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| Project number(s) and title(s) | | | |  | Recipient organization(s) | | | |
| **00093136**  Title: Supporting the Wellbeing and Protection of Ebola-Affected Children in Liberia  0000000 (Gateway ID) | | | | **RUNO: UNICEF**  **Project focal point:**  Name: Elizabeth Drevlow  E-mail: eadrevlow@unicef.org | | | |
| Strategic Objective & Mission Critical Action(s) | | | |  | Implementing partners | | | |
| **Strategic Objective (STEPP)**  SO3 –Ensure Essential Services  MCA No – Description  **Mission Critical Action**  MCA 6 – Access to Basic Services | | | | 1. Ministry of Gender, Children and Social Protection (MoGCSP) 2. Ministry of Health (MoH) 3. Ministry of Youth and Sports (MoYS) 4. Ministry of Internal Affairs (MIA) 5. Helping Hand Liberia (HHL) 6. IsraAid   Save the Children  Child Fund  Shalom  Think  ANPCCAN  Search  UNMIL   1. UNMEER 2. Samaritan’s Purse | | | |
| **Location:** | | | |  | **Sub-national coverage area:** | | | |
| Liberia | | | |  | 1. Bomi County (all districts) 2. Bong County (all districts) 3. Lofa County (all districts) 4. Margibi County (all districts) 5. Montserrado County (all districts) | | | |
| Programme/project cost (US$) | | |  | | Programme duration | | | |
| Total approved budget as per project proposal document:  MPTF[[1]](#footnote-1): $4,007,578 (programmable amount) combined funds[[2]](#footnote-2)   * *by Agency (if applicable)* | |  |  | | Overall duration: 12 months  Project start date[[3]](#footnote-3): 01 December 2014 | |  | |
| Agency contribution   * *by Agency (if applicable)* |  | |  | | Originally projected end date*[[4]](#footnote-4)*: 29 May 2015 | | |  |
|  |  | |  | | Government Contribution  *(120 social workers, 65 Mental health Clinicians and 15 Child Welfare officers)* | Yes No | | |
| Other contributions (N/A) |  | |  | | Expected financial closure date[[5]](#footnote-5): 31 December 2016 | | | |
| TOTAL: $3,745,400 |  | |  | |
| Programme assessment/review/mid-term eval. | | |  | | Report submitted by | | | |
| Evaluation Completed  Yes No Date: *dd.mm.yyyy (****No****)*  Evaluation Report - Attached  Yes No Date: *dd.mm.yyyy (****NA****)* | | | * Name: Fazlul Haque * Title: Deputy Representative * Date of Submission: 30 April 2016 * Participating Organization (Lead): UNICEF * Email address: fhaque@unicef.org | | | |
| *Signature:* | | | |

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| **Project Title: Supporting the Wellbeing and Protection of Ebola-Affected Children in Liberia** | | | | | | |
| **Strategic Objective to which the project contributed** | **Strategic Objective 3, MCA6: Access to basic services** | | | | | |
| **MCA [ 6: Access to basic services] [[6]](#footnote-6)** |  |  | | | | |
| **Output indicators** | **Geographical area** | **Target[[7]](#footnote-7)** | **Planned budget** | **Final achievements** | **Means of verification** | **Responsible organization(s).** |
| Number of interim care centres (ICCs) providing care to children under 21-day observation who are separated from their primary caregiver  Number of foster care households providing alternative care arrangements for children who are either ‘contacts’ (under a mandatory 21-day observation period), survivors, or orphans with no one identified to care for them in the community setting  Number of families who received one-off cash grant support for caring for children orphaned or abandoned due to Ebola  Number of children receiving mental health and psychosocial support (MPHSS) | Bomi County (all districts)  Bong County (all districts)  Lofa County (all districts)  Margibi County (all districts)  Montserrado County (all districts) | **Baseline:**  1 ICC  **Target:**  3 more ICCs  **Baseline:**  2,000 foster care families)  **Target:**  7,500[[8]](#footnote-8) children affected by EVD receiving the one-off grant  **Baseline:**  0 families  **Target**: 7,500 Children receiving foster grant  **Baseline:**  3,542 children (MHPSS)  **Target**: 10,000 children | 2,319,200 | **Nationwide:** 2 ICCs and 1 transit centre  **Nationwide:**  9,060 (4,381m, 4,679f) children registered as EVD-affected, of whom 8,021(3,761m, 4,260f)- are registered as orphaned by EVD  **Nationwide:** 7,000 (children have received the US$150 one-time cash grant  **In the five counties:** 5,271  **Nationwide:**  16,093 children receiving MHPSS (8,816 female, 7,277 male)  **In the five counties:** 13,950 (7,666 female, 6,284 male)  Bomi: 257 (126 female, 131 male)  Bong: 528 (211 female, 317 male)  Lofa: 2,303 (1,353 female, 950 male)  Margibi: 4,436 (2,606 female, 1,830 male)  Montserrado: 6,426 (3,370 female, 3,056 male) | MoGCSP monthly report on child protection case management and psychosocial support to children  MoH Mental Health Division monthly report  IsraAid training report | MoGCSP  UNICEF  MoH Mental Health Division  IsraAid |
| Number of social workers and mental health clinicians trained and providing family tracing, foster care placement, follow up of children in care, psychosocial support, community support, and distribution of cash allowances and infection control and hygiene items  Number of Ebola survivors trained and employed as child caregivers, foster parents, working with social mobilisation teams | Bomi County (all districts)  Bong County (all districts)  Lofa County (all districts)  Margibi County (all districts)  Montserrado County (all districts) | **Baseline:**  100 social worker and MPHSS specialists  20 Ebola survivors  **Target:**  200 social workers and mental health clinicians  1,200[[9]](#footnote-9) Ebola Survivors | 556,200 | **Nationwide:** 220 workers total:  120 social workers,  65 mental health clinicians,  15 child welfare officers,  20 data clerks  **Nationwide:** 1,200 Ebola survivors trained | MoGCSP monthly report  Training report | MoGCSP  MoH  UNICEF  HHL  SEARCH  Samaritan’s Purse |
| Number of counties with strengthened child protection and MPHSS coordination, existence of child protection and MPHSS network coordination structures at the national and county levels  Number of counties with decentralised Child Protection Network coordination meetings  Functioning CWCs in the most affected communities to identify, support and refer the most vulnerable children | Bomi County (all districts)  Bong County (all districts)  Lofa County (all districts)  Margibi County (all districts)  Montserrado County (all districts) | **Baseline:**  1 national  1 county  0 Child Welfare Committees (CWCs)  **Target:**  1 national  5 counties  50 CWCs | 450,000 | 11 National Child Protection Network meetings  35 MHPSS coordination meetings  25 Child Protection Information Management System (CPIMS) meetings  12 Child Protection Network meetings in counties  **CWCs in the five counties:** 79 total  Bomi: 23  Bong: 11  Lofa: 5  Margibi: 7  Montserrado: 33  **Other CP referral mechanisms:**  **Nationwide:** 300 national volunteers active disseminating social mobilisation messages and referring children in need  **In the five counties:** 143 junior national volunteers active disseminating social mobilisation messages and referring children in need  **Nationwide:** 1,200 survivors trained as child protection advocates and social mobilisers  **In the five counties:** 1,102 survivors (514 female, 585 male)  Bomi: 25  Bong: 72  Lofa: 170  Margibi: 184  Montserrado: 651 | Meeting minutes, MoGCSP report | MoGCSP  MoH  UNICEF  HHL |
| **MCA [6-Access to Basic Services ]** |  |  |  |  |  |  |
| **Effect indicators** | **Geographical area**  **(where the project directly operated)** | **Baseline**  In the exact area of operation | **Target** | **Final achievements** | **Means of verification** | **Responsible organization(s)** |
| **Strategic Objective 3 MCA6:** Increased children’s access to basic services | Bomi County (all districts)  Bong County (all districts)  Lofa County (all districts)  Margibi County (all districts)  Montserrado County (all districts) | 2,000 | 12,600 | **Nationwide:** 16,093 (8,816 female, 7,277 male)  **In the five counties:** 13,950 (7,666 female, 6,284 male)  Bomi: 257 (126 female, 131 male)  Bong: 528 (211 female, (317 male)  Lofa: 2,303 (1,353 female, 950 male)  Margibi: 4,436 (2,606 female, 1,830 male)  Montserrado 6,426 (3,370 female, 3,056 male) | Monthly report | MoGCSP  UNICEF |
| **Strategic Objective 3, MCA7:** Increased capacity of the social welfare system to handle cases of children affected by EVD through increased number of workers | Bomi County (all districts)  Bong County (all districts)  Lofa County (all districts)  Margibi County (all districts)  Montserrado County (all districts) | 100 social workers and MHPSS specialists  20 Ebola survivors | 200 | **Nationwide:** 220  120 social workers,  65 mental health clinicians,  15 child welfare officers,  20 data clerks | Monthly report  Training report | MoGCSP  MoH  UNICEF  IsraAid |
| **Strategic Objective 4, MCA11:** Functioning community-based child protection networks in the most affected communities identify, support and refer the most vulnerable children affected by EVD | Bomi County (all districts)  Bong County (all districts)  Lofa County (all districts)  Margibi County (all districts)  Montserrado County (all districts) | 0 | 50 | 79 functional CWCs in the five counties with a membership of 11 persons per CWC (869 CWC members)  **Cumulative:** 300 national volunteers,  143 junior national volunteers nationwide  1,200 survivors nationwide, with  1,102 survivors (606 female, 496 male) active as child protection agents in five counties:  Bomi: 25  Bong: 72  Lofa: 170  Margibi: 184  Montserrado: 651  300 national volunteers and 75 junior national volunteers acting as social mobilisers and referring children in need | Monthly report  Assessment report  Training report | MoGCSP  UNICEF  HHL  SEARCH  Samaritan’s Purse |

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| **NARRATIVE**  **Situation update**  The programme initially targeted five counties for the provision of case management services to children affected by EVD. Due to the high number of cases in the country, however, UNICEF expanded work into the eight counties most heavily affected by EVD, targeting EVD orphans and survivors across the country, whilst continuing to prioritize the five counties that were originally proposed.  During the period of implementation, the social welfare component of services was transferred from the Ministry of Health (MoH) (previously the Ministry of Health and Social Welfare) to the Ministry of Gender, Children, and Social Protection (MoGCSP) (previously the Ministry of Gender and Development). UNICEF supported MoH and MoGCSP through the transition phase, and assisted MoGCSP to hire an additional 120 social workers and 20 data clerks to support the social welfare service response for EVD-affected children and families. The data clerks were an addition to the programme to support the information management system for children registered as EVD-affected.  During the EVD outbreak, UNICEF suspended regular programming in certain areas, including the National Youth Service programme, which was suspended due to the closure of schools. As national volunteers were still within their counties of deployment, and junior national volunteers from the Peacebuilding Programme of the Ministry of Internal Affairs (MIA) were also available, they were trained in EVD messaging and the identification of EVD-affected children. These volunteers provided much-needed social mobilisation within their communities. This was an additional support to the originally planned 1,200 survivors who were also trained as child protection advocates and social mobilisers.  Through the various social workers and mental health clinicians, mental health and psychosocial support (MHPSS) was provided to more than 16,093 children living in EVD-affected communities, of which 8,021 (3,761m, 4,260f) are registered as EVD survivors or orphans (having lost one or both parents or caregivers).  UNICEF, through its partnership with MIA and MoYS, provided technical supervision and guidance to the 300[[10]](#footnote-10) national youth volunteers and 143 junior national volunteers, who provided contact tracing and referral services to children affected by EVD. They continue to provide psychological first aid, community and social mobilisation as well as messaging for EVD prevention.  1,200 EVD survivors were also trained to spread messages about EVD awareness and prevention in their communities, and identified and referred EVD-affected children to MoGCSP. An additional 40 EVD survivors provided care for EVD-affected children in interim care centres at the height of the outbreak. |
| **Key achievements**  **Alternative care, case management and psychosocial support (PSS) to children affected by EVD**   * Supported MoGCSP and MoH to transfer social welfare services from MoH to MoGCSP in 2015 and to increase the social welfare workforce significantly during the EVD outbreak from 12 to 120 social workers, 15 child welfare officers and 65 mental health clinicians participated in trainings on family tracing and reunification, PSS activities for children, case management principles, EVD messaging and prevention, child rights, and the use of registration and follow-up forms. The regular training and follow ups enabled 9,060 children to access case management, psychosocial support and reintegration follow up services. * Of the 9,060(4,381m, 4,679f) children registered as EVD-affected, 100 per cent received case management services. Of the 8,021 (3,761m, 4,260f) EVD child orphans and survivors, 7,000 (93 per cent) received a one-time cash grant to support family-based care and return to school for those of school-going age. In the five targeted counties, 6,316 (4,830 single orphans, 1,486 double orphans) have been registered, and of this number, 5,271 (83 per cent) have benefited from the emergency cash grant. Registration ended in March 2016, and all of the children who received the grant are in family-based care. * UNICEF supported MoGCSP to revitalize and maintain the national Child Protection Information Management System (CPIMS) currently storing the data of children in need of child protection services, particularly EVD-affected children. Twenty data clerks were hired for data entry and to maintain the database. * A total of 11 Child Protection Network (CPN) coordination meetings were held in 2015 at the national level. 12 CPN meetings were held in the five counties as well. These meetings brought together child protection actors to coordinate and ensure maximum use of limited resources and ensure equal distribution of services across the country and beneficiaries. The Alternative Care and Separated Children Working Group was revitalized in July 2015 and has since met on a monthly basis to ensure that welfare institutions are being monitored and supported to meet the minimum standards as inscribed in the National Alternative care guidelines. The MHPSS Pillar held approximately 35 meetings over the project period to coordinate and ensure that the basic PSS services were reaching the targeted beneficiaries in an appropriate manner. * The Independent Accreditation Committee (IAC), an interagency committee chaired by MoGCSP to review child care institutions’ adherence to standards of care, also met regularly throughout the outbreak, and in 2015 closed two poorly run orphanages and reunified 80 children from these facilities with their families. * 1,200 (658 female, 542 male) EVD adult survivors were employed as social mobilisers/child protection advocates through a partnership UNICEF held with three partners (Helping Hand Liberia, Samaritan’s Purse, and SEARCH). Of this number, 1,102 (606 female, 496 male) were employed in the five targeted counties, where they continue to serve as referral agents for EVD-affected children, identifying and referring these and other vulnerable children in need of services to MoGCSP social workers who in turned linked them to available service providers.. In total the survivors were able to identify 1,722 children (720 m, 1,002 f) as vulnerable and refer them to the MoGCSP for services. * 300 national volunteers and 143 junior national volunteers provided sensitisation and awareness activities to approximately 14,000 people in 30 communities on EVD prevention nationwide. They also served as child protection advocates, referring EVD-affected children to MoGCSP for case management services. * UNICEF partnered with MoGCSP to support the Kerlekula Interim Care Center (ICC), which provided shelter for children in need of care during the mandated 21-day observation period after they came into contact with EVD. The ICC sheltered 57 children (26m, 31f). MoGCSP also opened the Hawa Massaquoi Transit Center, which provided protection and shelter for EVD orphans who had completed the 21-day observation period, or those who were taken out of the Ebola treatment units (ETUs) and had no known adult to care for them. The transit centre continues to provide shelter and protection for 12 (7 boys, 5 girls) (separated and unaccompanied children as family tracing and reunification services are in process. In total, 89 (25m, 64f) children were sheltered by the transit centre. * 12 vehicles, motorbikes, rain gear, bicycles were provided to MoGCSP to facilitate the work of the social workers in the five target counties and to fast-track the registration of children in remote communities. * More than 48 weekly technical supervision and coaching visits were made to MoGCSP to assist monitoring, provide technical guidance and coaching on the expenditure of funds, and enhance the skills of supervisors and social workers to deliver appropriate case management, PSS and reintegration follow-up services to EVD-affected children. Additionally, 15 field visits were made to the five counties during the project period. |
| **Delays or deviations**  The one-time cash grant was intended to reach 7,500 children. Due to slow processes within the ministry verifying children as orphans and delays in payment due to delays in liquidation, only 7,000 children received the payment in 2015. Moreover, delays in the MoGCSP liquidations have delayed the payment of incentives for some social workers who were covered by the MPTF funds. All efforts are being made by MoGCSP, with the encouragement of UNICEF, to fast-track the liquidation process and to ensure that the social workers receive their backlog of incentives. |
| **Gender and environmental markers**   |  |  |  |  | | --- | --- | --- | --- | | **No. of beneficiaries, November 2015** | |  | **Environmental Markers** | | **Women** | 678 |  |  | | **Girls** | 8,816 |  |  | | **Men** | 547 |  |  | | **Boys** | 7,277 |  |  | | **Total** | **17,318** |  |  |   **Best practices and summary evaluation:**  UNICEF Liberia has found that encouraging extended families to care for children orphaned by EVD not only promotes family and community cohesion, but also deters institutionalization, which increased significantly after Liberia’s civil war. Children placed in family-based care are at less risk for abuse and are more likely to enjoy emotional wellbeing than children placed in orphanages and other institutions. An added value is that family-based care also reduces the burden on the social welfare system to cover the care of children in institutions. The one-time cash grants provided by UNICEF were helpful in encouraging families to take in orphaned children, and provided partial support for the care and education of these children.  Engaging local community members in identifying and referring children in need of care empowers communities to take greater responsibility for their own children, as was evidenced when child welfare committee (CWC) members and EVD survivors took action to help children without relying on external intervention. This is important as, whilst the services of MoGCSP are gradually being decentralized to the counties, they are still not sufficient to meet the needs of all vulnerable children in Liberia. Additionally, using members of the community to share messages about EVD prevention and awareness significantly increased the level of trust with which these messages were received, and many Liberians have reported that it was only when they heard about the disease from the people they knew and trusted that they began to believe and accept messages on EVD. It also proved effective to have EVD survivors spread messages about EVD prevention, and by identifying and referring children in need of services, EVD survivors gained respect within their communities. As many survivors faced stigma when returning to their communities, offering them a position in which they could assist their communities and gain respect was important in facilitating their reintegration.  The MHPSS support provided to children who had lost parents and caregivers was also critical. During the outbreak, not only did children lose loved ones, but many were barred from playing or interacting with their peers due to fears of the disease. Play is an essential component of child development, and the lack of play, coupled with the anxiety and grief caused by the disease, had a negative impact on the wellbeing of Liberian children. According to caregivers of affected children, MHPSS support—provided in the form of recreational activities for children and one-on-one supportive talks—led to increased play and expression of emotion, and reduced some of the negative effects, such as nightmares and bedwetting.  UNICEF found this project to be essential for promoting family-based care, assisting communities to accept messages on EVD prevention and control, and promoting social cohesion in communities and families torn apart by the disease.  **Lessons learned:**   * Although the EVD crisis brought about significant setbacks in Liberia, it also provided an opportunity to increase the social welfare work force in the country, improving the delivery of essential social services at a decentralised level throughout the country. These social workers were active during the emergency, providing registration, case management, follow up and psychosocial support to EVD-affected children. They remain in high demand, as poverty and other vulnerability factors create continuing, widespread needs for basic services. * If government staff capacity is strengthened through regular supportive supervision, coaching and mentoring, and staff are provided with good incentives, they are able to take ownership for and fully implement child protection programmes. * CPIMS, created to support the registration of EVD-affected children, is an essential element of any social service system, and must be maintained for effective case monitoring and tracking in the child protection system. It is also critical to ensure that data is added to CPIMS in a timely fashion in order to provide up-to-date reporting figures. For this reason, simplified tools and, where possible, digitized reporting, are the most efficient and therefore the preferred modes of data collection and entry. * Communities are slow to accept messages from outsiders. It is therefore critical to engage communities and their leaders in order to raise awareness on child and social protection issues and to drive up demand for child protection and social services. * Information management systems with simple data collection tools and efficient processing are far preferable to systems requiring significant hardware and an Internet connection. * Whilst the one-time cash grants were very useful in supporting home-based care for EVD survivors and orphans, more work needs to be done to develop a sustainable support system for the most vulnerable families for whom a one-time cash payment was not sufficient to maintain the placement of the child, and which are currently struggling to keep that child in school. This is an issue that UNICEF is working to address with MoGCSP in the long term.   **Stories from the field:**  **Name: Chris**  **Age: 38 years**  **Status: EVD survivor and widower with four children**  *This story is based on information obtained by the Inter-Religious Council of Liberia (IRCL) social worker who spoke with Chris, an EVD survivor, at his home in the Cow Field Community of Paynesville, Montserrado County.*  C:\Users\mabdulai\Desktop\2015 photos\photo (002).JPGWhen I got to Chris’s house on the Duport Road, I found him sitting in a chair with one of his legs bandaged. When I asked him why he was wearing a bandage, he began to relate his very troubling story. In September 2014, his family was struck by the Ebola virus. His wife was the first to fall ill; later, he and other members of the family became infected as well. They were taken to an Ebola Treatment Unit (ETU) and, while Chris was undergoing treatment, tragically lost his wife to the Ebola virus. At the ETU he began to feel pain in his left foot for two days. The leg swelled and burst, creating a large sore that lasted for a month. While sleeping one night In December 2014, long after he had been discharged from the ETU, he work up to the horrific discovery that his sore foot had fallen off and saw his severed foot lying lifelessly on the bed.  Chris’s life has not been the same since that terrible night. Before he was infected with EVD, he had been a carpenter and was the sole breadwinner for his family. Following his infection, Chris has been seeking medical treatment to cure the sore on his leg. Fortunately, in December 2014, Chris was selected as a beneficiary for the one-time cash grant from the UNICEF-supported programme administered by MoGCSP to assist him in taking care of his children. He used some of this funding to seek the initial treatment for his sore. Chris has four children to care for, and the constant worry about feeding them and sending them to school forced him to contemplate sending them to an orphanage, but community leaders and social workers discouraged him and referred him to the IRCL.  IRCL visits Chris routinely to talk to him. It is comforting to note that, despite the challenges he has faced, all four of his children are in school as he had wished and his family is staying together under the watch of other family members and the community. Chris’s daughter says her father was very worried about the children’s fate and did not know what to do to care for them, but she is now happy they are still together because others care:  C:\Users\mabdulai\Desktop\IPAD 3\IMG_3085.JPGMy name is Christine Zomomou. I am 14 years old and in the twelfth grade at the SDA School located at Paynesville. I am the oldest daughter of Chris. I am so very happy to be back in school again, through the help of IRCL. I lost my mother during the Ebola crisis in Liberia and my father became disabled losing his foot and could not work again. My father is no longer working and is no longer in a position to pay my school fees. I am still in school up to this day. The social worker from the IRCL contacted me and made friends with me. She went and paid my school fees and now I look forward to a better future. I will graduate and start college soon if I can get some money to pay my college tuition.  **Name: Morris Kaifa**  **Age: 15 years**  **Status: EVD survivor, student**  Morris Kaifa is a 15-year-old boy who survived EVD after his mother was infected by the disease. His mother did not survive and died at the ETU. After he received treatment at the ETU and recovered from the virus, Morris did not have any known adult relative willing to care for him and his six siblings. They were taken to the Hawa Massaquoi Transit Centre, which provided shelter for children who had survived the virus but had no one to care for them. This is what Morris has to say:  I am Morris Kaifa, 15 years of age in the sixth-grade class. I don’t really know what to say because I am too happy to see myself going to school. Because the time my parent died during the Ebola I thought my school business was finished right there, but when I was told by the social workers that certain people from the group called the Inter-Religious Council of Liberia were coming to help to send us to school, buy my school books, copy books, uniform and shoes I started celebrating and rejoicing in my heart and thank God that I will not drop out of school and be like other children that are in the street. |



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| **Report reviewed by** *(MPTF M&E Officer to review and sign the final programme report)*   * Name: Ellora Guhathakurta * Title: M&E – Planning, Monitoring and Evaluation Officer , MPTF Liberia * Date of Submission: 6th June 2016 * Email address: ellora.guhathakurta@one.un.org |
| *Signature:Ellora Guhathakurta* |

1. The amount transferred to the participating UN organizations – see [MPTF Office GATEWAY](http://mdtf.undp.org). [↑](#footnote-ref-1)
2. The combined MPTF funds with the two grants (SM140647 and SM140603) allocated to UNICEF. [↑](#footnote-ref-2)
3. The date of the first transfer of funds from the MPTF office as administrative agent. The transfer date is available online at the [MPTF Office GATEWAY](http://mdtf.undp.org/). [↑](#footnote-ref-3)
4. As per approval of the original project document by the Advisory Committee. [↑](#footnote-ref-4)
5. Financial closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report.](http://mdtf.undp.org/document/download/5388) [↑](#footnote-ref-5)
6. The project can choose to contribute to all MCA or only the one relevant to its purpose. [↑](#footnote-ref-6)
7. Assuming a ZERO baseline. [↑](#footnote-ref-7)
8. The target of 7,500 reflects children who were affected by EVD nationwide. [↑](#footnote-ref-8)
9. Total number of Ebola Survivors trained and employed in the five counties [↑](#footnote-ref-9)
10. The initial planned number of 350 contact tracers was not required, as a sufficient number of contact tracers were mobilised and recruited from other sectors in UNICEF and other partners. Furthermore, the number of cases was less than anticipated. Although the major outbreak has ended, this important work has continued at the community level during the subsequent EVD flare-ups. [↑](#footnote-ref-10)