:

The Quick Impact Project was originally initiated and managed by UNMEER Guinea. At its withdrawal on the 31<sup>st</sup> of July 2016, UNMEER transferred the Fund as well as a list of 17 QIP applications to the RCO where it was managed under the operational rules and procedures of UNDP. The programme received an additional 20 grant proposals from various partners. The objective of QIP was to provide Ebola Country Managers with a degree of flexibility to quickly respond to urgent and high priority needs not otherwise funded through other mechanisms. It thus facilitated a quick access by some Ebola fight actors who had no other source of funding to implement their small-scale, relatively low cost and timely implementable quick impact projects meant to speed up the eradication of Ebola virus.

During its implementation, the QIP programme emphasized on addressing the gaps identified during the previous interventions in the fight against Ebola in the alignment with the National Strategy and response plans to bring cases of Ebola to 0 and stay at 0. The guidelines set forth by UNDP and the QIP management committee defined the below activities as of high priority in the consideration for funding of the 19 QIPs:

- Contact tracing/infection prevention and control: 5 projects were implemented in Conakry, Kindia, Kankan (2) and Nzerekore)
- Case investigation and management: N/A
- Support to safe and dignified burials: N/A
- Promotion, reinforcement and improvement of hygiene practices: 6 projects run in Conakry, Kankan, Boke, Forecariah and Lola.
- Social mobilization and community sensitization (5 projects implemented in the prefectures of Coyah, Forecariah, Dubreka, Siguiiri, Kindia, Lola and Macenta).
- Social protection and psychosocial assistance to EVD victims (including income-generating activities): 2 projects completed in Conakry while another project consisting of organizing Ebola survivors in legal structures covered 20 other prefectures of Coyah, Dubreka, Forecariah, Kindia, Bofa, Telemele, Nzerekore, Kissidougou, Lola, Gueckedou, Macenta, Faranah, Kankan, Kouroussa, Siguiiri, Kerouane, Dabola, Labe, Pita and Dalaba).

Regarding the assessment of program results, the programme itself was praised by many local NGOs and CSOs as the most flexible source of funding they had access to in a relatively reasonable time. Despite their immeasurable contribution in the fight against Ebola, many local organizations were having difficulties to raise the funds needed to implement their Ebola fight related activities. The QIP Programme took into consideration the proximity by those locally-based NGOs with the communities where other international actors were having difficulties to intervene. This made significant changes of attitudes by otherwise longtime known as resisting communities. They were finally able to cooperate with local actors they were familiar with and the impact was quickly attained. More importantly, local actors with first time experience of collaboration with UNDP were grateful for the opportunity that reinforced their operational capacities through grant proposal and reporting tools developed by the QIP Programme management that they strongly found very useful.

Therefore, a total budget of \$875,222 was disbursed in subventions to 19 small-scale projects which were ideally implemented for a period ranging between one up to three months with few exceptions whereas few projects required an extension. To ascertain a good monitoring of the project progress and results, site visits were conducted at each site of the project during and at end of their implementation where applicable. Those visits allowed a thorough evaluation of the project results, feedback with project implementers, discussions with beneficiary communities, and a comprehensive community observation to assess any changes and tangible results and their impact on communities. It is during those site evaluation visits that the QIP management recorded the following results and lessons learned:

Despite the very limited period of implementation of 5 months (August to December 2015) and unpredictable electoral context in Guinea, 17 out of 19 projects (89.47%) completed their activities in the proposed timeframe. This shows to what extent the identification and consideration of projects and their implementers was done in a most effective manner by UNDP to allow a continued response in the response to the Ebola disease. It also translates the trustworthiness and capacities of chosen partners to timely and effectively implement their proposed activities within the deadline while achieving expected results.

Bigger results were achieved with relatively minimal funding and in many cases, small NGOs with no prior experience with UN direct funding were the most efficient in the implementation as they sought to sustain their collaboration in the future.

The biggest achievement on both sides (UNDP and project partners) is also the indefectible support by UNDP to first time users of the grant proposal and reporting tools developed by the QIP management, especially about the statement of performance indicators in their proposals and reports which was quite new to many partners. UNDP also benefited from this collaboration with new partners for as a pool of potential future collaborators was created.

1. Change in behaviors and good practices of hygiene are visible in most communities that the programme was able to cover. The rate of users of hand wash kits increased to 89% after kits and sensitization sessions were dispensed through this funding mechanism. Testimonies and feedback as well as pictures taken during the site visits (herein shared at the end of the report) show a positive change in the mentalities of many populations about the reality of Ebola virus and the ways of preventing it by maintaining good practices of hygiene.
2. Social cohesion and a highly visible reinsertion of Ebola survivors is real and well lived in localities covered by the QIP projects. In Lola prefecture, 4 community reinsertion centers were put in place and a set of equipment consisting of flat TV screens, DVR and one year subscription to *Canalsat* offered to allow local populations to socialize while learning more about Ebola and its consequences. The centers bring together Ebola survivors and rest of the populations for social events where they discuss their community needs to act as one against Ebola. During the site visit conducted in November 2015 in the Prefecture of Lola where those centers are now operational, the QIP management team was very impressed to find Ebola survivors and the rest of the population watching together TV programs like soccer games preceded by pre-recorded sensitization programs on Ebola prevention. It is also in those centers that some income-generating activities such as canteens are operated to operationally sustain the Centers and also economically support Ebola survivors.
3. Other visible results consist of the physical presence of public latrines on four public sites in the prefecture of Nzerekore, a field of vegetable production run by EVD widows in Macenta prefecture of Nzerekore region, maize processing activities in Kankan, the installation of an IPC unit at Ignace Deen Hospital in Conakry and an extension of the morgue at Kindia regional hospital, hand washing stations in three SOS villages/schools in Conakry, Kankan and Nzerekore, and other public places in communities served by the programme, and as cited above the income-generating and social activities within the reinsertion centers in the prefecture of Lola.
4. All QIP partners were satisfied with their collaboration with UNDP through this particular QIP programme. This is shown by their desire to pursue that collaboration in future in order to sustain their activities during the post-Ebola phase as well.
5. The number of demands to UNDP for funding increased to 51% after many other actors learned about

the existence of the QIP programme and its great achievements. This was also recommended by prefectural administrative and health administrators in all places that the project management visited to inquire about the project progress.

6. Finally, the QIP programme contributed to the eradication of Ebola to 0 case as initially expected, and to the reinforcement of social cohesion among community members who were once divided over Ebola reality and consequences on their lives. The number of stigmatization against Ebola survivors decreased because of the increased sensitization and social mobilization campaigns about the deadly virus and on the necessity to not stigmatize its victims.

- **Key Achievements:**

The results above were a combination of a good program management, clear operational rules and its strict respect and finally of the seriousness of identified implementing partners. To start, a four member selection committee was put in place. It included the country ECM, a representative of UNDP, RCO and WHO. The committee reviewed and gave a final approval to selected projects after a comprehensive analysis by the project technical team about the capacity by the proposed partner to successfully realize the project and the pertinence of the project to bring change to the crisis. This allowed the selection of best qualifying projects after an operational capacity assessment was conducted by the QIP management team on each grant applicant. This is how only 19 out 39 submitted proposals were considered for funding for a total of \$875,222 and the contribution of the QIP programme in the eradication of Ebola in Guinea by bringing the country to 0 and stay at 0 case was attained.

Another important factor in the success of the project implementation and its achieved results is the fact that an orientation session was held with successful partners prior to signing the subvention agreements with UNDP. This permitted both sides to define expectations, train users on new tools (indicators and reporting templates) and to eventually discuss any other programme related matter. Mid-term site visits by the programme management facilitated communication among stakeholders and a timely feedback and opportunity to correct any unsatisfactory performance. The availability and flexibility of the management to address any concerns raised by partners during the implementation phase of their projects was another key factor to the success of the programme.

**Outcomes:** The programme supported the Country's Ebola Response Cell in its efforts to definitely end the Ebola outbreak. By funding a maximum of 19 innovative projects that particularly addressed the gaps identified during previous interventions, the program contributed to the eradication of Ebola in Guinea. The programme also aligned itself with axis 4 of UNDAF on Ebola outbreak, and addressed some of the elements in the National Strategy for Survivors of Ebola in areas of socio-economic assistance. Main beneficiaries included some communities affected by Ebola including direct survivors in some instances (widows and orphans), rest of the community members who benefited from a series of sensitization campaigns on good practices of hygiene and received hygiene kits, those who benefited from nutrition improvement activities, and other community members who alternatively were a part of the reinsertion process of Ebola survivors. Most importantly, participating partners also benefited in terms of operational and institutional capacity building.

**Outputs:** The outcomes above were results from a series of activities meant to contribute to the project goals. Those include but are not limited to the production of education materials on Ebola and the availability of hygiene kits in public places, maintaining good habits and practices of hygiene like hand washing by benefiting communities, good turnout and collaboration by qualifying partners on project outlined activities, quick awareness by the general opinion on the necessity to fight Ebola. Additionally, school aged orphans who had interrupted their education due to the loss of parents benefited from the needed assistance and were able to go back to school.

**Qualitative assessment:** The fact that most actors engaged in the Ebola fight knew each other for having acted together from the beginning, also their familiarity with the response plans elaborated by the National Ebola Response cell and UNMEER facilitated the administration of this MPTF funded project. It also made so easy for the management to evaluate the profiles and operational capacities of grant applicants since each of them was required to provide a recommendation letter from the NERC stating the pertinence of the proposed project and the potential impact it would bring to the beneficiaries once completed. Also the QIP management being composed of former UNMEER staff members was critical in quickly identifying response needs and potential suitable projects and their implementers based on current country conditions and realities of the moment. Additionally, most local NGOs were recommended and endorsed by key UN agencies leads in the response against Ebola. The said agencies assisted in the monitoring and evaluation of those projects and played a significant intermediary role in the whole process. Few partners reported to the QIP management that the experience they had with UNDP through the collaboration on this specific programme allowed them to secure more funding for other Ebola related projects.

- **Delays or Deviations** – *(Please provide short justification for any delays or deviations)*
- **Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

<b>No. of Beneficiaries</b>	
Women	3,241
Girls	2,762
Men	2,874
Boys	3,583
<b>Total</b>	<b>12,460</b>

<b>Environmental Markers</b>
e.g. Medical and Bio Hazard Waste
e.g. Chemical Pollution

### iii) Evaluation, Best Practices and Lessons Learned

- The project management was able to conduct midterm evaluations for all 19 projects and also proceeded to site visits for project final evaluation and closing. No program evaluation has been done yet at this point. The project evaluation process involved document reviews including financial, project site visits, and discussions with beneficiaries and local authorities about the overall impressions about the project implementation and results. The midterm evaluation feedback allowed to timely address any issues that were finally taken into account for the rest of the implementation period.
- Seventeen projects were completed on agreed time while the remaining two experienced some delays. The latter are the projects executed by the International Federation of the Red Cross consisting of expanding the morgue of the Regional Hospital of Kindia. The delay was caused by the import of a cooling cell from overseas that took longer than expected. The partner requested a project extension of three months in order to be able to finally put everything together. The second project that experienced another delay of two months is the one ran by the *SOS Village d’Enfants* in the prefectures of Nzerekore, Kankan and in Conakry. As this activity consisted of equipping orphans’ villages with hand washing stations, the delay was partially caused by the slowness by their bank to credit the funds to the partner’s account, and also by the internal selection process to identify a suitable provider for their required services. The delay impacted the calendar of execution but not the results. Despite the shortness in terms of project staffing, the project management and UNDP in general provided the logistical and operational support needed for a better project management. As said above, the project implementation began during a difficult electoral period that followed in October 2015 made it somehow challenging to timely implement some of the planned activities. With good communication and anticipation on such challenges, the project management stayed in attentive listening with involved partners about their flexible options in the project timing. This helped both sides to catch up on wasted time and still achieve results. Few partners also required extra help in the use of reporting tools more particularly the project result matrix with performance indicators. In some cases, the project staff had to assist them on how to use the tool. This was highly appreciated as one of the institutional capacity building. Final distance between the programme management and project sites as well as poor road conditions made it so difficult to plan for site visits during rainy seasons. The management had no other choice than conducting those visits during favorable weather conditions.

All the above challenges and lessons learned would highly inspire UNDP to administer similar programmes in the future by being more realistic about the implementation timeframe. In regard to the electoral context, since

Ebola was an urgent matter to deal with regardless of the environment, there was no alternative other than doing what was possible. For a different type of project however, also better timing would be a key in choosing the right time and calendar to implement a given project.

**iv) A. Specific Story (Optional)**

“We used to see humanitarian and development actors come to us talking about potential community projects. Some would come and promise things but would never return. Surprisingly this time UNDP came with a great support to us as victims of Ebola saying that we were going to have a project to help us improve our nutritional conditions following our exposure to Ebola virus. It didn’t even take one month to have the machine installed in our community. Now you can see that we are busy processing our maize crop and use the flour to feed our children. We are so thankful and promise to make the good use of these equipment by setting up a committee that will help in the management and sustainability of this project.” An EVD survivor beneficiary of a QIP funded activity in the Prefecture of Kankan during our site visit on 10 November 2015.

**B. Also below some pictures of key project achievements.**

<p><i>Public latrines in Nzerekore and a community sensitization session in Lola</i> <i>a respectively executed by AICD and</i></p>	<p><i>Extension of the Morgue of the Kindia Regional Hospital , a QIP executed by the International Federation of Red Cross</i></p>	<p><i>Maize processing machines offered to EVD affected communities in Kankan</i></p>
 	 	 

**Problem / Challenge faced:** The main challenge was that the programme started in August 2016 during an unpredictable and volatile electoral environment. The related political campaigns and sometimes hostile demonstrations obstructed the timely implementation of some project activities. Also, some international NGOs which benefited from this funding mechanism had longer and sometimes heavy internal operational rules that delayed the implementation of the project. Consequently, some partners had their funds remittances delayed by their respective banks which again caused some minor delays to their calendar of execution of the project. The bad road conditions and considerable distances between the UNDP Headquarters and the remote areas where the projects were located made the monitoring and evaluation costly as site visits sometimes required long trips and stays in the field. Also the programme received higher demands compared to available resources, and this made it so difficult not to be able to consider all good projects. Projects that involved minor construction works like the extension of the morgue of Kindia regional hospital by the International Federation of the Red Cross required more technical expertise and extensions in order to successfully achieve the expected results. International NGOs were the ones who ran behind time in the execution of their projects while local partners were relatively the ones to complete their projects on time. This can be explained by the fact that international partners usually have so many projects at the same time and consequently many financial partners to report to, while local NGOs had no other projects to conflict with their calendar.

**Programme Interventions:** As stated above, the QIP programme management stayed close and paid attention to its partners during and after the execution of their projects. It also privileged flexibility, problem solving, site visit for evaluation and advising services, client empowering as best tools to build trust and confidence among all programme partners. This yielded good results as partners felt comfortable to timely report on any encountered issue.

**Result (if applicable):** The final result is that with the humble contribution of the QIP programme, UNDP was highly acknowledged by locally-based partners and the rest of the stakeholders as the most effective financial partner. With this in consideration, the programme helped other country's efforts in the eradication of Ebola and the country is right now at 0 case with hope to stay at 0 case.

**Lessons Learned:** The Ebola disease revealed to be a serious frontline with multiple facets which also required a common strategy. This also involved teamwork and complementarity in the response. The QIP programme had to take this into consideration while selecting and considering projects for funding in order to maintain that harmony accordingly to key clusters or pillars defined in the National Strategy of the response. The implementation of the proposed projects wouldn't have been this successful if there wasn't a concerted collaboration between the funding entity, NERC and other relevant stakeholders. Another good lesson to share is that in some instances, relatively low-cost projects were the ones with better results. This can be explained by the fact that some implementers paid close attention to the execution of the project by fear of running out of somehow limited funds before the total completion of all planned activities. Or otherwise, small budgets are easier to manage.

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

- Name: GBAPPA Gobo Serge
- Title: Ebola MPTF Planning, Monitoring and Evaluation Officer
- Date of Submission: September 22, 2016
- Email address: [gobo.serge.gbappa@undp.org](mailto:gobo.serge.gbappa@undp.org)

*Signature:*