UN EBOLA RESPONSE MULTI-PARTNER TRUST FUND

FINAL CONSOLIDATED REPORT

2014 - 2018

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

STEPP Strategy

Strategic Objective 1: STOP the outbreak

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

Strategic Objective 2: TREAT the infected

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

Strategic Objective 3: ENSURE essential services

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

Strategic Objective 4: PRESERVE stability

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

Strategic Objective 5: PREVENT outbreaks

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

RECOVERY Strategy

RECOVERY Objective 1: RS01

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

RECOVERY Objective 2: RS02

- Socio-Economic Revitalization

RECOVERY Objective 3: RS03

- Basic Services and Infrastructure

RECOVERY Objective 4: RS04

- Governance, Peace Building and Social Cohesion

PART ONE

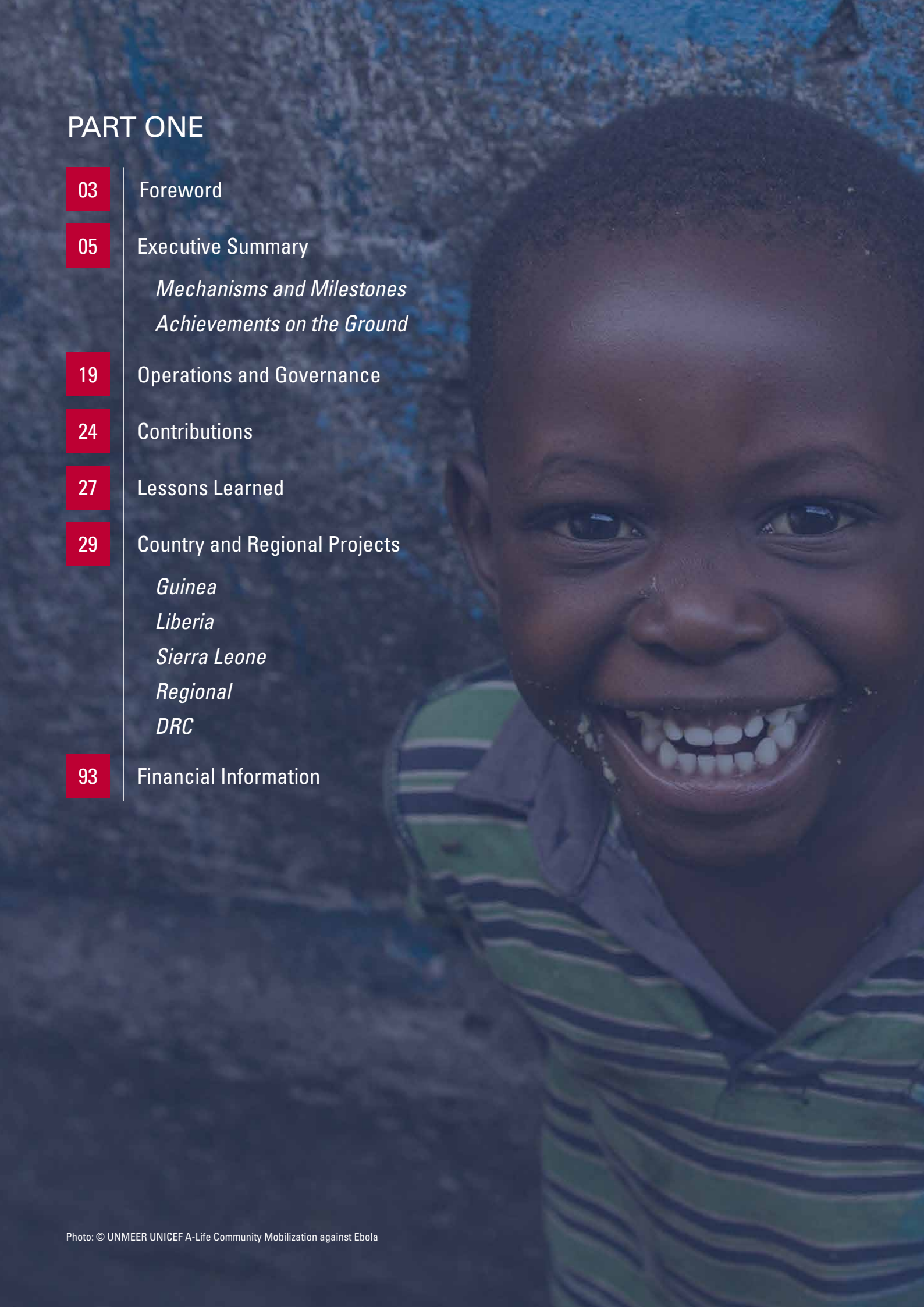

Photo: © UNMEER UNICEF A-Life Community Mobilization against Ebola

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- ILO
- IOM
- UNAIDS
- UNDP
- UNESCO
- UNFPA
- UN HABITAT
- UNHCR
- UNICEF
- UNMEER
- UNOPS
- UN WOMEN
- WFP
- WHO

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FOREWORD

This report elaborates the contributions of the Ebola Response Multi-Partner Trust Fund to the United Nations' response to the 2014 West African Ebola outbreak. The Fund met its mandate to offer all phases of the response a fast, collaborative and flexible financial mechanism to meet unfunded needs on the ground in Guinea, Liberia and Sierra Leone. It also extended support in 2017 and 2018 to stop separate Ebola outbreaks in the Democratic Republic of the Congo. The Fund showed how a pooled funding mechanism could successfully bring the UN system together with donors and stakeholders to help end a fast moving and unprecedented health crisis. As scheduled, the Fund was operationally closed at the end of November 2018.

The Fund's closure is an opportunity for reflection on its results and lessons learned. Ebola took the lives of over 11,000 people and left thousands of others medically, socially and economically vulnerable. It set back development gains and was a global health security concern. We will use what we learned from this crisis to do better. This means improving emergency planning and readiness for public health threats – infectious disease or otherwise – so that a tragedy of this nature never happens again, in West Africa or elsewhere.

The 2014 Ebola epidemic was a wake-up call to strengthen the accessibility, resiliency and quality of healthcare for everyone, everywhere. It took advantage of weak healthcare systems – under-staffed and under-resourced – and it tore through communities. Ebola showed what would happen when communities were not prepared, and it shed light on the gaps that must be fixed now to cope with the health emergencies of the future.

Mobilizing funding from a wide-variety of stakeholders with one of the highest levels of donor engagement ever seen in a UN trust fund, the Fund worked to close these gaps, bolstering readiness to stop and prevent Ebola and strengthening healthcare systems in the epicenter countries. Its projects built out healthcare capacity and infrastructure against a variety of backdrops – in slums, prisons, schools, along borders, and in the hardest hit communities. They brought quality healthcare services to the most vulnerable populations, like survivors, orphans, and women and children. Projects showed that community-led responses were effective, and many initiatives supported localities to take charge of the monitoring, treatment and behavior changes needed to halt the Ebola epidemic. Social mobilization was key to ending the outbreak, and through the bravery and resolve of those on the ground, transmission was brought to zero.

One of the Fund's main achievements was the simultaneous finance of response and recovery objectives under the same instrument. The Fund showed how urgent needs, like stopping Ebola transmission, could pair with longer-term objectives, like strengthening health systems to support preparedness and longer-term development. As a result, at the national level down through to communities, projects put in place plans, protocols, human capacity, infrastructure and equipment that would help countries be ready to handle Ebola or any other public health threat.

We need to stay this course. With the end of Ebola Response MPTF operations, the international community must carry forward and build on the framework that communities, governments, civil society and the UN have put in place through the Fund. Active now in the Democratic Republic of the Congo, Ebola still poses a serious threat, and we must continue to press for greater health security and readiness globally.

Ms. Michelle Gyles-McDonnough
Director, Sustainable Development Unit,
Executive Office of the Secretary-General at the United Nations

WHO Contact tracers visiting a community in Conakry, providing buckets and chlorine, and teaching them how to wash hands properly at home
© UNMEER/Martine Perret

EXECUTIVE SUMMARY

Mechanisms and Milestones

The United Nations (UN) Secretary-General established the Ebola Response MPTF to support the organization's response to the 2014 Ebola outbreak in West Africa. It was initiated following the Security Council's adoption of Resolution 2177 (2014), which requested the UN to accelerate its response to the outbreak. The Fund took three days to become operative in September 2014, a time when the numbers of people newly diagnosed with Ebola in Guinea, Liberia and Sierra Leone were doubling every three weeks.

The Fund was designed to provide all phases of the UN response a fast, collaborative, and strategic financial mechanism to meet unfunded and under-funded needs. It was guided by the five Strategic Objectives and 13 Mission Critical Actions (MCAs) of the UN STEPP Strategy:

Stop the Outbreak;

Treat the Infected;

Ensure Essential Services;

Preserve Stability;

Prevent Outbreaks.

It helped finance the concerted action of 14 UN agencies, including the UN Mission on Emergency Ebola Response (UNMEER).

The Ebola Response MPTF had one of the highest levels of donor engagement ever seen in a UN trust fund. It mobilized US$166 million from 47 donors that included governments, businesses, and private citizens. It captured an outpouring of solidarity with the affected countries, fielding donations that ranged from US$31 million by the United Kingdom to US$50 dollars collected by concerned children.

Just as important as the amount of support was the Fund's ability to direct these resources to where they were needed most, when they were needed most - even as contexts quickly changed on the ground.

US$ 166 million in deposits

47 contributors

86 projects

14 agencies

The Ebola Response MPTF was a critical part of the financing compact for the Ebola response. The Trust Fund provided:

- a mechanism for a coordinated, flexible and rapid UN response through a common financing mechanism;
- a coherent UN System contribution to the overall Ebola response through the strategic use of resources;
- an accountable, transparent and cost-effective financial instrument for the mobilization of funding from all stakeholders;
- a results-based management system; and
- support for the UN's establishment of a multidisciplinary global platform focused on ending the outbreak.

The 'Ebola Response Outlook 2015,' described the outbreak as "a shifting group of multiple local crises." The Fund was successfully nimble, allocating US$163 million to 86 projects that closed gaps and helped track every last Ebola contact and treat every last case – until there were none.

Funded projects put human capacity on the ground – thousands of contact tracers, social mobilizers, medical personnel and logisticians – that reinforced national and local capacity. Projects assured that responders were trained, safe, compensated and equipped. They mobilized communities to take the lead in surveillance, education and behavior change. They fostered and provided for safe burial practices and preventative hygiene, and they built up healthcare by constructing, staffing and upgrading facilities, establishing protocols, and training responders and communities to use them.

These interventions were successful. In 2015, as caseloads began to fall, the focus of the response grew from stopping the outbreak and treating the infected to also boosting preparedness and aiding recovery. The STEPP strategy was expanded to include four Recovery Strategic Objectives (RSOs) on: Health, Nutrition, and Water Sanitation and Hygiene (WASH); Socio-economic Revitalization; Basic Services and Infrastructure; and Governance, Peace Building and Social Cohesion.

The Fund's flexibility enabled it to meet these needs as well. In 2015, it opened its Recovery Window, which allocated US$7 million to nine projects supporting the achievement of the RSOs. In doing so, the Ebola Response MPTF integrated humanitarian and development efforts within a single financing instrument. Through the Fund, response, preparedness and recovery were pursued in parallel, so as to maximize the synergies and complementarities between these short-term and long-term objectives.

In March 2016, the World Health Organization (WHO) declared the threat to international public health from the West African Ebola outbreak over. Transmission had been brought to zero

and held there. In this same year, an independent Lessons Learn Exercise reviewed the performance of the Fund and concluded that it had successfully met its objectives of effectively resourcing the UN's response to what was a multi-faceted and unprecedented health crisis.

The Ebola Response MPTF continued its operations in its focus countries, as well as regionally, until its scheduled close at the end of November 2018.

During its last two years of operations in Guinea, Liberia and Sierra Leone, funded projects helped communities remain Ebola-free and vigilant while also supporting the medical and socio-economic rehabilitation of survivors and the vulnerable, further strengthening health systems, and improving preparedness to cope with future health emergencies. Regionally, projects also supported the response to separate Ebola outbreaks in the Democratic Republic of the Congo.

Having met its mandate, the Fund concluded its operations. This final report on the Ebola Response MPTF discusses the Fund's achievements, highlighting results and impacts from its inception through to its closure.

Achievements on the Ground

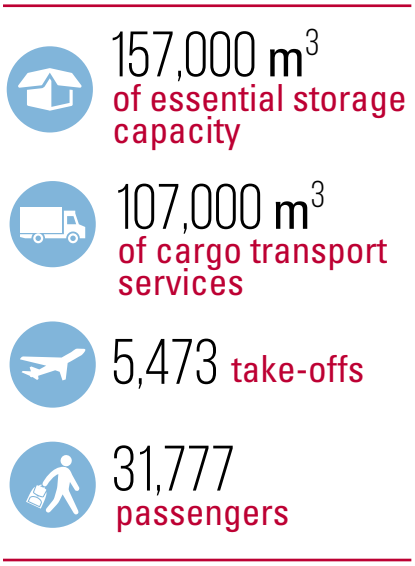
This section provides a snapshot of the breadth, diversity and impacts of the Fund's interventions in Guinea, Liberia, and Sierra Leone as well as regionally, including in the Democratic Republic of the Congo. Ultimately, the Fund's achievements – the gaps it closed – were guided by the needs on the ground. As the outbreak evolved, so did the orientation of the Fund. It made major contributions, first, to stopping the outbreak and then, to aiding early recovery and preparedness in its focus countries. A detailed description of all project results and achievements, beyond these highlighted outcomes, can be found in the 'Country and Regional Project Results' section.

According to the World Health Organization (WHO), the West African Ebola outbreak began in the Forest Region of Guinea, towards the end of 2013, after which it quickly became a health crisis. By March 2014, Ebola had spread throughout the country and to its neighbors of Liberia and Sierra Leone. WHO declared the epidemic a threat to global public health, and in September 2014, the UN Secretary-General launched the Ebola Response MPTF to support the UN response.

From its inception, the Fund helped the UN literally build its response from the ground up. Countries at the outbreak epicenter needed basic medical supplies, laboratory, surveillance and monitoring equipment and communications. They needed to construct the healthcare facilities that would care for the infected and house the responders. Not only did a massive amount of supplies need to reach the affected countries, they needed to be stored and then distributed to the right places at the right time. The needs of the response were massive. They were urgent. And they were complicated, because Ebola was a moving target.

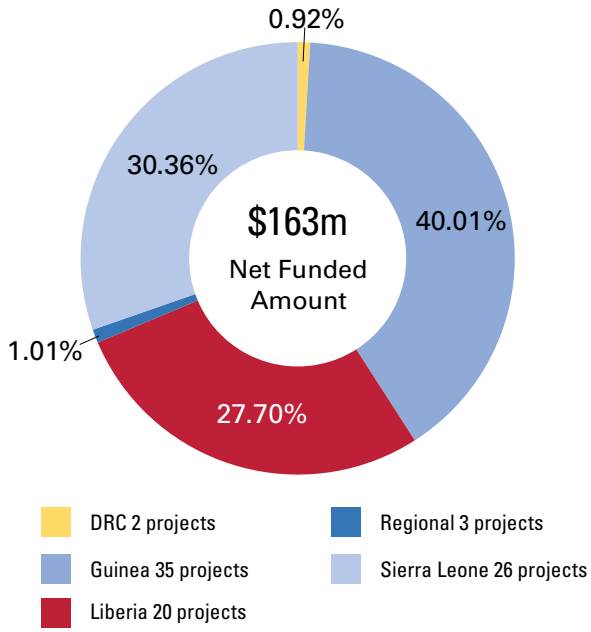
To overcome these challenges, the Ebola Response MPTF supported the largest logistics operation in the history of the World Food Programme (WFP). It funded air and transport services to the amount of 107,000 m^3 of cargo on behalf of 103 organizations. In all three countries, it built treatment centers for the infected and for responders, and it equipped them to function. It created essential storage capacity for approximately 157,000 m^3 of cargo on behalf of 77 organizations.

The Fund enabled the transport of human capacity and supplies, with the UN Humanitarian Air Service (UNHAS) using funds to run 5,473 take-offs that transported 31,777 passengers and 202 mt of light cargo to the region. Another operation, outside the WFP initiative, focused on charter flights. From September to October 2014, it distributed 180 metric tonnes of supplies like protective equipment, medicine and body bags. Through the charters, the Fund financed the movement of 56 metric tonnes of supplies to Guinea, 67mt to Sierra Leone and 60mt to Liberia.



Projects also deployed logisticians who built the human capacity to assure, for instance, that facilities were stocked, medicines were not expired, and that responders had protective gear – despite rainy seasons, impassible roads and changing epidemiology in remote communities across the region. Funded projects supported large-scale interventions, like those on supplies and logistics, but they also closed smaller, but no less urgent holes in the response. For instance, the Fund financed quick impact projects (QIPs), which were small-scale, relatively low cost, and implementable. UNMEER, followed by UNDP used QIPs to rapidly deploy resources towards high priority needs. Initially, QIIPs contributed to stopping the outbreak, supporting areas of concern like behavior change, surveillance, cross border monitoring, and general awareness raising on Ebola. In the later phases of the response, QIPs became part of the broader post-Ebola recovery effort, focusing on enhanced community awareness; ensuring that countries stayed at zero transmission; and assuring that survivors, and other vulnerable populations had access to care, livelihoods and community.

Funding per Country and Number of Projects



© WFP Liberia

Ebola treatment Unit (ETU) in N'zérékore, Guinea
© UNMEER/Martine Perret

GUINEA

In Guinea, stopping Ebola hinged on building human capacity – in the healthcare sector as well as in communities. The outbreak revealed gaps in the country's health system that led to a large numbers of health workers falling ill after treating patients. This reduced healthcare capacity and it deterred people from formal care. To protect healthcare workers, over the course of 2015, WHO deployed infection prevention control (IPC) experts that trained 3,136 responders in health facilities and hospitals on IPC measures. The agency distributed US$7 million worth of personal protective equipment (PPE). The interventions helped end healthcare worker deaths, with the last reported case of infection registered on 23 August 2015.[1]

The response also needed contact tracers, people who could aid in the identification, assessment and management of those who had come into contact with Ebola. With support from the Fund, WHO increased the total number of staff conducting this critical function in Guinea. At the height of the outbreak, the agency had 1,651 people in the field, and between September 2014 and December 2015, they traced 27,639 Ebola contacts.

A Guinean Doctor, part of the WHO team, checks one family member's temperature
© UNMEER/Martine Perret

Traditional burials and religious ceremonies that involved physical contact between mourners and the deceased were one of the primary drivers of Ebola transmission. Efforts to prevent the spread of the virus from contact with the dead, especially from the traditional practice of washing the dead, was a major pillar of the response. It was another area in which the Fund made critical contributions to human capacity. The Ebola Response MPTF supported the Guinea Red Cross (GRC) to train 52 safe and dignified burial (SDB) teams. Among other outputs, they conducted 9,904 burials and disinfected 7,442 buildings. A separate initiative targeted the Lower Guinea Region, and with the International Federation of Red Cross and Red Crescent (IFRC), it completed 16,831 SDBs, took, 16,964 swabs for testing, and disinfected 12,613 houses, facilities and/or public spaces.

Social Mobilization and Community Engagement in Conakry. UNICEF has sensitized the population all over Guinea through different channels; A very strong component are the community watch committees (CWC)
© UNMEER/Martine Perret

In Guinea, weak healthcare systems, entrenched socio-cultural practices (washing of the dead), and misinformation steered communities away from the response, accelerating the spread of Ebola throughout the country. **Social mobilization, as a way to outreach, educate and engage communities** directly in their protection and care, was also critical to stopping the outbreak. To empower communities to act, Ebola Response MPTF projects harnessed the efforts of thousands of individuals across the country. Projects engaged communities to help them understand the causes of the epidemic, how to stop it, and where to seek treatment.

Social mobilization involved communities in neighborhood sensitization and surveillance; it improved the implementation of IPC measures in households and care facilities; and it bolstered surveillance, early alerts and the referral of suspected Ebola cases and contacts. In Guinea alone, UNICEF trained 17,213 community volunteers to work in community watch committees, and its initiative to raise awareness on Ebola reached 444,800 households. Projects also worked along the borders, including with the Manu River Union (MRU), to equip and train point of entry (POE) facilities and personnel. Again, community outreach was vital, and in Guinea, the MRU reached 19,730 people through door to door Ebola campaigns.

1 According to Sitrep N° 495 of 23 August 2015

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Later, other projects would keep rapid response teams in place, and focus on community monitoring through radio, transit centers and youth mobilizers. Funds deployed healers with radios to reinforce local surveillance, and they supported the set-up of 461 community platforms to monitor some 450 health centers and posts in the country.

In the spring of 2015, Ebola transmission was mostly concentrated in six prefectures (Forécariah, Coyah, Dubréka, Boffa, Kindia, and Conakry), where misunderstanding, avoidance of care, and practices like unsafe burials persisted. To end transmission, the Guinean Government announced an acceleration plan and declared a health emergency. For its part, inter alia, the Fund supported door-to-door sensitization and case finding as well as mass media outreach. It's initiatives reached 603,207 people across 117,606 households, and identified 79 suspected cases in target areas. A separate project, also focused on community outreach and household education, conducted 652,258 household visits.

Later that year, demonstrating its flexibility to meet national circumstances, the Fund supported Guinea through its October 2015 presidential election. An Ebola Response MPTF project procured and dispatched 14,500 thermometers and 17,500 sanitary kits, and made them available in 7,500 polling stations to protect voters. Polling stations were kept Ebola-free.

Towards the end of 2015, following a dramatic drop in case incidence and a reduction in the affected geographical area, funded projects played an instrumental role in reshaping social mobilization strategies from community sensitization towards community engagement, essentially educating people on how to be vigilant and prepared for infectious disease outbreaks. Funded projects maintained surveillance systems and rapid response capacity, and this proved critically important when Ebola flared again in the Nzérékoré region, in March 2016.

The fund covered a comprehensive response to this resurgence. It supported the national coordination cell as well as communities in a cerclage to stop transmission. Funds were used to train body washers (448), setup a rapid response team, and offer humanitarian assistance. Further, UNICEF undertook a mass communications campaign, reaching 1,663,582 people, and individual outreach, reaching 190,907 people, to change behaviors that spread the virus.

The Fund also covered the expenses of operating flights into the affected areas, which would have otherwise taken two-days by road to reach. It financed the passage of 709 people, 4,445 tons of cargo, and one evacuation. The flare was 100% contained.

In June 2016, WHO declared Guinea Ebola-free, however Ebola Response MPTF projects continued strengthening healthcare infrastructure, building human capacity, and aiding Guinea in its recovery. Support to vulnerable populations in Ebola-affected areas of Guinea was essential to helping communities build their resiliency. In this vein, a project granted 708 Ebola-affected households assistance that improved livelihoods and basic community infrastructure. It also equipped the maternity wards of 20 health facilities with reproductive health kits, while providing motorcycles to 30 health facilities to facilitate continued outreach in Nzérékoré and Kindia.

Ebola Response MPTF-funded initiatives provided a comprehensive package of services for survivors and communities heavily affected by the Ebola outbreak, focusing especially on Forest Guinea. From this, more than 20,000 people benefited, with 13,000 having been provided psychosocial support (PSS) and 416 survivors seeing improved access to care. Projects also strengthened the managerial capacity of the Ministry of Social Action (MASPFE) to lead recovery efforts.

Ceremony in Boké to launch the campaign 60 days without Ebola.
© UNMEER/Sandra Miller

2 UN Development Programme (UNDP); UN Children (UNICEF); UN Population Fund (UNFPA) and World Health Organization (WHO)

WASH - Safe drinking water systems
© UNICEF/Flickr_Tumblr

In Guinea, recovery meant supporting the rehabilitation of the vulnerable. Through the Fund, UNICEF organized psychosocial support and protection for children, reaching 7,400 children, including 457 Ebola orphans. Through the agency, 15,517 people, including 4,123 community leaders, participated in family and community dialogues on family separation and solidarity with Ebola-affected people. Another initiative trained 60 midwives and equipped facilities to improve maternal healthcare across an estimated 150 villages.

Finally, Ebola Response MPTF projects also emphasized post-Ebola preparedness. One joint project in particular, implemented by the five UN agencies of UNDP, UNICEF, UNFPA, WFP and WHO[2], enhanced the capacity to respond to future health emergencies. The project filled gaps observed during the response to the Ebola crisis and drew from lessons learned. It improved the country's community-based surveillance and early warning systems; strengthened the local health infrastructure; availed a service package to health facilities in disease prone zones; further increased community engagement; and integrated logistics in emergency response preparation. The overall outcome was strengthened readiness and coordination among all actors from the national down to the community level.

Restoring Maternal Health Services, Liberia
© UNFPA

LIBERIA

In Liberia, much like in Guinea, **the Fund filled critical gaps in human capacity.** As the Ebola outbreak progressed, it became apparent that a lack of district-level capacities to conduct active surveillance, case finding, contact tracing, case management and community engagement had undermined containment measures. To meet these needs, the Fund financed, through WHO, the deployment of 35 epidemiologist who recruited and trained 10,090 contract tracers and 5,459 active case finders (ACFs). They led the search for the sick and the dead, and ensured they were taken out of the communities or quarantined to break chains of transmission. Their outreach heightened the public awareness of an estimated 1.5 million people across the country.

Training in Montserrado - Liberia
© WHO

With Fund support, WHO also established a national IPC taskforce and developed IPC standards. In 2015, the agency trained 2,118 healthcare workers and 140 Liberian 'Master Trainers' in IPC. It brought 8,093 healthcare workers up to speed on 'Safe and Quality Services.' The agency also redeveloped integrated disease surveillance and response (ISDR) guidelines and trained **1,500 healthcare workers** on how to use them. Overall, these **measures strengthened human capacity in the healthcare sector and improved protection for responders.**

In Liberia, like in other epicenter countries, stopping the Ebola outbreak meant overcoming major challenges at the community level that contributed to transmission. These included: denial and mistrust; unsafe burial practices; reticence to healthcare workers and facilities; the use of traditional facilities without IPC measures; cross border movements; and general misconceptions about the virus.

The Fund helped overcome these hurdles in Liberia's most populous cities of Monrovia and Panynesville. It supported the 'Operation Stop Ebola' campaign, which, starting in December 2014, used two City Corporations to bridge the gap between healthcare workers and communities. The campaign, spearheaded by community leaders in partnership with UNICEF, provided consistent messaging on Ebola and engaged at-risk communities and families, empowering them to lead in the response. Using mass media and door-to-door outreach, the campaign targeted 1,090,000 people or 80% of Montserrado County.

The Ebola Response MPTF helped stop Ebola in Liberia, while also lending critical support to at-risk populations. **Financing initiatives to meet the medical, economic, and psycho-social needs of Ebola survivors and orphans, women and children, and youth in under-served areas,** it closed gaps in support to those furthest behind.

Operation Stop Ebola! in Paynesville, Liberia out Ebola
© UNMEER/Martine Perret

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For instance, one project led by UNICEF helped the Ministry of Gender, Children, and Social Protection (MoGCSP) hire 120 social workers and 20 data clerks to support the social welfare service response for Ebola-affected children and families. Through various social workers and mental health clinicians, it provided mental health and psychosocial support to 16,093 children living in Ebola-affected communities. It registered 8,021 as Ebola survivors or orphans. In partnership with the Ministry of Youth Services (MoYS), the project also provided technical supervision and guidance to over 400 youth volunteers. They were trained to administer psychological first aid, mobilize communities and support contact tracing and messaging for infectious disease prevention. This same intervention also trained 1,200 Ebola survivors on how to raise Ebola awareness, support prevention in their communities, and refer Ebola-affected children to the MoGCSP. At the height of the outbreak, through the project, 40 Ebola survivors cared for Ebola-affected children in interim care centers.

Preliminary research from the Center for Liberia's Future (CFLF) showed that survivors, orphans, and caregivers had an array of health, economic, psychosocial, educational, and general livelihood needs. The Fund financed research to better understand the type of support that survivors required to enhance their reintegration into society, and based on this research, it financed services to 500 people in need.

The Ebola Response MPTF also supported work opportunities for at-risk youth in low income areas. In Clara Town, a slum community of about 74,000 people hard hit by Ebola, UNICEF, UN-HABITAT and ILO[3] were funded to improve water supply and sanitation facilities while generating youth employment. The agencies trained and put to work close to 500 youth in a variety of skills-based (carpentry, plumbing, sanitation) jobs. Through a cash transfer to the Liberia Water and Sewer Cooperation, the project also laid a 5,000-meter water supply pipe network and rehabilitated water kiosks, which enabled access to at least 20 liters of water per person per day within 200 meters of homes, for an estimated 85% of the population. The project also put in 20 latrines to reduce open defecation and help meet sanitation needs.

In Liberia, the outbreak drew resources away from maternal and newborn healthcare services, putting women and children at risk. **The Fund helped restore this healthcare infrastructure.** One project, for instance, focused providing Basic Emergency Obstetric and New born care (BEmONC) to women living in the catchment communities of health facilities. It trained and deployed 35 skilled service providers, who then trained and linked 280 community healthcare workers with nine targeted facilities. Within these facilities, the project increased the percentage of deliveries attended by skilled birth attendants to 53.2%.

A separate project in Maryland County also focused on reproductive, maternal, newborn, and child health. It increased antenatal care coverage from 46% to 81% and increased the percentages of deliveries in health facilities from 38% to 73%. Under the project, postnatal care increased from 12% to 56%, and "no stock out" of supplies improved from 66% to 93.%. Referrals by community health workers also improved.

Infection Prevention and Control (IPC) system in place
© WHO

Finally in Liberia, **the Fund also supported the government's efforts to improve the capacity to mitigate, prevent and respond to threats, epidemics and disasters** – Ebola or otherwise. One major project sought to improve readiness through specific interventions on multi-hazard preparedness, surveillance, International Health Regulations (IHR) at ports of entry, laboratory services, and disaster risk reduction (DRR). Under this initiative, WHO supported the development of a National Action Plan for Health Security. It was built on the lessons learned and recommendations from an IHR Joint External Evaluation meant to improve Liberia's capacity to prepare for, detect and respond to public health threats. The project also strengthened IPC, laboratory capacity and reporting. The Ministry of Health, with the support of WHO, piloted e-surveillance (e-IDSR) in two counties and trained 174 frontline health workers on disease surveillance.

Also through this project, FAO and IOM[4] strengthened preparedness and response capacity at points of entry (POEs). FAO focused on preventing zoonotic and animal diseases through improved surveillance, while IOM helped put in place and train 270 personnel on ground crossing PoE Standard Operating Procedures (SOPs) and Public Health Emergency Contingency Plans (PHECPs).

3 UN International Children's Emergency Fund (UNICEF); UN Human Settlements Programme (UN-HABITAT) and International Labour Organization (ILO)
4 Food and Agriculture Organization of the UN (FAO) and International Organization for Migration (IOM)

Community meeting in Tombo to continue remaining vigilant in maintaining the current EVD zero reporting, Sierra Leone
© UNMEER

SIERRA LEONE

In Sierra Leone, the Ebola Response MPTF closed gaps in human capacity at the local level as well as in national response structures. The fund enabled UNMEER and the UN Office for Project Services (UNOPS) to **support the National Ebola Response Center (NERC), providing it with human, technical and financial capacity to swiftly respond to the outbreak.** Through the Fund, the NERC expanded its core professional staff by 30 people, and with this key support, helped stop outbreaks in the majority of the country's districts.

Also at the national level, a separate project supported Rapid Response Stabilization Teams (RRST), and in doing so became engrained in the NERC. The RRSTs contributed to fourteen "surge operations" to end Ebola transmission, helped close human resource gaps in the NERC, and supported district-level operations by offering support to medical teams and provisioning supplies and vehicles.

With persistently high numbers of new cases occurring outside of contact lists in the first half of 2015, Sierra Leone needed to fill gaps at the community level by strengthening district-level case finding, case management, IPC, reporting, logistics management, social mobilization and community engagement.

Situation Room operation centre.
© UNMEER

To meet these needs and with the support of the Fund, WHO deployed an IPC expert, two social mobilization experts, and a logistician to each of the 14 districts. They achieved a number of important results, for instance, training 12,215 healthcare workers in IPC and designing flexible social mobilization strategies that addressed emerging community needs and challenges. Community engagement activities were held at least twice in all 149 chiefdoms with intensified efforts during surge operations.

WHO also used Ebola Response MPTF finance to support the Ministry of Health and Sanitation (MoHS) in the development, review and roll out of national IPC policy and guidelines. These set standards for all healthcare providers and facilities. Further, the project laid the foundations for Integrated Disease Surveillance and Response (IDSR) to Ebola as well as a broad range of other health challenges.

From August 2015, the Fund supported continued efforts to stop the outbreak, which was active in four districts of Sierra Leone. It also lent support to preventing a reverse in progress in areas with no active cases and to putting out flares when they occurred. One project, for instance, deployed 60 contact tracers, supervised by 10 contact tracing mentors and eight epidemiologists. They followed 2,767 contacts line listed from 10 cases and four "events." Projects also supported responses to the flares in Kambia and Tonkolili, as well as preventive interventions in Port Loko, Bombali and Kailahn. To assure community engagement, the Fund financed the training of 56 chiefdom taskforces and 426 village development committees on response and preparedness. Over 430 trained social mobilizers were deployed across the districts to engage communities in the response and recovery phases.

Projects placed, trained and equipped human capacity. Funded outcomes ensured that the "zero" achieved was resilient and that capacity to promptly respond to future flares was maintained. This was especially true for another initiative that focused specifically on the dual achievement of social mobilization and WASH services. In line with the national strategy on getting to zero transmission and the national recovery strategy, it promoted convergence, participation and equity at the community level. The project's provision of comprehensive WASH services – 12,000 people declared open defecation free, 10,000 more given access to healthcare facilities with WASH services, and 2,000 children given access to WASH services in their schools – greatly contributed to the behavior change that prevented transmission.

In addition to its focus on WASH, this particular initiative also strengthened community engagement as part of the rapid response initiated to the 2016 Tonkolili flare. It supported 56 chiefdoms to establish rapid response teams and to employ mass mobilization through media and local leaders. Chiefdom-level community dialogues were held across the districts and through the project, 150 social mobilizers and 100 community health workers were locally deployed.

Interventions like these, and the human capacity they put on the ground, helped Sierra Leone go from a peak of over 500 cases a week in October 2014 to zero transmission by

2016. As the outbreak waned, projects kept strengthening community-based surveillance to maintain a "resilient zero." They supported the formation of 934 village health committees in silent (Ebola-free) chiefdoms in Kambia and Port Loko. They trained 300 surveillance officers to work with these committees along with social mobilization teams to report community deaths, refer the sick and to monitor visitors to the chiefdoms. The project also advanced IDSR, training nearly 145 trainers, 1,546 health workers, and 20 clinicians in surveillance.

At a community check point, people are asked to wash their hands before entering the neighborhood and their temperature is taken
© UNMEER/Martine Perret

Based on experiences during the Ebola response, it was understood that, if fully implemented, community-based surveillance would greatly improve the detection of health events or Ebola resurgence. Thus, through the Fund and the WHO, the Ministry of Health trained an additional 42 community-based trainers, and a further 4,500 community health workers. WHO also provided technical support to the development of a national cross-border surveillance and response framework.

In Sierra Leone, as in its counterpart countries, **recovery hinged on building the resiliency of those hardest hit by the outbreak.** The Fund helped meet this need by extending support to the vulnerable. Through a different intervention, 1,300 people who volunteered to work on Red Cross Safe and Dignified Burial teams were offered skills training to support their socio-economic reintegration into their communities.

Another intervention provided 1,454 survivors and vulnerable families a mix of psycho-social support and counselling, solidarity packages, career counselling and start-up grants. Five hundred families received a one-off discharge package of food and non-food items, such as mattresses, kitchen utensils and household wares to cushion the loss of personal affects destroyed in containment measures. The project ensured that 2,500 of its beneficiaries received periodic stipends that enabled them to access social services and ensure food security for their families. Alongside the cash distribution, 2,500 Ebola survivors and approved caregivers of minor Ebola survivors received career counselling and skills acquisition trainings to enable their economic self-reliance. This same project also supported survivor advocate groups and organized 152 advocates to offer psychosocial support. Further, it trained medical personnel and healthcare centers to improve survivor care and address their common complications.

The Fund also supported preparedness in Sierra Leone for the future health emergencies. It financed, for instance, a joint initiative on behalf of UNFPA, UNICEF and WHO to consolidate the capacity gains achieved during the recovery from Ebola and to address remaining national capacity gaps, particularly within the Ministry of Health and Sanitation (MoHS). The project strengthened national International Health Regulations (IHR) capacities, IDSR, maternal death surveillance and response (MDSR), and community ownership of preparedness.

WHO, for its part, worked with its Regional Office for Africa to ready a National Action Plan for Health Security (NAPHS) 2018-2022. It trained 132 staff at various PoE on IHR to reduce the cross border spread of diseases, and it provided technical and financial support to the MoHS to conduct ISDR supervision across all districts of the country. The agency also led the introduction of an electronic system for reporting disease surveillance data.

UNFPA, for its contribution to this project, trained 200 community healthcare workers to promote family planning and contraceptive use, and 400 healthcare workers to improve maternal and newborn health. Meanwhile, UNICEF promoted community ownership and participation in preparedness and response to public health events. It trained 149 paramount chiefs and 75 newly elected ward councilors in Freetown on preparedness. In collaboration with the Health Education Division of the Ministry of Health and Sanitation (MoHS), Office of National Security (ONS), and the Sierra Leone Red Cross Society, 14 district preparedness plans for community engagement and social mobilization were developed. Communities were readied to handle an infectious disease outbreak or any health crisis.

REGIONAL

Multi-disciplinary teams in remote areas
© WHO/A. Clements-Hunt

Ebola Response Workers (ERWs) were the cornerstone of the response in Guinea, Liberia and Sierra Leone. They were the people at the frontlines, transporting the sick, caring for infected, tracing and monitoring the exposed, attending to the deceased and providing security and coordination at all levels. At the height of the Ebola epidemic in 2014, thousands of ERWs were not registered and/or were not receiving timely or adequate pay for their work. The payments that were made were not harmonized across different groups of beneficiaries. These circumstances lent to threats of strikes and social unrest that risked the success of the Ebola response.

To address this critical situation, the Ebola Response MPTF funded the UNDP-led Payments for Ebola Response Workers (PPERW) project. It ensured the timely delivery and fairness of incentives to ERWs, and it filled gaps where government capacity was too low to manage compensation for the thousands of ERWs in the response.

In Guinea and Liberia, where regular employees of the health sector continued to be paid by government systems, the PPERW kept track of the volunteer workers, identifying gaps and stepping in as a last resort to make payments. In Liberia, UNDP supported the government to pay 6,809 banked healthcare workers hazard pay from October to December 2014, updating lists of contact tracers and ERWs. The agency also ensured that non-banked ERWs could be paid through direct cash distributions. In Guinea, for the 23,174 Ebola hazard payment beneficiaries, UNDP supported the harmonization of salary scales and worked with the World Bank and WHO to establish hazard payments to 1,400 ERWs working for NGOs that were not covered by government schemes. In Sierra Leone, UNDP built from scratch an ERW management and payment system that decreased fraud through biometric registration. As the outbreak ended, data mined from the system was used to determine which facilities should be closed and how resources should be repurposed.

Further, UNDP PPERW project supported the digitalization of payments that proved to be a best practice that could be further developed for use in other crisis situation.

Beyond the epicenter countries, and drawing on the flexibility of the Fund, regional projects also supported responses to separate Ebola outbreaks in the Democratic Republic of the Congo (DRC). Ebola Response MPTF funds were used to procure kits, medical supplies and items needed to trace cases and contacts, conduct clinical trials and for a ring vaccination in response to a 2017 outbreak in the Likati health zone in Bas-Uele province. Under the project, there was no stock-out of supplies, and 583 contacts were registered and monitored closely. Support was also extended when Ebola emerged again in the DRC in 2018, this time in the Bikoro Health Zone, in the Province of Equateur.

The Fund also supported the implementation of an Ebola Aviation Action Plan led by International Civil Aviation Organization (ICAO) in collaboration with the WHO. The plan improved preparedness for infectious disease through the provision of training and advice to States and airports, especially those countries that had Ebola cases during the 2014 outbreak. The plan aligned with the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme and the International Health Regulations (IHR).

Ebola Aviation Action Plan
© ICAO

REPORT STRUCTURE

This is the final report of the Ebola Response Multi-Partner Trust Fund (MPTF, or the Fund). It summarizes the Fund's results from its inception in September 2014 through to its close in 2018.

The executive summary of this report provides a synopsis of the Fund's history and its major achievements. Subsequent sections detail the fund's operations and governance structure, and its contributors. These are followed by a summary of the 2016 Lessons Learned Exercise. Detailed project-based results for Guinea, Liberia and Sierra Leone as well as for the region are then presented. The report concludes with a section on the Fund's financial information.

OPERATIONS AND GOVERNANCE

The Ebola Response MPTF was guided by the five strategic objectives of the UN Response STEPP Strategy: Stop the Outbreak; Treat the Infected; Ensure Essential Services; Preserve Stability; and Prevent Outbreaks in Countries Currently Unaffected. In addition, the Fund's Recovery Window, established in April 2015, commenced finance to projects supporting the achievement of four Recovery Strategic Objectives (RSOs): Health, Nutrition, and Water, Sanitation and Hygiene (WASH); Socio-Economic Revitalization; Basic Services and Infrastructure; and Governance Peacebuilding and Social Cohesion.

The funding priorities for the Ebola Response MPTF were based on four variables: 1) the latest assessment of epidemiology (from WHO and other sources); 2) priority needs in the Ebola Response, as assessed by regular interaction with all stakeholders; 3) the comparative advantage of the UN System, as assessed by the Chair of the Advisory Committee and with input from UN agencies, funds and programs; and 4) the key components of preparedness that would build more resilient health systems: surveillance, infection prevention and control (IPC), health workforce readiness, and community outreach.

Benefits of the Ebola Response MPTF

- Prioritization of activities
- Common theory of change
- Single results-based framework
- Comparative advantage of the UN System
- Consolidated reporting
- Rapid resource allocation
- Coherence and coordination
- Reduced fragmentation and duplication
- Minimal transaction costs
- Standard low overhead costs
- Gap assessment and closure
- Flexibility
- Transparency
- Reduced risk
- Greater visibility
- Firewalls between fund administration, operation and implementation

Governance Structure and Procedures

The Ebola Response MPTF had a transparent structure that initially included the Special Envoy for Ebola as Chair of its Advisory Committee. The Director of the Sustainable Development Unit of the Executive Office of the Secretary-General assumed the role of Chair on 29th June 2017, during the 11th Advisory Committee Meeting. Other elements of the Fund's structure included: the Advisory Committee, the Fund Secretariat, Recipient Organizations and MPTF Office as Fund Administrator.

The Chair articulated the Ebola Response MPTF funding priorities and made fund allocation decisions in consultation with the Advisory Committee. Recipient Organizations included the UN Mission for Ebola Emergency Response (UNMEER)[5], UN organizations[6] and departments, and NGO Implementing Partners. In all decisions on resource allocation, the Advisory Committee counseled the Chair.

Proposal Development and Approval

The Ebola Response MPTF had a streamlined process supporting the rapid consideration and approval of proposals and funds that addressed critical, urgent and under-served needs in the response. It allocated funds to Recipient Organizations based on their submission of detailed proposals. The Fund Secretariat reviewed proposals that were first assessed by UNMEER (until its closure), and submitted all proposals to the Chair and Advisory Committee. The Chair, in consultation with the Advisory Committee, reviewed the proposals and either approved, requested further review, or rejected them. Upon approval of a proposal, the Chair advised the Ebola Response MPTF Fund Administrator to disburse the authorized amount to the Recipient Organization within 48 hours of receiving all the required documentation.

In circumstances where immediate emergency funding was required to respond to an urgent need, the Chair, in consultation with the Advisory Committee, would approve proposals electronically within 24 hours, on a "no-objection" basis.

Advisory Committee

The Advisory Committee was a unique facet of the Ebola Response MPTF that facilitated the dialogue needed to make informed, fast, and strategic decisions on fund allocation. It was composed of the Chair, three representatives of contributing donors, and one representative from each of Guinea, Liberia and Sierra Leone. The Chair invited other participants to Advisory Committee meetings, as needed. These included, for instance, the UN Ebola Crisis Managers from each affected country to serve as Resource Persons, and the UN entities. During the first phases of the response, and before UNMEER concluded its operations, the Special Representative of the Secretary-General for UNMEER or his designated representative also attended these meetings

5 For the duration of the UN Mission for Ebola Emergency Response (UNMEER) from September 2014 to July 2015.

6 These agencies included: Food and Agriculture Organization of the UN (FAO); International Civil Aviation Organization (ICAO); International Labour Organization (ILO); International Organization for Migration (IOM); Joint United Nations Programme on HIV and AIDS (UNAIDS); UN Development Programme (UNDP); UN Educational, Scientific and Cultural Organization (UNESCO); UN Population Fund (UNFPA); UN Human Settlements Programme (UN-HABITAT); Office of the United Nations High Commissioner for Refugees (UNHCR); UN International Children's Emergency Fund (UNICEF); UN Mission for Ebola Emergency Response (UNMEER); UN Office for Project Services (UNOPS); UN Entity for Gender Equality and the Empowerment of Women (UN WOMEN); World Food Programme (WFP); and World Health Organization (WHO).

Mobile Storage Unit in Sierra Leone
© WFP

with the status of observer. The MPTF Office served as an ex-officio member of the Advisory Committee.

The Advisory Committee met when there was an operational need to do so, to quickly evaluate project proposals. It met 12 times over the life of the Fund and allocated approximately US$163 million[7] for 86 projects. Each meeting provided an opportunity for substantial discussion on the comparative value of projects with all the members of the Advisory Committee, and representatives of Guinea, Liberia and Sierra Leone.

Secretariat

The Chair was supported by a small Fund Secretariat based in the MPTF Office. The Fund Secretariat: supported the Advisory Committee and fund mobilization efforts led by the Chair; organized calls and the appraisal of proposals; and monitored and reported on the Fund's programmatic performance to the Chair and Advisory Committee.

Trust Fund Administrator

As Trust Fund Administrator, the MPTF Office was responsible for fund design and set-up, conclusion of the legal agreements with UN entities and donors, the receipt and administration of donor contributions, the disbursement of the approved funds to Recipient Organizations upon instruction from the Chair, and provision of periodic consolidated narrative and financial reports.

To ensure transparency, the Trust Fund Administrator and the Fund Secretariat, through the Gateway, the MPTF Office website, maintained a public on-line platform (http://mptf.undp.org/ebola) that contained Advisory Committee funding decisions, real-time financial information, and interim project and fund-level reporting.

7 Net funded amount, which reflects some refunds.

EBOLA RESPONSE MPTF AT A GLANCE

166 million Contributed

47 Contributors Including Private Sector

RAPID AND DIVERSE MOBILIZATION OF FUNDS

The Trust Fund had one of the highest levels of donor engagement ever seen in UN trust fund history.

163 million Allocated

14 UN Entities

RAPID COHERENT UN RESPONSE STRENGTHENING INTER-AGENCY COOPERATION

Regular dialogue resulted in effective lines of communication and enabled UN agencies to work together to identify and fill gaps based on priorities.

CLEAR FOCUS

Articulating a singular goal and objectives supported by a simple results framework assisted in defining expectations and delineating shared allocation cycle priorities, tracking results, and achieving the overall UN mission.

RAPID, FLEXIBLE AND CONTEXT SPECIFIC RESPONSE AND EARLY RECOVERY

The TF was agile, country driven, and adaptive to changing needs and unpredictable contexts at national and local levels.

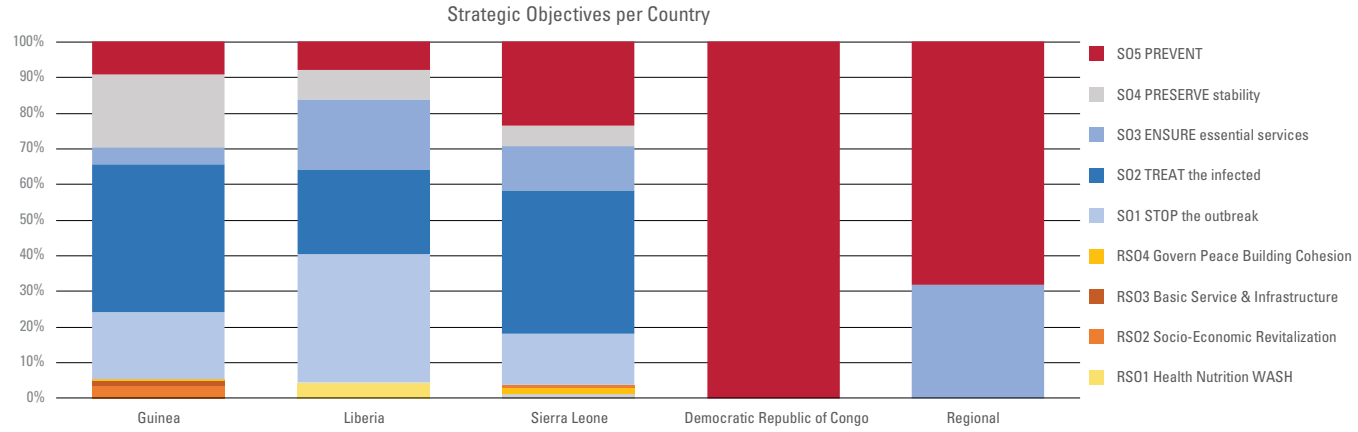
STEPP FOR RESPONSE AND RECOVERY STRATEGY IN THE AFFECTED COUNTRIES

77 RESPONSE PROJECTS FUNDED

STOP	TREAT	ENSURE	PRESERVE	PREVENT
35.7 million	57 million	19 million	20 million	24 million

9 RECOVERY PROJECTS FUNDED

RS01	RS02	RS03	RS04
2.5 million	2.2 million	2 million	0.5 million



12 Advisory Committee Meetings

LEAN AND RESPONSIVE GOVERNANCE STRUCTURE

The dedication, competence, flexible and receptive management style of the Advisory Committee and Secretariat enabled the TF to function efficiently and effectively while maintaining modest operating costs.

3 M&E Officers deployed

MONITORING AND EVALUATION

Field level M&E officers in each country contributed to the Trust Fund's coherence and effectiveness.

They also enabled UN agencies to draft proposals and report on projects.

OUTREACH AND REPORTING

Regular interaction with and briefings to donors facilitated transparent communication and effective operations.

5 Reports on the Fund's Performance

1 Lessons Learned Exercise (LLE)

1 Final Report

SUMMARY OF PROJECT APPROVAL

Meeting 1 – 30 October 2014

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

Meeting 2 – 13 November 2014

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

Meeting 3 – 5 December 2014

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

Meeting 4 - 17 December 2014

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

Meeting 5 - 16 January 2015

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

Meeting 6 – 9 April 2015 and e-approval*

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

Meeting 7 - 8 July 2015

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

Meeting 8 - 14 August 2015

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

Meeting 9 - 24 September 2015 and e-approval*

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

Meeting 10 - 15 December 2015 and e-approval*

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

2016 projects e-approvals*

- UNFPA/WHO/UNICEF – Liberia US$1,000,000 "Reproductive maternal/neonatal/adolescent health"
- WHO – Guinea US$1,499,150 "Vaccination Cohort Study-Phase I and II"
- UNFPA – Liberia US$999,998 "Emergency maternal and neonatal health services"
- UNDP – Sierra Leone US$ 250,000 "Support Government of Sierra Leone for SLERF Secretariat"
- UNDP – Guinea US$1,000,000 "Prevention on new Infections Nzérékore Area"
- UNICEF – Guinea US$1,000,000 "Prevent new infections through delivery of integrated basic social services"
- WFP – Guinea US$400,000 "Ebola flare up travel and fuel expenses coverage"
- UNFPA/WHO/UNICEF – Liberia US$1,499,980 "Reproductive maternal/neonatal/adolescent health - Todee and Careysburg (Montserrado County)
- UNAIDS/WHO – Sierra Leone US$594,920 "Positive Health, Dignity and Prevention"
- WHO – Liberia US$249,952 "Case Study Community Perception" 2017
- UNDP - Reprogramming of Proposal # 17 – Strengthening Logistic Capacity of Directorate of Drugs and Medical Supplies – Part II

Meeting 11 – 29 June 2017

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

2017 projects e-approvals*

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

2018 projects and other e-approvals*

Approval:
- WHO - DRC "WHO Strategic Response to the EVD outbreak in the DRC" US$ 428,000.

Fund Extension through the end of November 2018.

Meeting 12 - 25 Feb 2019

- Meeting on the Operational Closure of the Fund
- Presentation of the first draft of the Final Report

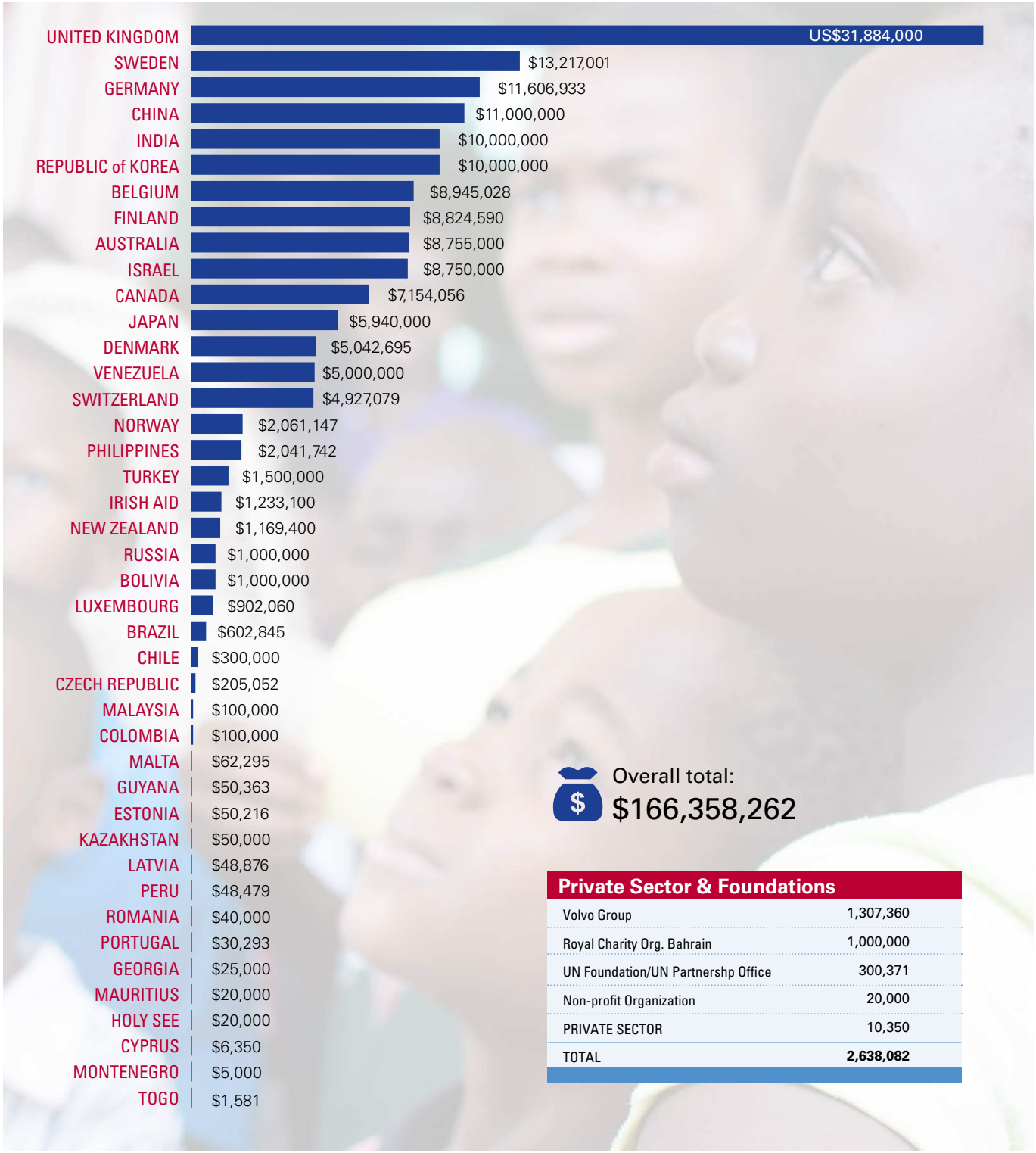
* Proposals approved via e-approval procedure

CONTRIBUTIONS

The world watched and responded as the Ebola epidemic unfolded, threatening the peace, livelihoods and security of millions in West Africa. The Ebola Response MPTF captured an outpouring of international solidarity that came not only from governments and corporations, but also from individuals – even children – all wishing to help those affected by the crisis.

The Ebola Response MPTF became the second biggest[8] UN trust fund in terms of the number of donors that supported it. It was number one in terms of breadth of donor engagement in the first six months of operation. In addition to the countries that traditionally contribute to UN Trust Funds, it elicited support from a wide range of other donors

In addition, the UN Foundation's Ebola Response Fund, the money from which was held in the Ebola Response MPTF, enabled individuals to contribute. It captured the concern and spirit of the global response, the highlight of which were donations by school children. The Ebola Response MPTF graciously accepted this support and assured the donations reached those most in need.



Overall total:
$166,358,262

Private Sector & Foundations	
Volvo Group	1,307,360
Royal Charity Org. Bahrain	1,000,000
UN Foundation/UN Partnershp Office	300,371
Non-profit Organization	20,000
PRIVATE SECTOR	10,350
TOTAL	**2,638,082**

8 The Secretary-General's Peacebuilding Trust Fund has the largest number of donors.

UN Ebola Response MPTF 1st Donors' briefing on 20 February 2015

© MPTF Office

More than 50 Member States gathered at a Trust Fund briefing, chaired by the UN Secretary-General's Special Envoy on Ebola, with the Permanent Representatives of the three affected countries, and Representatives of WHO and African Union. The first Interim Report of the UN Ebola Response MPTF, covering October 2014 through January 2015, was launched at this meeting.

United Nations African Mothers' Association: keeping the commitment

United Nations African's Mothers' Association contributed to the UN Ebola Response MPTF

© MPTF Office

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.

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.

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.

CONTRIBUTIONS

Fiyin Durojaiye (R) and her friends
Photo: UN Foundation

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."

Academic Charter School in Jersey City, NJ

As Monalisa Kalina, principal of Dr. Lena Edwards Academic Charter School in Jersey City, NJ, watched the coverage of the Ebola crisis in West Africa unfold, she knew she had to do more than simply follow the latest news. "Reading articles about doctors working with minimal supplies or seeing pictures of how poverty stricken these areas were motivated me to want to do something to help," said Kalina. "As a school principal, working in a school with the mission of building the character of the students, it was essential to make the students aware of this horrible event and discuss what we, as a school, can do to help the people of West Africa." Kalina began raising the Ebola outbreak during the morning assembly each day, encouraging the student body to reflect on how the disease was affecting the people of that region.

Teachers in science and social studies classes also started to discuss the crisis. As students became more aware and more inspired to help, Kalina came up with an idea to raise money by hosting a "dress down day" fundraiser. Students and staff could pay a small fee to dress casually for the day, with the proceeds going to the United Nations Foundation Ebola Response Fund, which benefits the UN's Multi-Partner Trust Fund. Students paid US$2.00 and teachers paid US$5.00 each, and the "dress down day" lasted for two school days.

At the fundraiser's conclusion, the school had raised more than US$1,000 for the Ebola Response Fund. "We were all excited that we helped to raise money for a good cause," said Kalina.

LESSONS LEARNED

In 2016, an independent Lessons Learned Exercise (LLE) assessed the efficiency and effectiveness of the Ebola Response MPTF and identified best practices that could be applied to future pooled funding mechanisms. Based on a thorough literature review, in-country site visits, key informant interviews and focus group discussions in Guinea, Liberia, Sierra Leone and New York, the LLE concluded that the Fund performed exceptionally well considering the unprecedented nature of the epidemic; the fragility of the three most effected countries; and the lack of preparedness of host governments and of the international community.

The LLE concluded that the Fund helped UN agencies overcome constraints and challenges, especially those that arose as multiple agencies moved as quickly as possible to address the crisis as it unfolded. The Fund's governance structure proved effective. It's overhead costs were minimal; the Secretariat staff were efficient, flexible, and responsive; and key donor and country representatives were highly engaged ensuring that project proposals were targeted and approvals were rapid and consensual.

Best Practices and Lessons Learned

The Ebola Response showed that pooled financing instruments encourage efficiency, cooperation, and joint delivery, all of which was necessary to end and recovery from the outbreak. While the context of the Ebola epidemic was unique, the LLE highlighted several best practices and lessons learned that could be applied and adapted to other contexts. These drew from the structural elements and operative mechanisms of the fund as well as what was learned through collaborative implementation of projects on the ground.

Structural Elements and Operative Mechanisms of the Fund – Key Actions and Outcomes

The Fund's operations focused the UN system's response on a simple and clearly defined common goal guided by a results framework that all stakeholders agreed upon from the onset of the operation. It signaled political will and commitment from the highest level of the UN system, which helped attract donor support and brought political weight to the funding mechanism. Further, the Secretariat's ability to engage and adapt to a broad range of donor interests and various UN agency needs, demands and mandates contributed to the fund's effectiveness as well as donor satisfaction.

The LLE highlighted the major achievements of the Ebola Response MPTF. They included, inter alia:

- By aligning effective leadership, strategy, structure and resources, the Fund promoted a coherent, swift, and effective UN system response that improved UNMEER's ability to serve its mandate.
- Funds were allocated consistently within the UN STEPP framework, and the selection of UN recipients leveraged their comparative expertise but worked collaboratively.
- By injecting rapid and non-earmarked funds, the Fund filled critical gaps in the response and the recovery phases.
- The Fund helped strengthen, legitimize, and coordinate national government and non-governmental institutions at the regional, national and local levels.
- The Fund encouraged UN agencies to test innovative approaches that could be scaled up once proven successful, like digital payments for healthcare workers.
- Finally, MPTF Office communications were transparent and fully satisfactory.

The fund increased the credibility of UN agencies by ensuring that they could rapidly access funds and take an active, timely and visible role in achieving results. It also allowed these agencies to be flexible and adapt to evolving contexts and unpredictable needs. The Fund strengthened the UN's logistical platform by providing resources for logistics and infrastructure.

A lean and responsive governance structure, including an active Advisory Committee, benefited from a small, competent, committed and responsive fund Secretariat. The Fund's monitoring and communications were regular, high quality and transparent.

Lessons Learned through Collaborative Implementation of Projects on the Ground

The Ebola Response MPTF successfully balanced the need for effectiveness and rapid action with respect for country leadership, and the take away message was that

LESSONS LEARNED

it was critical to engage early, to be inclusive, and listen to local leadership. A major lesson was that communities needed to own the response. Through training, outreach and mobilization measures, community members and local principals became essential partners and leaders in case detection, surveillance, referrals, education and infection control campaigns, and, critically, in safe burials, which often went against traditional beliefs and practices.

On recovery, it was learned that projects focused on survivors and other vulnerable groups, the restoration of basic health and services, and the restoration of livelihoods needed to be planned as early as possible.

In the area of disaster preparedness, it was clear that pandemic response plans needed to be in place, tested and resourced. Preparedness requires, among other things, the ability to quickly access emergency funding, the maintenance of a critical mass of trained respondents, healthcare infrastructure and capacity, and well performing surveillance and health systems. The Fund helped provide some of these measures, but nothing will be as effective in the future as sound preparedness. Readiness fosters resiliency.

COUNTRY AND REGIONAL PROJECTS

COUNTRY AND REGIONAL PROJECTS

GUINEA

65 million Allocated

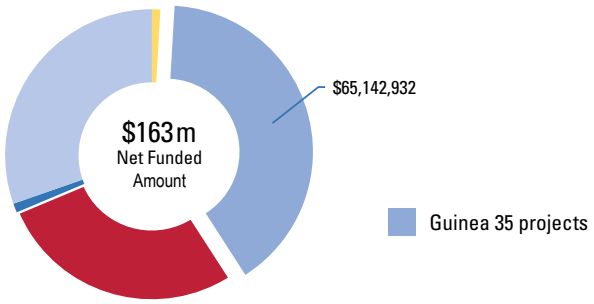
6 UN Entities UNDP, UNFPA, UNICEF, WFP, WHO, UNMEER

35 projects 100% completed

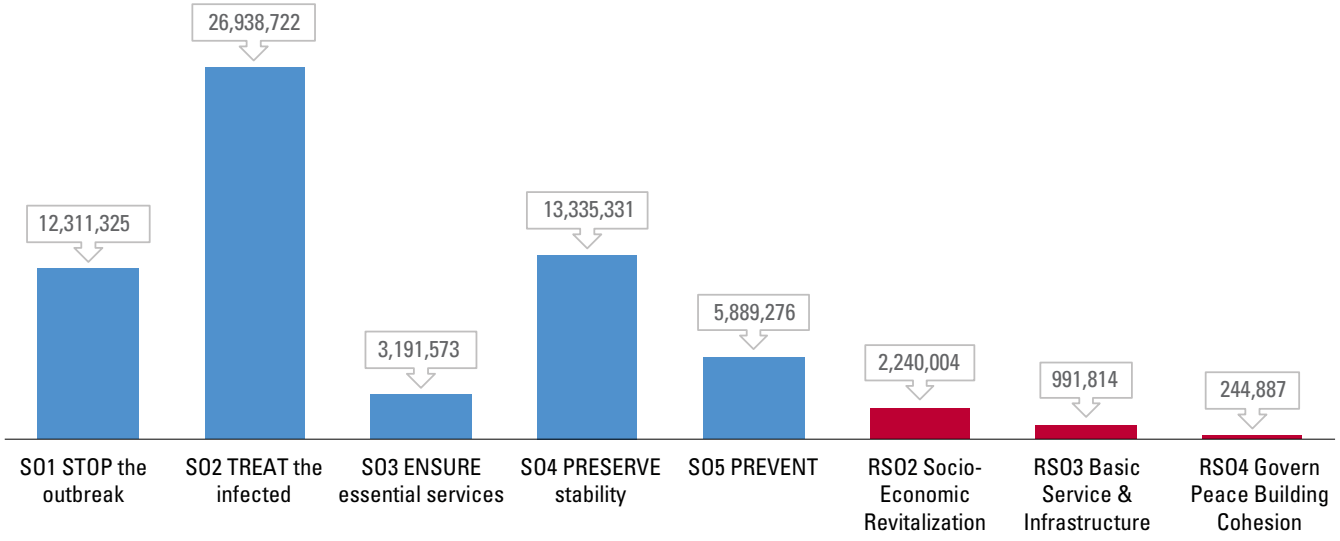
11 Operationally closed

24 Financially closed

NET FUNDED AMOUNT & NUMBER OF PROJECTS



STRATEGIC OBJECTIVES



PROJECT #1 – WFP

MCA 3 and MCA 4 - Common Services for the Health Response to Ebola in West Africa

The UN STEPP strategy depended on the availability of critical supplies to stop the Ebola outbreak. The needs were massive and they were urgent. They included the construction and staffing of treatment facilities; basic medical supplies; food rations; communications, laboratory, surveillance and monitoring equipment; and vehicles for transport. To quickly provision the UN response, the Ebola Response MPTF funded a World Food Programme (WFP) Special Operation - the largest logistics operation in the agency's history. This project helped resource the work of the entire international community in the fight against Ebola. **It funded air services, the establishment of Ebola Treatment Units (ETUs) and UN clinics, the transport of essential items, and the creation of storage capacity.**

Through this operation, the WFP leveraged its expertise in large-scale logistics and supply-chain management. Across Guinea, Liberia and Sierra Leone, the agency: finalized in-country staging areas in national airports; established forwarding logistics bases (FLBs); augmented transport capacity and services; established ETUs; maintained humanitarian air services (via the UN Humanitarian Air Service (UNHAS); upgraded and provided secure communications networks; and mobilized human resources.

Throughout the Ebola response, the WFP implemented an adaptable approach to provide optimal support, while facing unprecedented demands and an evolving epidemic. With Ebola Response MPTF funding, this project met the critical needs of priority activities at the height of the epidemic.

Transport and Storage of Essential Items

Across its focus countries and through a collaboration with the World Health Organization (WHO), the WFP transported 107,000 m3 of cargo on behalf of l 03 organizations, and it stored 157,000 m3 of cargo on behalf of 77 organizations. In Guinea specifically, this project established one staging area, one main logistics hub, and two forward logistics bases (FLBs). The WFP also supported the establishment of nine prefabricated structures for office space and accommodation.

The agency established concrete foundations and drainage systems as well as security perimeters, and it prepositioned needed food supplies, non-food items and equipment.

UN Clinics

Throughout the Ebola crisis, one of the key challenges was ensuring the safety and security of humanitarian responders, due the nature of the virus and the inadequacies of the existing healthcare system. In response, at the onset of the crisis, the WFP rehabilitated a UN Clinic for humanitarian responders in Conakry. Initially, the facility was a single room structure with limited equipment. The project renovated the clinic, establishing basic services and standard amenities such as a waiting room, diagnostic block, examination rooms, a sick bay emergency/treatment room, a ward with beds, a pharmacy, and a waste treatment and incineration area. The facility was expanded to accommodate Ebola contact cases, including with a dedicated container for triage and an isolation area.

The WFP also put in place specific safety and sanitation measures and provided personal protective equipment and health and disinfection kits to staff and their dependents. Further, it developed and disseminated guidelines on the safe distribution of supplies.

5 ETU's built

520 beds

Ebola Treatment Units

The WFP supported the construction of five ETUs (in Nongo, Coyah, Nzérékoré, Kerouane and Beyla), for a total capacity of 520 beds. While no funds were specifically allocated by the Ebola Response MPTF to build ETUs in Guinea, WFP prioritized the funding received to respond to urgent requests from the government. In February and March 2015, WFP, in collaboration with the Government and UNICEF, supported the safe reopening of schools by dispatching 30,000 WASH kits to 89 villages across Macenta, Nzérékoré and Lola prefectures.

Air Services

Through the project, UNHAS ensured humanitarian access to the crisis by transporting passengers and light cargo across the Senegal, Guinea, Liberia, Sierra Leone and Ghana. From inception to 31 December 2015, UNHAS performed 5,473 take-offs, transporting 31,777 passengers and 202 mt of light cargo. This was made possible thanks to the overall coordination of air activities through a regional cell and the set-up of a temporary air terminal in Dakar out of which inter-capital flights were operated.

WFP also organized 28 strategic airlifts, nine of which took place in January and February 2015, and transported 770 mt of relief items on behalf of 37 organizations. Airlifts were usually conducted out of Staging Areas, such as the one set up at Cologne Bonn Airport by the WFP led Logistics Cluster in cooperation with UNHAS and the UN International Children's Emergency Fund (UNICEF). By mid-2015, the UNHAS fleet was reduced to three fixed-wing aircraft and five helicopters.

Three helicopters were specially equipped to medically evacuate Ebola-symptomatic humanitarian personnel. UNHAS performed 68 Medevacs of humanitarian and UN personnel in Guinea, Liberia and Sierra Leone. In Guinea, it trained the crew and the humanitarian community on undertaking these missions, including on use of an isolation bubble. WFP ensured that these complex procedures were efficiently replicated during the handover phase to national health authorities. In addition to evacuations, helicopters were used during the rainy season to connect Conakry with some of the areas most affected by Ebola, notably Forécariah, Boffa, Fria and Kindia, when road conditions deteriorated.

Medical evacuation simulations using isolation bubble units provided by WFP
© WFP

80 facilities

Communications

Through the Emergency Telecommunications (ET) Cluster, WFP provided internet, equipment and services to 80 humanitarian facilities across the Guinea, Liberia and Sierra Leone, allowing more than 3,300 humanitarian responders to remain connected at any given time. The ET Cluster also provided radio services in 17 towns across Guinea, Liberia and Sierra Leone to ensure access to secure telecommunications for Ebola responders. In Guinea, locations included two FLBs and four ETUs. These services helped to ensure that blood sample results were communicated quickly from testing labs to treatment centers and that patient information was transmitted without risk from within ETU red zones.

COUNTRY AND REGIONAL PROJECTS

GUINEA

Concluding Operations

During the last months of 2015, the WFP provision of common services to the humanitarian community and national governments adapted to changing needs on the ground. The outbreak in Guinea was initially declared over on 29 December 2015 and an intensive period of surveillance began. Against this backdrop of reaching and sustaining zero Ebola cases, WFP adjusted its provision of services to enable rapid response mechanisms for a quick and efficient reaction to new outbreaks and to surveillance. While its regional Special Operation ended at the end of 2015, WFP continued to leverage the recently established infrastructure and logistics capacity to provide a highly dedicated rapid response mechanism to deal with potential small-scale outbreaks, while further increasing and enhancing the readiness and recovery activities of partners.

WFP also prepared for an orderly and effective transition of assets and capacities to the Government of Guinea. It improved the ability of the national government and humanitarian partners to respond to future emergencies through capacity building based on the experience it acquired in responding to Ebola.

PROJECT #3 – UNICEF

MCA 11 - Social Mobilization and Community Engagement

Bringing social mobilization closer to the population and getting community members directly involved in neighborhood sensitization and surveillance, early alert and referral of suspected Ebola cases and contacts was identified as one of the most critical factors in fighting the spread of the virus. This was challenging in Guinea, where weak health systems, entrenched socio-cultural practices (washing of the dead), the frequent movement of people, inadequate understanding, fear, and community reluctance to monitoring and care accelerated the spread of Ebola throughout the country. Community reticence, fueled by rumors and the late arrival of safe burial teams, posed a significant challenge to social mobilization efforts. Community members were refusing monitoring and contact tracing.

This project sought to address these challenges and assure additional and increased community outreach and mobilization efforts to fight Ebola. Over the course of the 2015, it used social mobilization and community engagement to help cut chains of transmission. Across all communities, behavior changes like regular handwashing, greater awareness, use of health facilities, and collaboration with response workers was observed. This was a critical project achievement. Strong reluctance in urban areas, including the municipality of Matoto (Conakry) gradually changed because of these actions on the ground to address concerns and provide education. Community police, for instance, have integrated Ebola awareness raising and monitoring into their daily routine.

3,500 people reached with awareness campaign in Nzerekore

3,300 people reached with door-to-door sensitization in Kissidougou

In Forest Guinea, the project mobilized all religious denominations as well as community leaders to spread awareness and initiate behavior change. Sensitization initiatives were carried out in 22 districts of the city of Nzérékoré, and members of all faiths gathered 3,500 people (including 2,000 women) to participate in an awareness campaign. In Kissidougou, one of the most Ebola-affected areas, five rural communes and 10 villages around the urban commune were targeted. The project reached approximately 3,300 people (1980 women) with door-to-door sensitization.

Overall, an estimated 444,800 households were reached and had improved awareness of Ebola. **Further, the project trained 17,213 community volunteers on Ebola-related health issues and incorporated them in community watch committees (CWCs).**

With MPTF support, UNICEF and partners saw 2,459 communities adopt Ebola response strategies, including the roll out CWCs, linked to both Community Care Centers (CCCs) and community mechanisms of child protection. The agency also financed the supervision, monitoring and evaluation of 841 CWCs (comprised of 5,887 members) in eight prefectures: Coyah, Dubréka, Forécariah, Kissidougou, Guéckédou, Macenta, Nzérékoré and Yomou. The CWCs strengthened local communication, contact tracing, and notification of suspected cases of Ebola and community deaths. The agency also helped develop communication plans in Dubréka and Conakry, which ensured better coordination across the various organizations operating at the prefectural level.

Social mobilization in Conakry
© UNMEER/Martine Perret

As the project concluded, 128 CWCs had regrouped 640 people and were operational in 12 towns of the prefectures of Nzérékoré, Macenta and Lola. These CWCs were equipped with 1,000 handwashing devices, soap and chlorine and they helped popularize preventive measures against Ebola. The work of CWCs contributed significantly to community engagement in Forest Guinea.

Also through this project, UNICEF supported radio messaging, including the creation of two new rural radio stations in Forécariah and Yomou. It provided Radio Mano River in Lola with the equipment and financed the training of technicians and facilitators. The project released 30 broadcasts in 30 days in three focus prefectures.

The project also undertook capital improvements. It improved hygiene and patient reception in the regional hospital in Nzérékoré. It provided the hospital with 1000 m² of paved surface and installed septic tanks. In the urban district of Guéckédou, latrine block doors and four to six scuppers were constructed.

Social Mobilization 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 carnavals 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.

PROJECT #7 – UNDP

MCA 7 - Payment Program for Ebola Response Workers

Ebola Response Workers (ERWs) were the cornerstone of the response. They were the people at the frontlines, transporting the sick, caring for infected, tracing and monitoring the exposed, attending to the deceased and providing security and coordination at all levels. At the height of the Ebola epidemic in November 2014, thousands of ERWs were not registered and/or were not receiving adequate or timely pay for their work. The payments that were made were not harmonized across different groups of beneficiaries like Ministry of Health (MoH) workers, that received a motivation indemnity on top of their salary, NGO personnel working in the Ebola treatment centers (ETCs), or those working on burial or contact tracing teams.

Disputes over payments or no payments at all led to threats of strikes and social unrest among ERWs. Guinea faced a real and imminent risk of interruption to its Ebola response.

The Payments for Ebola Response Workers (PPERW) project addressed this situation in Guinea. It had three outputs focused on information management, strengthening existing payment mechanisms and establishing a contingency plan.

Output 1: Information Management

The UN Development Programme (UNDP) supported the National Coordination Cell (NERC), in establishing a harmonized policy on indemnity payments across all sectors of ERWs, both those employed by the government and by international NGOs, as well as other sectors of Ebola-related workers and beneficiaries. To achieve compensation parity among the different ERWs, an indemnity compensation scheme for the ERWs working for NGOs was put in place.

The PPERW also assisted in anticipating cash flows and making payments. The project's target of 100% of ERWs receiving appropriate payment, on time, by 1 December 2014, was achieved. At the end of January 2015, in view of its effectiveness, transparency, and its low cost payment mechanism set up with ECOBANK, the NERC gave the mandate to UNDP to operate all payments, including for Ministry of Health (MoH) staff working in the ETU.

An evaluation conducted in March 2016 concluded that the provision of cash incentives to Ebola workers through this project mitigated the risk of strikes. No strikes were reported during the epidemic. By setting up a transparent and reliable payment mechanism, UNDP also helped the NERC in communicating and fighting against corruption rumors that could have threatened the effectiveness of the Ebola response.

Output 2: Strengthen Existing Payment Mechanisms

During the crisis, UNDP researched the financial landscape and chose Ecobank as a partner. UNDP verified and corrected the lists of payments prepared by NGOs to Ecobank, after they were validated by the NERC. The agency managed these payments closely and followed-up with regular field visits.

Towards the end and after the crisis, the UNDP PPERW team dedicated more resources to strengthening the current national payment systems. The project signed an agreement with the Central Bank of Guinea and Micro Finance Institutions (MFIs) to support a national strategy for the transition to electronic payments by providing training key employees at the Central Bank and supporting MFIs in their financial data management. Some of the PPERW funds were used towards providing:

COUNTRY AND REGIONAL PROJECTS

GUINEA

- A digital financial services diagnostic
- Technical support to the Central Bank of the Republic of Guinea (BCRG)
- Electronic equipment to the BCRG
- Tailor-made software to support the follow-up of MFIs
- Direct support to the MFI sector
- Equipment to improve data management
- Training
- Access to the BCRG new central database for key information, such as at-risk clients

Output 3: Establish an Operational Contingency Plan

During the outbreak, the project established a contingency plan for paying ERWs. Under it, nearly 9,000 ERWs were paid on time or with reduced delays. By identifying a payment mechanism that could be used by any stakeholder at any time, the project assured that ERWs were fairly and quickly compensated, and therefore, they continued their critical work in the response.

On PPERW Guinea

At its peak, the Fund's hazard payment program provided financial incentives to as many as 26,000 Ebola response workers at the forefront of stopping the outbreak. For those working in the country's seven Ebola treatment centers, payment was a sizable 75% bonus to their monthly wage.

Akoi, who served as a nurse in the Macenta treatment center recalled the difficulties of his work – the fear of crossing into the red zone, the relentless heat in protective equipment, and the heartbreak of treating sick family members. He said the incentive payments were significant for workers and rewarded them for the risks they took. He called the payments "a recognition of what we did."

PROJECT #11 – UNMEER/UNDP

MCA 13 - Quick Impact Projects

At the outset of the response, quick impact projects (QIP) provided UNMEER Ebola Country Managers (ECMs) with a flexible source of funding to rapidly deploy towards high priority needs. QIPs were small-scale, relatively low cost, and implementable, and they supported a key function of the UNMEER ECMs to quickly close gaps in the response. 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 the UNDP Country Office.

With this flexible funding mechanism, 19 Ebola response projects were awarded a total of US$875,222. All but two projects were implemented by civil society organizations (CSOs), non-governmental organizations, and by the NERC. These two projects were implemented by the administrative districts of Macenta and Doko. The projects covered all four natural regions of Guinea, focusing on those mostly affected by Ebola. Funded activities met a range of needs from social mobilization and infection prevention and control to nutrition improvement and socio-economic assistance in Ebola torn communities.

UNMEER

Central QIP outcomes under UNMEER included:

- The provision of a stock of soap, chlorine and gel to the NERC (two projects)
- Purchase of 800 prepaid SIM Cards, with an initial credit of 5,000 GNF, to the company Orange
- Establishment of IPC programs in the healthcare facility Centre Medico-Communal (CMC) La Minière in Conakry
- Food support for 600 Guinean families of contacts put in quarantine
- Purchase of four generators
- Support to the Guinean Protection Civile's response
- Support to the NERC's social mobilization strategy, the campaign 'Ebola ça Suffit'
- Financed a NERC technical team's visits and guidance to Prefectural Ebola Coordination Cells
- Provide condolence kits to families
- Provide boat fuel to the NERC
- Provide support kits to people affected by Ebola
- Harmonized incentives for NGO Workers at Ebola treatment centers

UNDP

Central QIP outcomes under UNDP included:

- Assistance provided to Ebola survivors to establish legal structures and associations
- 500 sensitization sessions on hygiene conducted, and 24,000 households benefited from educative sessions and received hygiene kits
- 14 hygiene committees put in place in the Prefecture of Lola in the region of Nzérékoré where additional 2,336 households received hand washing kits
- 6 maize (or rice) processing machines purchased and distributed to six most affected rural communities in the region of Kankan. This helped to improve the nutrition of 1,105 vulnerable populations including pregnant or breastfeeding women and Ebola orphans.
- 42,000 kilograms of maize distributed to communities along with hygiene kits

- Four reintegration centers established in Nzérékoré where about 250 direct and indirect Ebola survivors would run income-generating activities
- In Nzérékoré region, four public latrines with running water were built to reinforce the hygiene in four communities, and 320 training sessions on Ebola offered
- Approximately 47 Ebola orphans returned to school because school kits were distributed
- Two projects supported IPC in two hospitals (Ignace Deen of Conakry and Kindia Regional Hospital)

Quick Impact Guinea

A quick impact project success story on fuel for Kito

In early 2015, Ebola hit the island of Kito, a remote community in the Prefecture of Boffa, Guinea. The community was both difficult to reach and wary of responders. To stop the outbreak, the NERC used QIP funding to purchase fuel for boats that were used to mobilize responders. The boats brought national and prefectural level surveillance teams to the island; food provisions, and they enabled community sensitization. The outbreak was contained by the end of April.

Ebola Response Teams transported to the remote island of Kito, Boffa, Guinea
© UNMEER

PROJECT #16 – WHO

MCA 1 - Identify and Trace People with Ebola (Epidemiology District Management)

Contact tracing – the identification, assessment and management of people who had come into contact with Ebola – was key to ending the outbreak. With valuable support from the Ebola Response MPTF, WHO increased the total number of staff conducting contact tracing in Guinea. At the height of the outbreak, the agency had 1,651 people in the field undertaking this work.

- 1,511 Contact Tracers
- 66 Supervisors
- 74 District Monitors
- 37 IPC Experts
- 17 Logisticians

These contact tracers worked mainly at the community level in Ebola hotspots (including Conakry and Forécariah), and they were fully involved in the mini-cerclage campaigns there were undertaken. During the campaigns, the contact tracers interviewed the local population twice daily about the state of their health, took their temperature and filled out reporting forms. These reports were sent to their supervisors. Using Ebola Response MPTF financing, WHO hired national Guinean epidemiologists, who supervised contact tracers and conducted active searches for undiagnosed Ebola victims at health facilities. International epidemiologists played a supervisory role at prefectural and national levels.

Over six months and to the end of December 2015, contact tracers identified, assessed and monitored 5,603 people who had been in contact with Ebola victims. In July 2015, for example, contract tracers registered 2,285 people, representing 99% of the total number of existing contacts. The number of contacts traced from September 2014 until 31 December 2015 was 27,639.

COUNTRY AND REGIONAL PROJECTS

GUINEA

MCA 3 - Care for persons with Ebola and Infection Control

The outbreak of Ebola revealed gaps in the Guinean health system. People were not aware of the virus, and weren't prepared to respond. As a result, a large number of health workers contracted Ebola in the course of treating patients. The infection of health workers and the fear of more infections had serious ramifications: it reduced the number of qualified staff available to work in medical facilities; and it increased fear among the local population, making people less inclined to seek proper medical treatment in health facilities. At the same time, many people sought medical care informally in their communities from local healthcare workers who were their friends and neighbors, exacerbating their risk of infection.

It was imperative to protect healthcare workers – for their own safety and so they could provide the best medical care possible to patients. It was critical that health workers improved their understanding of the disease and adhered to best practices of infection prevention and control (IPC) at all times (both during and after disease outbreaks). Through this project, therefore, WHO worked to improve IPC measures and to ensure that medical staff were both better trained and equipped to tackle Ebola and other infectious disease.

WHO recruited 37 IPC experts who worked at the district level and who supported community care centers and hospitals in all aspects of IPC – including training, on-the-job mentoring, and day-to-day supervision. WHO IPC experts improved the provision of quality clinical care and minimized the risks of infection. Over the course of 2015, WHO trained 3,136 people at government-run and private health facilities and hospitals in Kindia, Telimele, Gaoual, Mamou and Conakry. In November 2015 alone, WHO trained approximately 1,090 people. The agency procured personal protective equipment (PPE) worth more than $7 million, including 16 million pairs of gloves and 1.9 million disposable gowns. Ebola Response MPTF funds also contributed to the purchase of 20 vehicles, which were used by ICP staff. (The last reported case of a healthcare worker Ebola infection was on 23 August 2015 (according to Sitrep N° 495 of 23 August 2015).

By the end of 2015, with the country starting to implement initiatives to promote the recovery of the healthcare system, WHO built up IPC programs. It ensured that medical workers would continue to take proper standard precautions to protect themselves from infectious disease during the course of their work.

MCA 9 - District Logistics Management

The Ebola Response required the procurement, transportation, and correct storage and management of large volumes of specialized equipment and medical supplies, and the transport of huge numbers of staff. Logisticians played a crucial role in ensuring that people and equipment got to where they were needed, when they were needed.

To meet this need, WHO recruited 17 national logisticians to ensure the smooth running of Ebola response operations at the prefecture level. Every logistician oversaw activities in two, three or four prefectures (depending on the size of the prefecture or the complexity of the response there), and they performed a variety of roles:

- They tracked vehicles involved in the Ebola response – indeed some logisticians (for example, in Forécariah) were responsible for fleets as large as 25 vehicles – and also fuel;
- They tracked staff as they moved by land and air;
- They booked accommodation for teams coming into the field;
- They performed supply inventories;
- They took delivery of the generators provided by WFP and conducted maintenance as necessary;
- They took delivery of the prefabs/containers that become the office space for response workers, and they ensured that these offices had electricity and internet connectivity, as well as office furniture and computer equipment; and
- They managed petty cash and made small disbursements as necessary.

During the mini-cerclage campaigns, the logisticians erected tents in temporary camps for campaign workers that included social mobilizers, contact tracers and health workers.

The logisticians also compiled activity reports, which they sent back to supervisors in Conakry. The work done by the logisticians not only benefitted WHO staff in the field but also staff belonging to other organizations such as: 20 Cuban medical workers staffing the ETU in Coyah; EU staff operating the mobile laboratory based in Coyah; European Centre for Disease Control Staff in numerous field locations; and staff working for the Government of Guinea.

MCA 11 - Social Mobilization

One of the key factors that contributed to ending the Ebola outbreak in Guinea was the work done to engage communities, to help them understand the causes of the outbreak and how to protect themselves and seek treatment. This process involved intensive social mobilization and community engagement activities, harnessing the efforts of thousands of individuals and tens of organizations across the country. As a result, important measures like safe and dignified burials and contact tracing increased.

Following a dramatic drop in case incidence and a reduction in the geographical area affected by transmission, WHO played an instrumental role in reshaping the social mobilization strategy from one of community sensitization to one of community engagement. It worked with the US Center for Disease Control and UNICEF to support the Communication Sub Committee of the National Coordination Cell for the Ebola

Response (NERC) to develop a community engagement plan and identify detailed objectives and priority interventions. Over the long run, the work done assured that communities continued to take precautions to protect themselves from Ebola and that they collaborated with disease outbreak response teams.

In early June 2015, teams of social mobilizers, surveillance workers and doctors launched a Campaign in Dubreka going from household to household in the prefecture talking to families about EVD risks, giving information on important infection-prevention measures and encouraging them to declare any illnesses or deaths.
© WHO

Key project results included:

"Mini-Cerclage" Campaigns - Part of the community engagement strategy involved mini-cerclage campaigns in Ebola hotspots, rather than the previous mass sensitization campaigns. Main hotspots were in Conakry (Ratoma, Matam and Dixinn communes) and Forécariah. During these mini-cerclage campaigns, community movement was limited within a specific area within which teams intensified their search for the sick. WHO's social mobilization team played an important role in developing specific campaign messages as well as a guide for the social mobilizers involved. WHO teams, which included social anthropologists, also played a key role in building support for these campaigns, in gaining the trust of communities to convince them of the importance of adopting safe burial practices (i.e. not washing the dead and alerting the proper authorities) as well as being involved in door-to-door case finding. WHO worked with many local groups in these communities as part of the trust-building process. The agency targeted traditional leaders and healers, members of youth and women's groups, religious leaders and representatives from schools and the transport sector.

Community Dialogues - WHO community engagement teams organized a series of community dialogues to help localities understand the causes of new Ebola cases.

New Academic Year Campaign - In advance of schools reopening for the new academic year on 9 November 2015, the social mobilization team supported a school hand washing project to reinforce the importance of following proper hygiene protocols and staying "alert" to the dangers of Ebola.

Trainings - Numerous training sessions were conducted during the last six months of 2015, many relating to community surveillance and community engagement. While these were done in the context of the Ebola outbreak, it was hoped that they would have a longer-term impact and improve community resilience to other diseases. Some of the highlights included:

- A workshop in July 2015 for 200 members of the security forces on community engagement. The training provided them with the skills to support contact tracing, and how to sensitize colleagues, their families and members of the general public about the disease.
- In September, WHO's social mobilization and community engagement team supported the training of more than 600 community workers and supervisors in community-based surveillance.
- In October the team organized a five-day workshop for 29 newly recruited social mobilization and community engagement staff based at the sub-prefectural and community levels.
- The team also organized a three-day workshop for focal points based in prefectures no longer affected by Ebola.
- WHO's social mobilization and community engagement team, in September, supported the NERC in organizing a workshop in Kindia to develop a communication plan to support any future response to disease outbreaks (including Ebola) in the country. Approximately 70 participants from partner agencies attended.

Reopening schools in Guinea
© UNMEER

PROJECT #22 – UNICEF

MCA 10 - Funding for Ebola Charters

At the height of the outbreak, this project distributed 180 metric tonnes of Ebola-related supplies from 26 September 2014 to 7 October 2014. It sent 56 metric tonnes of supplies to Guinea, 67mt to Sierra Leone and 60mt to Liberia.

These shipments were part of the initial surge of supplies that was critical in slowing transmission. They included tents and tarpaulins for the isolation of possible cases; appropriate personal protective equipment; gloves; medicine and body bags. The flexibility Ebola Response MPTF funding allowed UNICEF to be innovative and to act nimbly in response to demands, as the overall response strategy came into focus.

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PROJECT #23 – UNICEF

MCA 3 - Rapid Isolation and Case Management through establishment of Isolation Units within Health Centres

To address gaps in the Guinean Ebola Response and establish more resilient healthcare infrastructure, this project was designed to construct Community Care Centers (CTCOM). These were 10-bed units in community-owned and run centers. They were to offer the highest possible infection prevention and control measures, personal protection for family and staff, and serve as a focal point for enabling safe burials and organizing awareness-raising activities within communities.

3 CTCOM

7 Isolation units

Out of the ten planned CTComs, UNICEF delivered three functional units because of community resistance (one was destroyed), resistance from other partners, and a change in needs as the epidemic evolved. The CTComs that were constructed had: essential supplies (NaDCC, HTH, soaps, etc.), hardware (hand washing devices), trained hygienist teams, and proper water treatment (chlorine solutions for the disinfection of equipment and personnel, and for hand washing). The team of hygienists was trained to ensure the management of water supply systems, sanitation, and the management of infectious waste. It was estimated that 449,553 women and 423,366 men benefitted from these three CTComs.

In February 2015, the NERC instructed UNICEF to stop the construction of the remaining four CTComs because the epidemiological situation had changed. The remaining funds were used to construct seven isolation units within six health regions in Yomou, Dinguiraye, Madiana, Dalaba, Tougue; and Fria. They were delivered to the Ministry of Health in December 2016. They strengthened the capacity of existing health structures for rapid identification and isolation of cases, quality case management, and prevention and infection control.

PROJECT #29 – JP UNDP/UNFPA/UNICEF

MCA 11 - Support to the Confidence Building Units (CBU) from the Mano River Union in National Response against Ebola

This project supported social mobilization and Ebola awareness campaigns, with a particular focus on vulnerable and at-risk groups, such as women and youth. The Manu River Union (MRU), in partnership with UNDP, supported communities to setup Community Watch Committees (CWCs), conducted door-to-door sensitization and referred suspected Ebola cases and their contacts. The UN Population Fund (UNFPA), for its part, supported the Ministry of Health to restore essential reproductive, maternal and neonatal health (RMNH) services. The project provided pregnant women a safe, Ebola-free environment and quality services.

68 Midwives deployed

17 CBUs fully functional equipped with

30 Motorbikes

14 Computers

UNFPA, in collaboration of the Ministry of Health, supported 34 health facilities in 14 districts located in the borders areas of Sierra Leone and Liberia. It supplied essential life-saving drugs, equipment and family planning commodities in select Ebola-affected districts. It deployed 68 qualified midwives and supported 60 female Ebola survivors and/or widows.

In 17 districts heavily impacted by Ebola, UNDP worked with the MRU to boost social cohesion and community engagement. Activities were designed to improve the engagement of communities in the response, reduce tension, and alleviate reticence to treatment and interventions by humanitarian actors.

As a result: three new CBU units were installed by the MRU through UNDP, and 17 existing CBU out of 30 were fully functional within the targeted 17 districts. Further, funds were used to supply 30 motorbikes and 14 computers for the CBUs.

On social mobilization, the improved knowledge on Ebola prevention and transmission at national, prefecture and community levels were done through workshops, training community leaders, training of trainers (TOT), villages meetings, door-to-door sensitization, radio spots and other communication and training tools. Further, the MRU, with women and youth associations, organized social activities (theaters, sports, dances, village meetings, etc.) in the

33 prefectures of Guinea. This strategy improved social cohesion and mitigated risks of stigmatization. To reach the assigned objectives, the MRU used traditional means of communication and rural radio.

Important **results** included:

- 98% of targeted localities received training on Ebola by the MRU (ToT) to boost humanitarian interventions and reduce reticence;
- 19,730 people benefited from door to door sessions conducted by the MRU;
- 22 workshops to improve knowledge on Ebola prevention and transmission at community levels held;
- 370 social activities completed;
- 242 radio debates held;
- 80% of Ebola-affected families assisted in target areas;
- 90% of Ebola-affected women assisted in target areas.

To reach women, at least 15 training activities were organized to support women's' economic associations in Forest Guinea, and approximately 24 associations benefited from the receipt of farming equipment and materials to improve productivity.

Additional project outputs with partners included: a national crisis meeting organized by MRU in Conakry; and two regional meetings organized by the MRU, also in Conakry, to exchange lessons learnt.

PROJECT #30 – JP UNDP/WHO

MCA 2 - Reinforcement of the Guinean Red Cross in the National Response against Ebola

Traditional burials and religious ceremonies that involved physical contact between mourners and the deceased were one of the primary drivers of Ebola transmission. Efforts to prevent transmission through contact with dead bodies was a major pillar of the response to the outbreak. To support Guinea's national capacity to implement what were called Safe and Dignified Burials (SDBs), WHO relied on Ebola Response MPTF funding to support the Guinea Red Cross (GRC). Funds were used to:

- **Ensure safe burials**;
- **Ensure the safe transport** of dead bodies and hazardous materials when Ebola was suspected as a cause of death;
- **Educate the community** to support Ebola prevention activities such as house spraying and disinfection after Ebola-related deaths
- **Clean and disinfect residences** where there had been an Ebola-related death; and
- **Educate and train the community** to promote of safe burials.

In Guinea, the team trainings took the form of eight-day intensive theoretical sessions, and seven days of practical training. These trainings took place in 20 locations. The trainings helped strengthen the organizational capacity and response of the GRC to face epidemics and, crucially, increased its capacity to deal with 100% of reported deaths in the community.

In total, over the funding period:

- 15 field supervisors and six logisticians were deployed to oversee burial activities and ensure the quality of reported data, reduce the risks of community resistance, and to mentor teams;
- 52 teams for SDBs were trained;
- 21 technical managers of the GRC were trained in IPC and new standardized protocols;
- 15 district supervisors and six logisticians were deployed for SDB/IPC activities;
- 9,904 SDBs were completed;
- 9,787 post-mortem samples of saliva were collected (for rapid diagnostic testing);
- 7,442 buildings were disinfected;
- 100% of community deaths alerts were followed up.

During the Ebola Response, WHO shipped tens of thousands of safe burial kits to affected countries and trained hundreds of safe burial teams. WHO also delivered more than 42,000 body bags for use in SDBs, and helped set up robust and sustainable supply chains and stock management systems to assure long term access to vital IPC equipment.

Over 217 trained teams dispersed throughout Guinea, Liberia, and Sierra Leone had the capacity to safely, and with dignity, bury all people suspected and confirmed to have died from Ebola. By March 2015, the number of teams in place across the three countries had risen to 276, ensuring that any alerts could be responded to rapidly.

Handover Ceremony UNDP to Guinean Red Cross
© UNDP

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PROJECT #32 – UNDP

MCA 2 - Ensuring Safe and Dignified

Developed through a cooperation agreement between International Federation of Red Cross and Red Crescent (IFRC) and the UNDP, this project helped stop Ebola transmission in Guinea by conducting safe and dignified burial (SDB) activities in eight target prefectures of Lower Guinea, namely Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Fria and Boké. It also supported the IFRC's coordination mechanisms at the regional level.

Under the project, the IFRC office in Guinea collaborated with the Guinea Red Cross Society (GRCS) on logistics, human resources and capacity building. Until December 2015 (the end of the project reporting period), the IFRC and GRCS used 220 vehicles in the operation, 420 full-time national staff and 31 international staff and 12 operational bases run by 63 SDB teams and nine sanitation teams. The teams were supported by psychosocial and community mobilization volunteers who operated under the coordination and supervision of field managers and international emergency health delegates.

Under the project, 16,831 SDBs were completed, 16,964 swabs were taken, and 12,613 houses and other facilities or public places were disinfected. Through these actions, the project helped prevent the spread of Ebola among community members.

16,831
SDBs completed

16,964
swabs taken

12,613
places disinfected

Further, **the SDB volunteers benefited from several capacity building trainings as well as refresher trainings on proper (dead) body management and hygiene promotion in communities.** Specifically,

- nine trainings/refresher courses were offered;
- 536 volunteers benefited from SDB refresher trainings;
- 40 volunteers attended a refresher training on hygiene promotion and use of SDB equipment.

In addition, a number of regional and international meetings and activities were undertaken to support project implementation and coordination across the epicenter countries. By the end, in December 2015, the Government of Guinea had strengthened surveillance mechanisms in cross-border areas with Liberia and Sierra Leone.

PROJECT #35 – WHO

MCA 1 - Campaign of Sensitization and Early Detection of Ebola Suspected Cases

In Guinea, after April 2015, Ebola transmission was concentrated in six prefectures: Forécariah, Coyah, Dubréka, Boffa, Kindia and Conakry. Misunderstanding of its causes and practices like unsafe burials and avoidance of care primarily drove transmission. To address ongoing transmission, the Guinean Government declared a health emergency that was reinforced on 28 March 2015.

As part of the emergency measures, mobile teams undertook an awareness raising strategy based on door-to-door sensitization and case finding, and mass media. Overall, the project reached 603,207 people across 117,606 households, and 79 suspected cases.

From 12 April to 15 April 2015, in Forécariah, 55,619 households (294,150 people) were visited by 506 teams of four people. The campaign recorded the following results: 54 alerts in which 54 patients were investigated, 30 non-cases and 24 suspected cases, six patients treated at home, 22 referred to health facilities, seven taken home, 13 evacuated and 264 contacts were recorded.

From 24 April to 27 April 2015 in Coyah:

- 57,627 households, representing 286,314 people, were reached;
- 610 teams (1,830 awareness campaigners) were recruited, trained, equipped and deployed;
- Outreach staff requested 40 investigations for patients who showed signs of Ebola;
- 5,229 boxes of soap were distributed to serve 57,267 households;
- Four teams of police officers were deployed to ensure the security of Red Cross teams;
- Several meetings were held in the municipalities with community leaders to ensure support;
- Continuous media coverage by local radio Bamboo informed households about the outreach teams' visits.

In Dubréka, from 7-10 June 2015, some 13,717 people were present for the visits, which was an attendance rate of 73%.

In Dixinn, from 29 September – 2 October 2015, the outreach campaign in provided: support for patients identified by mobile teams; paraclinical laboratory diagnosis; hygiene kits and explanation on their household use; and assessment of IPC measures and distribution of IPC kits.

PROJECT #36 – UNICEF

MCA 11 - Stop Ebola through Social Mobilization and Community Engagement

In early April 2015, to address ongoing transmission, the government, with support from partners, launched an acceleration plan to bring transmission to zero. The plan identified social mobilization and community engagement as priority, but chronically underfunded action areas. This project supported the NERCs social mobilization and community engagement pillar, and addressed these needs.

Specifically, the project strengthened interpersonal communication through door-to-door visits and increased community engagement by assuring payments to members of the Community Watch Committees (CWCs). Regarding the latter, the NERC decided in April 2015 to continue the CWC strategy throughout the country, with those in Ebola-affected areas remunerated and those in calm areas used as sentinels. However, funds to pay CWC members in the affected areas were not available because of a previous plan to end all payments on 30 April 2015. Ebola Response MPTF funding was therefore crucial in meeting the need for continued payments to help stop the epidemic.

Both of the project's output indicators were reached. As planned, 4,641 members of 663 CWCs were paid (output indicator 1). For the second output indicator, the number of door-to-door visits, the results exceeded the initial target: 652,258 households were visited compared to 450,000 planned. These achievements coincided with significant progress on the indicator, "Zero Ebola Notification: No confirmed cases." There were ten confirmed cases in Guinea in August, compared to 50 in July and 54 in June 2015.

4,641 members of 663 CWCs paid

652,258 households visited

UNICEF regularly conducted small-scale surveys to measure the impact of social mobilization efforts, in particular of door-to-door visits. These surveys were conducted during National Ebola Emergency Campaigns targeting Ebola hotspots. In all of these campaigns, CWCs played a crucial role, especially as mediators when people refused to be visited by Ebola response teams.

Survey results were encouraging. For example, the results of the survey conducted after the campaign in Dubréka in June 2015 showed that 99% of respondents believed in the existence of Ebola (compared to 98% before the campaign). Knowledge about the various symptoms and ways to prevent Ebola also increased. For instance, 65% of respondents said that dead bodies should not be touched, compared to 39% before the campaign.

During the campaign in Kolotoyah, Forécariah in July 2015, the number of inhabitants seeking consultations at the local health center steadily increased, reaching a final coverage of 64% (315 out of 496 people). Another example of behavioral change came from the campaign in Tamaranssy, Boké in June and July 2015, during which school attendance increased from two pupils to more than 100 pupils (out of 133 enrolled). This change was most likely due to mobilization efforts aimed at reducing stigmatization against pupils from households where (suspected) Ebola cases were reported and the increased understanding of parents that Ebola was only transmittable if symptoms were present.

Additional results were achieved in Conakry in July and August 2015. Mobilization teams visited 87 households daily in Matam and Ratoma, the two communes in Conakry where most of the new cases were reported at that time. In Matam, the 87% of people expected to be there at the pre-arranged time were present. Moreover, more than 200 people sought a medical consultation at the special clinic set up for the duration of the campaign; and 53 people volunteered to take part in the Ebola vaccination trial. Social mobilizers were also key in finding two lost contacts. Both agreed to be transferred to an Ebola Treatment Center.

One of the similarities of all surveys conducted was that respondents identified the radio as their main source of information about Ebola, confirming the relevance of UNICEF's strategy to invest in the strengthening of rural radio networks.

PROJECT #40 – UNDP

MCA 4 - Maintaining Essential Service Capability for a UN Medical Clinic in Guinea

In Guinea, where medical facilities were poorly equipped, this project established a UN Clinic that provided a high standard of medical care for UN responders. Post crisis, the clinic became a self-sustaining addition to Guinea's healthcare infrastructure.

With Ebola Response MPTF Funds, the clinic was fully operational, providing 24/7 primary outpatient care, including emergency care and ambulance retrieval services.

PROJECT #42 – UNDP

MCA 9 - Prevent Ebola Spread during the Electoral Process

This project prevented Ebola transmission during the 2015 presidential election by guaranteeing voters hygienic polling stations. With Ebola Response MPTF funding, the project procured and dispatched 14,500 thermo-flash thermometers and 17,500 sanitary kits, and made them available in 7,500 polling stations. The project also encouraged basic hygiene like handwashing.

The project supported Guinea's electoral process by mitigating the fear of Ebola transmission through voting. There were zero cases of Ebola contracted from the polling stations.

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PROJECT #43 – JP UNDP/UNFPA

RSO 2 - Strengthening Community Recovery and Resilience in Post-Ebola

Support to vulnerable populations in Ebola-affected areas of Guinea was essential to helping communities cope with and recover from the outbreak, and to building their resiliency to future crises. To address these needs, this project, implemented by UNDP and UNFPA supported activities that generated income in Ebola-affected communities and households, and it increased health services, family planning services, and social protection plans in rural areas.

UNDP, in partnership with the Association des Animateurs Communautaires de Guinée (AACG), addressed socio-economic needs of the vulnerable. They reached 708 Ebola-affected households, granting each US$315, of which half was used for community recovery needs in the three prefectures of Guéckédou, Macenta and Nzérékoré. The assistance was granted to 320 women and 110 Ebola survivors. The project trained selected beneficiaries in small scale business planning and basic accounting to improve their income generating ability. By the project's end, these households completed 155 individual initiatives and 94 associative income generation activities. Most of the beneficiaries showed significant improvement in their living conditions.

The communities of the beneficiary households also benefited from the completion of 28 social and economic infrastructure projects, 19 of which addressed access to basic services (construction of public latrines, water pumps maintenance, etc.) and provided the tools for basic economic activity (small agricultural equipment, health centers and administrative buildings rehabilitation).

Training in Obstetric and Neo-natal care
© UNFPA

Through UNFPA, the project improved access to health services for vulnerable, rural people. In Kindia, Nzérékoré and Conakry, it equipped the maternity wards of 20 health facilities with reproductive health kits. It provided 30 motorcycles to 30 health facilities to facilitate outreach activities in the regions of Nzérékoré and Kindia.

In addition, UNFPA in collaboration with the Ministry of Health, conducted a workshop for 68 midwives in November 2015 to strengthen and improve their knowledge and skills in: obstetric and neonatal emergency care (EmONC); partogram; prevention and treatment of postpartum hemorrhage and pre-eclampsia/eclampsia; management of birth asphyxia; HIV; Ebola; gender-based violence; and the management and control of infection.

Stories from the Field

Guinea on Communities Recovery

My name is Kolikolo Loua, mother of three children, a boy and two daughters. I have been a widow for four years now, and after the death of my husband, it was difficult to support my children. I fell ill with Ebola in 2014. I was waiting for my death at any moment knowing that any person who was ill of Ebola at that time was condemned to death. It was said everywhere that any patient infected with Ebola should be killed in the treatment center as there is no available medical treatment. Thank God, I have recovered from the disease after four weeks of hospitalization at the treatment center.

But, back to the village, I was stigmatized and marginalized. The UNDP project came to the village to identify the Ebola survivors and all those who had lost a family member. Thanks to the project, I have received 500.000 GNF for my immediate needs and then 1000.000 GNF for income generating activity. This was a lot of money for me. I opened a restaurant in the village, a business that I was doing before my husband died. Through this economic activity, I can earn between 25,000 to 40,000 GNF of profit per day, four to five days a week. I was able to enroll my daughter and my boy at school. I am now well integrated into my community and I have a peaceful life. I thank UNDP and all the project staff for their assistance.

PROJECT #44 – UNDP

RSO 4 - Support to the Government to Setup and Manage a Dedicated Financial Mechanism to Capitalize on New York Pledging Conference Committee

This project helped coordinate the multiplicity of financing streams pledged at the International Ebola Recovery Conference held in July 2015. It reinforced the capacity of the Guinean Government to establish a dedicated financing mechanism that would offer coherent, fast, flexible and transparent funding in support of the country's national recovery strategy. Extensive consultations with government officials ensured commitment to this dedicated mechanism.

As a result of this project, Ebola recovery financing options were shared within the government and with donors, and the design of the most suitable architecture for a national financing mechanism for recovery was developed. An agreement between the Government of Guinea and the MPTF Office was reached on key components, scope, and the governance structure of the finance mechanism. The operations manual for the resulting 'Guinean Post Ebola Resilience and Recovery National Trust Fund' (PERRNTF) was endorsed and finalized, as were standard operating procedures (SOPs). In addition, coordination mechanisms emerged to support recovery efforts and the implementation of the country's National Plan for Economic and Social Development. Bankable programmes were to address: youth entrepreneurship, women's empowerment, water and sanitation, local governance and environment.

PROJECT #47 – UNICEF

MCA 11 - Social Mobilization for Achieving and Sustaining a Resilient Zero

This project strengthened surveillance and community engagement in Guinea. Through it, UNICEF set up community engagement platforms in hotspot areas and rapid response teams to work in coordination with these platforms to address alerts and emergencies. The project leveraged community-based organizations to interrupt remaining chains of transmission and flares, assuring that zero transmission was reached and then maintained.

The project recorded outcomes through: social mobilization towards improved IPC; the engagement of communities in rapid response and transport unions in community-based surveillance; the use of new technology in support of early warning and reporting systems; and awareness raising through radio.

(1) Rapid response teams managing alerts through facility or community-based interventions

Thanks to Ebola Response MPTF funding, UNICEF worked in partnership with the African Training Centre for development (CENAFOD). The national NGO set up and maintained regular communication mechanisms for Ebola response in Kindia, Coyah, Forécariah, Dubréka, Boffa, Boke, Fria and the five communes of Conakry. Trainings were provided to the operational units they set up and to Community Watch and District Watch Committees. Field coordinators took charge of data collection, reporting and daily investigations.

CENAFOD supported the setup of 130 operational units, at the rate of an operational unit by district of Conakry and the islands of Loos (Kassa and Fotoba). The 2,530 unit members included 130 reporters. They improved community engagement and built a climate of trust with elected local authorities. This led to the following results:

- Consultations carried out for all 130 operational functioned units;
- 16,613 big crowd locations were identified and listed;
- 1,335 agents and 669 health actors of informal structures were identified in Conakry, Coyah and Dubréka;
- 200 health workers from the informal sector engaged in social mobilization;
- 1,606 alerts reported by operational units;
- 139 motorbikes made available to districts councils;
- 823 actions to reduce reluctance to care, prepare for missions, and facilitate the transfer of suspected cases to Ebola treatment centers, partners' field actions, and contact monitoring;
- 19,565 actions conducted by 130 operational units that included: 14,540 door-to-door visits, 4,381 educational lectures and 520 public events;
- 22,479 hand washing devices distributed, including large capacity buckets for crowded sites and small capacity buckets for households, 14,069 soap boxes and 4,256 chlorine C boxes;
- 2,600 raincoats, 2,600 pairs of boots, 3,200 t-shirts, and 3,200 hats distributed to members of the operational units and project managers;
- 1,051 image boxes distributed to 130 operational units for use in Ebola awareness raising sessions;

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(2) Transport unions engagement to support sensitization and community-based surveillance

Because population movements were a major concern, UNICEF implemented a project with the Ministry of Transport in four locations: Conakry, Forécariah, Coyah and Dubréka. This resulted in an effective system of communications and social mobilization for early warning and the rapid control of infectious disease. The project allowed for the delivery of:

- The production and distribution of audio messages in 33 bus stations. This was facilitated by the provision of 33 generators, 33 music channels and 44 USB keys containing the spots produced in French, Malinké, Soussou, Poular and Guerzé;
- Three agents per bus station (99 total agents) were trained and conducted surveillance resulting in 100 alerts reported to health authorities;
- The production and distribution of 5,000 folders and 5,000 stickers on key messages of the third response phase;
- The involvement of 27 trade union agents of bus stations in nine sub-prefectures and in Conakry allowed the project to reach 318,602 users of public transport; and
- A mapping of maritime boarding in Guinea.

(3) Community engagement platforms

In Ebola free-areas social mobilization platforms capitalized on existing and reliable community-based organizations from the village up to prefectural level. UNICEF engaged in a partnership with the Conseil National des Organisation de la Société Civile Guinéenne (CNOSCG) to strengthen community participation and household access to information on Ebola. Activities were planned with 780 members of Community Watch Committees (CWC) and District Watch Committees (DWC) in the prefectures of Kouroussa, Siguiri and in Conakry (Matoto, Dixinn). They addressed:

- Awareness on the existence, prevention and management of Ebola and suspected cases;
- Acceptance and reintegration of Ebola survivors;
- Safe and dignified burials;
- Awareness of population movements;
- Knowledge building in communities to reduce their reticence to care and response to Ebola.

(4) Early warning and report systems using new technology

To stop Ebola transmission, UNICEF and the Ministry of Youth and Youth Employment (MJEJ) implemented additional community approaches. A cohort of 750 young social mobilizers were identified, trained and deployed in their communities. Using the UNICEF RapidPro system, a UNICEF innovation that allows for rapid SMS (messaging), they made alerts, raised awareness, and reported information.

In the Forécariah prefecture, UNICEF trained and engaged 536 young social mobilizers from rural and urban municipalities in Forécariah, Coyah, and Kindia. The youth learned how to respond to infection disease.

(5) Sensitization through rural radio

Radio Rurale de Guinea is called the "voice of voiceless," and its programs are both educational and entertaining. It is the most popular and accessible avenue for information dissemination, and this project used it to promote behavioral change to stop the spread of Ebola.

Radio programs in local languages were broadcast through Nzérékoré, Yomou, Beyla, Macenta, Guéckédou, Kissidougou and Laila. Overall, the project produced and broadcast: 25 micro-programs; 148 interactive productions; 18 round tables; and 120 reports and interviews.

These activities provided people with engaging messaging in various local languages and boost knowledge of hygiene and how to prevent Ebola. Radio spots supported the cerclage surveillance campaign in Koropara in March 2016. They reduced stigmatization of survivors and avoidance of response workers.

(6) Social mobilization to support IPC in formal and traditional health systems

UNICEF partnered with the national NGO Association for the Promotion of governance and of local Initiatives (AGIL) to engage trusted community traditional healers and religious leaders in Ebola education and surveillance. The project deployed 118 healers with radios to CWCs to reinforce community-based surveillance. Approximately 461 community platforms were setup and monitored around each of 450 health centers/posts. The healers and leaders raised communities' acceptance of healthcare services and survivors, including through sermons and daily prayers.

(7) Psychosocial support to orphans and survivors

With Ebola Response MPTF funding, UNICEF organized psychosocial support and protection for children. The agency reached 7,400 children, including 457 Ebola orphans. Approximately 15,517 people, including 4,123 community leaders, participated in family and community dialogues on family separation and solidarity with Ebola-affected people. In addition, 15 foster families were established in the Lower Guinea and Guinea Forest areas. These were led by women who had survived Ebola and who were supported to care for ten unaccompanied/separated children.

Further, AGIL supported local actors (Association of Ebola Survivors) to gather information and offer income-generating activities for 12 small groups of survivors.

PROJECT #49 – UNDP

MCA 13 - Operational Support to the UN Resident Coordinator (RC) in Managing Ebola Response Phase Four and Beyond

This project was initiated after the closure of the UN Mission for Ebola Emergency Response (UNMEER). Guinea's UN Resident Coordinator (RC) was given an additional role overseeing coordination functions pertaining to the Ebola crisis management. Additional resources, especially human resources, were required to support the RC and help the country achieve and stay at zero transmission.

This project, through its support to the RC, strengthened the operational capacity of key humanitarian actors to coordinate the final phase of Ebola response and improve Guinea's preparedness for future health emergencies. Project resources were especially helpful in containing the March 2016 flare. The initiative also emphasized the transfer of knowledge and trainings to support national ownership of emergency response coordination, such as national disaster risk reduction planning.

The project's key achievements included:

- Enhanced humanitarian and emergency response coordination capacity through training workshops for local humanitarian actors;
- The statutory meetings for the Inter-Agency Standing Committee (IASC) or Comité Permanent Inter-Agence (CoPIA in French) were regularly held and co-facilitated by the RC. This process was completely taken over by national actors;
- Update of the national multi-risk contingency plan in October 2017, and in conjunction with preparedness for future health emergencies;
- Support for the 4th UNDP Africa Disaster Risk Reduction/Community of Practice forum held in Dakar from 29 November to 1 December 2017;
- Support to the formulation of the country's UN Development Assistance Framework (UNDAF) 2018-2022;
- Establishment and operation of Ebola Rapid Response Teams (ERARE or Equipe Régionale d'Alerte et de Réponse aux Epidémies) by the National Public Health Security Agency, formerly the NERC;
- In complementarity with Project #44, this project recruited staff and trained 13 staff members from the Permanent Secretariat of the Consultative Framework to help the government capitalize on pledges from the Ebola conference.

PROJECT #52 – UNDP

RSO 2 - Psychosocial and Economic Recovery Support for Ebola Survivors and

This project provided a comprehensive package of services for survivors and communities heavily affected by the Ebola outbreak, focusing especially on Forest Guinea. More than 20,000 people benefited from the project's work; 13,000 were provided psychosocial support (PSS). The project improved access and healthcare for 416 survivors. It supported 28 socio-economic projects that improved livelihoods and basic community infrastructure in Ebola-affected areas. The project also strengthened the leadership and human and managerial capacities of the Ministère de l'Action Sociale, de la Promo Féminine et de l'Enfance (MASPFE) to lead recovery efforts.

Project results addressed five focus areas;

(1) **psychosocial support**;

(2) **survivor health**;

(3) **survivor reintegration** (anti-stigmatization);

(4) **socio-economic support** to communities and survivors; and

(5) **strengthening** the MASPFE.

Result 1: Psychosocial Support through Community Healing Dialogues for Survivors in Forest Guinea

- The Red Cross held 574 community healing dialogues;
- The Red Cross reached 13,768 people through community healing sessions;
- The Red Cross identified 24 people in need of special follow up in terms of PSS support; and
- The project trained 66 Red Cross volunteers in Guekedou and Nzérékoré.

574 Community healing dialogues

272 Healthcare staff to implement the SACEINT strategy

416 Survivors medical follow-up

158 Survivors and close family medical visits

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Result 2: Healthcare for Survivors

From August 2016 to February 2017, under the Partnership Cooperation Agreement with UNDP, the National Agency of Sanitary Surveillance (ANSS, ex-NERC) deployed 272 healthcare staff to implement the SACEINT strategy for Ebola survivors. UNDP supported the cost of healthcare staff deployment in January and February 2017.

As a result: 33 medical treatment epidemiological and prevention centers (CTEPIs) benefited from adequate human resources to run activities in January and February 2017; 416 survivors benefited from adequate medical follow up in January and February 2017; survivors and close family that were sick had 158 medical visits in January and February 2017; and CTEPIs' staffing improved medical services in surrounding areas. Ultimately, the ANSS registered 2,480 CTPEIs visits from August 2016 to February 2017. In line with the SACEINT strategy, healthcare workers collected and tested 883 samples from survivors.

Result 3: Fighting Stigmatization

Through the project, 180 radio spots were broadcast, reaching an estimated 13,000 people. Further, 160 radio programs focused on destigmatizing survivors. These were run by Radio Nzaly Liberte FM in Nzérékoré (Forest Guinea). The project registered 79 auditor calls .

The project also produced visibility materials, including: 150 jackets and hats with logos of the UNDP, MPTF, IFRC and Guinean Red Cross were produced and distributed; and a documentary video on PSS activities that was released on YouTube.

Watch the video here:
https://bit.ly/2KzuOY0

Concurrently, the IFRC with the National Association of Ebola Survivors identified four associations in Lower Guinea and four in Forest Guinea to receive training on supporting survivors' rights, advocacy and project management. As a result, the National Association of People Cured from Ebola (RENASEG) renewed its Steering Committee and approved a roadmap to set up a three-year comprehensive plan of action.

Result 4: Socio-economic Support for Survivors

During the second quarter of 2017, **20 socio-economic projects were completed benefitting 23,697 people.** The activities improved community infrastructure, basic services and livelihoods. Project interventions helped 708 Ebola-affected people. The project also equipped 15 hectares with irrigation, providing clean water. Other outputs included: two trading facilities built; eight latrines built; one health facility and one block latrine constructed; four small bridges built to facilitate trade; one storage warehouse constructed; 6,006 plants of palm trees given to 99 vulnerable families; and technical advice given to an economic group of 24 members.

The project invested US$240,000 in activities focused on income generation, trade and farming. Key achievements included: 2,000 people benefited from socio-economic support through civil society-implemented projects; 13 cooperatives received tools to implement income generation activities; 1,000 people benefited from project supplies (tools, machinery etc.…); and 650 people were trained on income generation activities.

The project conducted 4,548 interviews of Red Cross volunteers as part of a needs assessment. A collaboration agreement was signed with a local NGO, Osez Innover, to set up an innovative training program to teach entrepreneurship to these volunteers. By the end of the project's first quarter, 354 volunteers were trained, showing improvement on skills testing. The 30 best individuals, based on these tests, attended a 10-day intensive training and skill-building workshops where they received specialized assistance to develop their business ideas. Of this initial cohort, 324 volunteers completed complementary trainings on IT and on obtaining a driver's license. A documentary video was made available here.

Watch the video here:
https://youtu.be/1G5mx-q_9t0

Result 5: Strengthening MASPFE

This project supported the MASPFE to deploy 60 social workers for seven months in targeted prefectures to gather data through a "baseline survey" on survivor and community needs. Funds were also used to provide IT and office equipment for the Ministry. The project also supported meetings to discuss progress and approaches. Under the leadership of the Ministry, regular meetings with implementing partners and NGOs participating in the response were held.

Community Healing Dialogue in Nzérékoré
© UNDP

PROJECT #54 – WHO

MCA 3 - Vaccination Cohort Study: Preventing Late Transmission of Ebola from Survivors to Close Contacts, Phase 1

The Ebola outbreak showed that survivors could pass the virus to close contacts because it persisted in some body fluids, especially semen. This significantly increased the residual risk of infection from survivors. To address this challenge, this project supported a study to test the effectiveness of a vaccination program in preventing the transmission of Ebola from survivors to close contacts.

Through the project, a good clinical practice training was held that focused on protocols and standard operating procedures. A specific training on counseling was given to the teams in charge of survivors. By 13 August 2016, the study had enrolled 48 survivors and successfully taken their samples. The study established 114 rings, with a total of 1,631 recruited participants. Among these, 1,629 contacts of survivors were vaccinated. Each ring had an average of 14.2 participants.

PROJECT #55 – UNFPA

RSO 3 - Improving Access to Emergency Maternal and Neonatal Health Services in the Context of Ebola and Recovery in the Republic of Guinea

This project strengthened maternal and neonatal health services that were weakened by the diversion of funds and resources to stop the Ebola outbreak. The epidemic also disrupted the national logistics management information system (LMIS) and the Reproductive Health Commodity Security (RHCS).

Reproductive material for health facilities
© UNFPA

60 Midwives deployed

30 health facilities equipped

To restore these services, UNFPA collaborated with the Ministry of Health and other partners to improve reproductive health indicators and the health system in the region of Kindia. The project improved access to quality reproductive health services through the provision of human resources (60 national midwives and one coach with a supervisory role), reproductive health commodities, materials, and equipment for 30 health facilities. It is estimated that 150 villages benefited from the project's activities to raise community awareness of the health facilities and access for women. Further, a mobile phone application system (Track-SR) was developed to strengthen health information system management.

Maternal health

The following is the testimony of a 28-year-old woman who came for post-natal consultations at the Farmoriah Health Center, Forécariah District, which was among the health centers supported by project funds.

"I knew this center before it was renovated and equipped. I used to come here to follow up on my previous pregnancies. With my first birth, when I came here, nobody had taken care of me the same way they do today. When I went to the staff who were present, they could hardly answer me. In addition, they used to ask to pay too much for the services and even when I came to give birth, I still remember there was not enough staff to look after me. I gave birth almost alone on the floor, because it was nearly at the end that the health technician came to assist me. When I got pregnant for my second child, I only came here once. I gave birth at home with my mother-in-law, but I suffered a lot. Once again, I got pregnant with my third, I did not want to come here again until a colleague of mine who had just given birth at this health facility and who knew my bad experience before told me that now things have changed. She forced me to come. And when I came, I was impressed by the quality of the hospitality I received, the midwives deployed by UNFPA in collaboration with the government took care of me so much, availability of medicines, cleanliness, free services and above of that I repeat the quality of the warm welcome we received has made me to come even before my appointments. You find comfort whether in the delivery room with beds or in the hospitalization room. Anyway, things have really changed"

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PROJECT #57 – WHO

MCA 3 - Vaccination Cohort Study: Preventing Late Transmission of Ebola from Survivors to Close Contacts

This project, which concluded in March 2018, was implemented by WHO and the Government of Guinea. It achieved 100% reduction in Ebola transmission from survivors to close contacts. The number of participants recruited for the vaccination program was 2,047.

PROJECT #58 – UNDP

MCA 2 IFRC - MCA 3 ALIMA - MCA 13 – NERC - Strengthening the Ebola Response Mechanisms in High Risk Areas of the Nzérékoré Region

This project provided a comprehensive response to the resurgence of Ebola in Forest Guinea. It focused on community engagement, IPC, and care of Ebola survivors. Specifically, it had three components implemented through partners:

- (component 1) through the International Federation of Red Cross and Red Crescent Societies (IFRC) - reinforce the local capacities and surveillance to ensure death notifications and safe and dignified burials;
- (component 2) through the Alliance for International Medical Action (ALIMA) - ensure treatment capacity for suspected cases and support the national health system in infectious disease detection and treatment; and
- (component 3) through the National Ebola Response Coordination (NERC) - maintain micro-cerclage capacity and support the Center for the Treatment of Infectious Potential Epidemics (CTEPI) launch in Nzérékoré.

Through the IFRC, the project strengthened key community leaders' knowledge and skills on safe and dignified burials (SDB). The project trained 448 body washers. As a result and overall, death notifications and burials were carried out by community leaders with the supervision of the Red Cross team. 100% of deaths were notified, and Ebola did not reemerge during the project period.

Through ALIMA, the project trained 23 staff members on Ebola management tools within N'Zérékoré. The project established three Centers for the Treatment of Infectious Potential Epidemics (CTEPI). The N'Zérékoré CTEPI was equipped with a secure triage area; plexiglass to improve monitoring; a mobile intensive care unit; an IPC protocol manual; procedures for waste management; eight decontamination units (showers); and contingency stock to care for 10 patients for 10 days. To extend the care model, 19 support tools were created.

Through the NERC, the project supported 207 families and 1,656 people who received food and non-food items during the micro cerclage. This part of the project also supported

Mobile isolation unit
© UNDP

the cost of a 16-member medical team that was deployed to break the transmission chain during the flare and provide adequate healthcare to populations affected by micro-cerclage activities. It also saw that incentives were paid to the 272 medical staff deployed to the NERC.

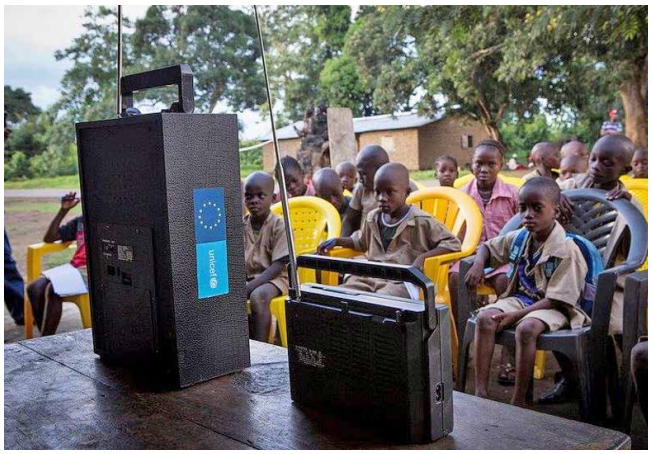
PROJECT #59 – UNICEF

MCA 6 - Prevent New Infections through Delivery of Integrated Basic Social Services in Ebola-torn Regions in Guinea

This project supported UNICEF's rapid response efforts to control an Ebola flare in the Nzérékoré region, in March 2016. The project demonstrated the critical importance of maintaining surveillance systems and rapid response capacity to quickly respond to outbreaks, and it helped bring Ebola transmission in Nzérékoré to zero.

With Ebola Response MPTF funding, UNICEF set up rapid response teams, built a base camp, and supported a micro-cerclage to monitor the epicenter of the flare. In 72 hours, the agency provided housing for 200 people. Partners provided catering, water supply and waste management, while UNICEF provided internet and phones. The camp oversaw the micro cerclage, which limited population movements for 21 days and contained the outbreak.

In the hotspot, UNICEF provided humanitarian assistance and undertook mass communication campaigns (reaching 1,663,582 people) and individual outreach (190,907 people) to change behaviors that spread Ebola. The agency produced 10 magazines in local languages and radio broadcasts involving youth within target communities. UNICEF funded the NGO PRIDE, which trained and deployed 560 youth including and 98 social educators from the Ministry of Youth in N'Zérékoré, Macenta, Guéckédou, Kissidougou, Kerouane, Beyla, Yomou and Lola prefectures. The agency set up almost 50 youth community platforms to support community-based surveillance for nine months, and it undertook community



Mass communication campaign
© UNICEF

health interventions that provided water, hygiene kits, and hygiene services, and maintained basic and WASH services in Ebola-free areas.

A prepositioned contingency stock (IPC equipment, measles kit, cholera kit and mosquito nets) and community platforms were set up in 584 villages and 106 communes across Guinea. These aided UNICEF's capacity to respond to the Ebola flare rapidly and effectively. UNICEF worked to maintain this capacity through 2017.

PROJECT #61 – WFP

MCA 10 - Ebola Flare Expense Coverage

When Ebola reemerged in March 2016 in Nzérékoré, this project covered the expenses of operating flights into the affected areas, which would have otherwise taken two-days by road to reach. The provision of additional and short-notice flights allowed for a quick and effective response to the flare. The project funded the passage of 709 people, 4,445 tons of cargo and one evacuation. The flare was 100% contained.

709 Passengers transported

4,445 Tons of cargo

1 Evacuation

PROJECT #65 – JP UNDP/UNFPA/UNICEF/WFP/WHO

MCA 13 - Enhancing the Post-Ebola National Preparedness Capacity

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

(1) improve the country's community-based surveillance and early warning systems;

(2) strengthen local community health preparedness and care management for patients;

(3) avail a minimal service package to health facilities in disease prone zones;

(4) increase community engagement in key target zones;

(5) integrate logistics in emergency response preparation and coordination; and

(6) strengthen the operational and coordination capacity among actors.

In its first quarter (September-December 2017) the project focused on setting up workplans and launching some scheduled activities. The project was initially set to complete by the end of August 2018. However, an extension was granted through November 30th, 2018. The detailed information reported here spans inception through to September 30th, 2018. In the remaining months of 2018, WHO was supervising the renovation work of some health facilities, and UNDP was working on the validation process of key national strategy documents on humanitarian intervention coordination and national disaster risk management strategy.

WHO handled the first two priorities in partnership with the International Organization for Migration (IOM). Additionally, the WHO Guinea country office hosted a workshop to validate a study on less attended health facilities in the prefectures of Forecariah, N'Zérékoré, Guéckédou and Macenta. This study helped identify those structures that needed renovation, which was undertaken to improve attendance to them. Further, IOM finalized the implementation of cross-borders activities to strengthen community-based surveillance and the early warning mechanism in the prefectures of Fria, Koundara and Gaoual. For its part, UNFPA implemented activities under the third priority to strengthen community health workers' capacity for safe deliveries and other related services in N'Zérékoré. The agency held trainings and purchased kits for health facilities.

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For the fourth priority, UNICEF addressed the negative impacts Ebola had on routine immunization coverage for children. The agency boosted immunization rates through outreach and community mobilization. WFP carried out activities to help integrate logistics into emergency response programming under the fifth priority. The agency trained health workers in epidemic disease treatment centers on emergency logistics, and it purchased PPE kits for centers in consultation with the National Public Health Agency (ANSS). Finally, under the sixth priority, UNDP led efforts to support simulation exercises and reinforce the overall emergency response and humanitarian coordination capacity for national institutions. The agency organized a series of training activities for local emergency response actors in all regions of Guinea. Furthermore, the project supported the elaboration of two major strategy documents - the National Disaster Risk Reduction Strategy and a mapping exercise of all humanitarian interventions in Guinea - to strengthen disaster risk reduction management and the harmonization of humanitarian interventions in the country.

Key outcomes were achieved in each of the project's six focus areas.

Priority 1: (WHO) Strengthen Community-based Surveillance and Early Warning Mechanisms

- CEBS data management was strengthened through the set-up of Epidemic Early warning system (EWS) databases for all the health centers in Fria, Gaoual and Koundara and the training of 48 health agents;
- A Vulnerability Risk Assessment and Mapping study was conducted identifying cholera, Ebola, yellow fever, measles, floods and conflicts as high risk;
- Improved capacity of community health volunteers (CHVs) and community leaders (CLs) to do event-based surveillance; deployed a permanent IOM technical team;
- 769 CHVs engaged in surveillance activities and 759 trained and equipped ;
- 192 private health facility staff trained on IDSR in Nzérékoré, Boke and Kindia;
- 22 people attended a workshop held on community-based surveillance;
- 3 MoUs developed for information sharing on public health and cross-border collaboration; and
- 172 Points of Entry (PoE) agents were trained in the identification of epidemic-prone diseases

Priority 2: (WHO) Strengthen the Capacity of Health Facilities and the Case Management System to Better Cope with Future Epidemics

- A study on the use of healthcare services was conducted and shared with the government and the least attended health facilities were renovated;
  - o Renovations were completed in N'Zérékoré Prefecture, the Koule health center; Macenta Prefecture, the Oremai health center; and Guéckédou Prefecture, the Temessadou health center.

Community Health Workers (CHW)
© UNDP

- Private health facilities were integrated into the surveillance and early warning system and their surveillance capacity strengthened with the purchase of equipment and trainings;
- Equipment purchased for epidemic disease treatment centers (EDTC);
- Cross-border capacity for response to health emergencies strengthened through training and the development/ update of 16 SOPs that covered 70 points of entry;
- Cross-border protocols for public health information sharing implemented;

Priority 3: (UNFPA) Strengthen the Health System through Implementation of the Minimum Initial Service Package (MISP) for Emergency Preparedness and Response for Safe Deliveries and Other Related Services in the Prefectures of the Nzérékoré region

- UNFPA trained 173 community health workers and built the capacity of 118 communities of the region of Nzérékoré to respond to health emergencies. The project covered 17 prefectures.

Priority 4: (UNICEF) Strengthening Health Service Delivery through Community Engagement in the Nine Health Districts of the Ebola-affected Regions of Kankan and Faranah

- UNICEF improved community engagement, routine immunization and health service utilization:
  - o accountability units in 13 communes throughout 9 prefectures of Kankan and Faranah were reinvigorated to support awareness raising of healthcare services;
  - o 490 youth associations and 490 women's groups set up in the 490 villages of the 13 convergence communes in the two regions;
  - o 80 youth/women groups were supported;
  - o 100 community platforms out of the 320 total in the 320 villages of the 13 convergence communes were set up with Ebola Response MPTF funding. These improved knowledge, attitudes and practices related on maternal/newborn and child health and development; and
  - o 13 Immunization Advanced Strategy Action Plans

were elaborated enabling 13 health centers to improve immunization coverage.

- Community-based reporting, monitoring, and response systems strengthened through real-time routine reporting:
  - 1,130 community health workers (CHW) trained on the use of community-based register and community event reporting;
  - 27 high level professionals of district development services and 47 professional at community level were trained on local governance practices, and real-time monitoring tools; and
  - 629 CHW trained on the Community Register to track and analyze child healthcare.
- Local governance and accountability systems were improved:
  - Local communities were trained on how to conduct consultations and to host meetings with the aim to build resilience through participatory planning and monitoring training sessions;
  - In 9 districts, 70 health cadres were received on the job training in local governance, management, data reviews, quality supervision and coaching; and
  - 182 meetings were held by various multi-sectoral platforms to raise awareness on key maternal and child health issues and to facilitate the follow-up at the community level.
- Routine vaccination services were strengthened:
  - 13 local development agents were supported to provide technical assistance to strengthen routine immunization at national and district levels; they visited 13 health centers; and
  - The immunization dropout rate dropped below 5%, and more than 80,000 children aged 0-23 months were "caught up on" during the Maternal and Child Health Week.

Priority 5: (WFP) Enhancing the National Emergency Preparedness through Improved Logistics Service Delivery

- The WFP held two training sessions for 65 staff of Epidemic Disease Treatment Centers (EDTC or CTEPIs).

Priority 6: (UNDP) Improvement of the National Emergency Response Coordination Capacity in post-Ebola Guinea

- 1,987 humanitarian actors trained in emergency preparedness;
- 62 local actors attended a three-day workshop on the Sendai Disaster Risk Reduction (DRR) Framework, while 26 senior planning officers attended a two-day workshop on DRR;
- 10 consultations were held bi-weekly, and led up to a simulation exercise for key humanitarian actors;
- ANSS follow-up team was put in place to address gaps revealed by simulation;
- Support was given to the National Center for Environmental Risk Management's initiative to strengthen resilience in disaster risk prone sites, and local committees worked with communities and authorities on risk management;
- Monthly CoPIA meetings organized and 500 copies of the updated multi-risk contingency plan distributed; and
- Consultations were held that led to a draft terms of reference and a presidential decree to institutionalize a national agency for disaster management.

Stories from the Field

Guinea

"It is the first time that we have such a threshing machine in our community. With UNDP help, our kids will be able to have a rich and varied meal made of couscous and milk or sauce instead of rice that we were used to in the past."

This is a testimony from a resident of Tinti-Oulen in Kankan region whose community benefited from the QIP Program. The site was visited by the QIP team in November 2015.

"We are very grateful to UNDP for having thought of us. Before this project, we were isolated and discriminated by the rest of the community. Now we have this reintegration center where we will be sharing with other neighbors about our past experiences. Now we feel supported, empowered and understood as any other human being."

This is the testimony of an Ebola survivor from the Gbakore Village in Lola, given to the QIP team during its visit in November 2015.

"Because of this project, we are now working together as Ebola survivors on some income-generating activities. We are hoping that the vegetables that we intend to grow here will increase our revenue and help improve our living conditions".

During a visit from the QIP team in November 2015, a group of women Ebola survivors in the urban community of Macenta shared this story.

"We only used to see many visitors coming here to assess our needs but nothing was given to us. But this particular partner came with the help in hands, which is unusual and very good surprise to us. We thank UNDP for creating this opportunity for us. Now our association has a field where we intend to grow corn and sell it to gain some revenue."

This is the story of an Ebola survivor from the Wonkifong Village in the Prefecture of Coyah, where a QIP partner implemented an income-generating activity for local survivors.

Maternal Health – Les sages femmes
© UNFPA

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45 million
Allocated

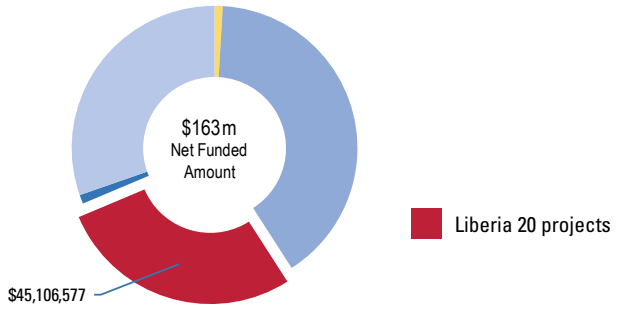
10 UN Entities
FAO, ILO, IOM, UNDP, UNFPA, UNHABITAT, UNICEF, UNMEER, WFP, WHO

20 projects
100% completed

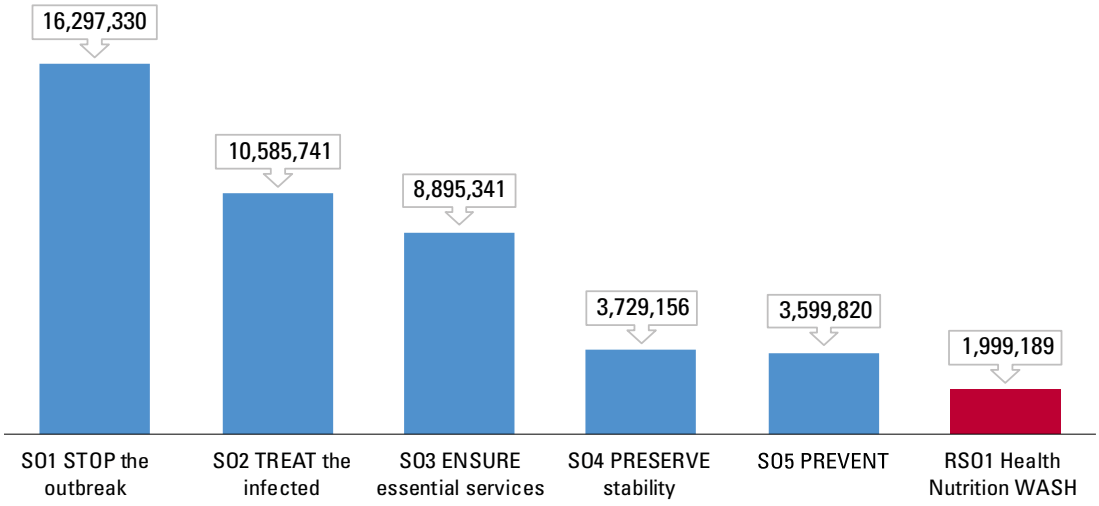
7
Operationally closed

13
Financially closed

NET FUNDED AMOUNT & NUMBER OF PROJECTS



STRATEGIC OBJECTIVES



PROJECT #1 – WFP

MCA 3 and MCA 4 - Common Services for the Health Response to Ebola in West Africa

The UN STEPP strategy depended the availability of critical supplies to stop the outbreak. The needs were massive and they were urgent. They included the construction and staffing of treatment facilities; basic medical supplies; food rations; communications, laboratory, surveillance and monitoring equipment; and vehicles for transport. To quickly meet these needs and meet the MCAs, the Ebola Response MPTF funded a WFP Special Operation - the largest logistics operation in the agency's history. This project was designed to resource the work of the entire international community in the fight against Ebola. **It funded air services, the establishment of Ebola treatment units (ETUs) and UN clinics, the transport of essential items, and the creation of storage capacity.**

Through this operation, the WFP leveraged its expertise to provide large-scale logistics and supply-chain management. Across the epicenter countries, the agency: finalized in-country staging areas in national airports; established forwarding logistics bases (FLBs); augmented the transport capacity and transport services; established ETUs; maintained humanitarian air services (UNHAS); upgraded and provided secure communications networks; and mobilized human resources.

Transport, Storage and Care Facilities

Throughout the Ebola response, the WFP implemented an adaptable approach to provide optimal support, while facing unprecedented demands and an evolving epidemic. Across all focus countries and through a collaboration with the WHO, the WFP transported 107,000 m3 of cargo on behalf of 103 organizations, and it stored 157,000 m3 of cargo on behalf of 77 organizations. This project met the critical needs of priority activities at the height of the epidemic.

In Liberia, WFP established two staging areas, one main logistics hub, and five forward logistics bases (FLBs). The agency supported the construction of two ETUs with a total bed capacity of 400. It rehabilitated the Island Clinic, offering an additional l00 beds. To boost preparedness, the project re-

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2 Staging Areas

2 FLBs

2 ETUs

assembled six rapid isolation treatment of Ebola (RITE) kits at the main logistics hub, and in partnership with the Ministry of Health, dispatched PPE kits to 700 health facilities across the country. July 2015, WFP technicians assembled tents for UNICEF staff in Margibi county to help contain transmission in the hotspot.

DAF trucks for 'last mile' transport at Monrovia Port in Liberia
© WFP

Air Services

Through the WFP, UNHAS ensured humanitarian access to the crisis by transporting passengers and light cargo across the Senegal, Guinea, Liberia, Sierra Leone and Ghana. From inception to 31 December 2015, UNHAS performed 5,473 take-offs, transporting 31,777 passengers and 202 mt of light cargo. This was made possible thanks to the overall coordination of air activities through a regional cell and the set-up of a temporary air terminal in Dakar out of which inter-capital flights were operated.

WFP also organized 28 strategic airlifts, nine of which took place in January and February 2015, and transported 770 mt of relief items of behalf of 37 organizations. Airlifts were usually conducted out of Staging Areas, such as the one set up at Cologne Bonn Airport, by the WFP-led Logistics Cluster in cooperation with UNHAS and UNICEF. By mid-2015, the UNHAS fleet was reduced to three fixed-wing aircraft and five helicopters.

Three helicopters were especially equipped to medically evacuate Ebola-symptomatic humanitarian personnel. One medevac helicopter was operational in Liberia until the country was declared free of the virus. Overall, UNHAS performed 68 Medevacs of humanitarian and UN personnel in Guinea, Liberia and Sierra Leone.

Communications

Through the Emergency Telecommunications (ET) Cluster, WFP provided internet set up, equipment and services to 80 humanitarian facilities across the Guinea, Liberia and Sierra Leone, allowing more than 3,300 humanitarian responders to remain connected at any given time. The ET Cluster also provided radio services in 17 towns across Guinea, Liberia and Sierra Leone to ensure access to secure telecommunications for Ebola responders. In Liberia specifically, WFP provided seven FLBs, two logistics bases and two ETUs with telecommunications, radios and office supplies. These services helped to ensure that blood sample results were communicated quickly from testing labs to treatment centers and that patient information was transmitted without risk from within the ETU 'red zones.'

Concluding Operations

During the last months of 2015, the WFP provision of common services to the humanitarian community and national governments adapted to partners' needs. Against the backdrop of reaching and sustaining zero Ebola cases, WFP adjusted its provision of services to enable rapid response mechanisms for a quick and efficient reaction to flares and to surveillance. While the regional Special Operation ended in 2015, WFP continued to leverage the recently established infrastructure and logistics capacity through country-specific operations tailored to national contexts. It provided a highly dedicated rapid response mechanism to deal with potential small-scale outbreaks, while further increasing and enhancing the readiness and recovery activities of partners.

WFP oversaw an orderly and effective transition of response assets and capacities to the government. This improved the ability of the national government and humanitarian partners to respond to future emergencies through capacity building based on experiences during the Ebola operation.

PROJECT #4 – UNICEF

MCA 6 - Supporting the Wellbeing and Protection of Ebola-Affected Children in Liberia

This project increased the social welfare work force in Liberia, thereby improving the delivery of essential social services at a decentralized level throughout the country. The programme targeted eight counties for the provision of case management services to children, especially orphans, affected by Ebola. UNICEF helped the Ministry of Gender, Children, and Social Protection (MoGCSP) hire an additional 120 social workers and 20 data clerks to support the social welfare service response to Ebola-affected children and families. The data clerks offered additional support to an information management system for registering Ebola-affected children.

120 Social Workers

20 Data Clerks

143 Jr. National Contact Tracers

During the outbreak, UNICEF trained junior national volunteers from the Peacebuilding Programme of the Ministry of Internal Affairs (MIA) in Ebola messaging and the identification of Ebola-affected children. These volunteers provided much-needed social mobilization within their communities. They offered additional support to the originally planned 1,200 survivors who were also trained as child protection advocates and social mobilizers.

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 Ebola-affected communities, of which 8,021 were registered as Ebola survivors or orphans (having lost one or both parents or caregivers).

UNICEF, through its partnership with MIA and the Ministry of Youth Services (MoYS), provided technical supervision and guidance to the 3,00 national youth volunteers and 143 junior national volunteers, who provided contact tracing and referral services to children affected by Ebola. They continue to provide psychological first aid, community and social mobilization as well as messaging for Ebola prevention.

Further, **1,200 Ebola survivors were also trained to spread messages about Ebola awareness and prevention in their communities, and identified and referred Ebola-affected children to MoGCSP. An additional 40 Ebola survivors provided care for Ebola-affected children in interim care centers at the height of the outbreak.**

Key project achievements with regard to alternative care, case management and psychosocial support (PSS) to children affected by Ebola included:

- Supported MoGCSP and Ministry of Health (MoH) to transfer **social welfare services** from MoH to MoGCSP in 2015 and to increase the social welfare workforce significantly during the Ebola 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, Ebola 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 children registered as Ebola-affected, 100% received case management services. Of the 8,021 Ebola child orphans and survivors, 7,000 (93%) 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) were registered, and of this number, 5,271 (83%) benefited from an emergency cash grant. Registration ended in March 2016, and all of the children who received the grant were in family-based care.
- UNICEF supported the 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 Ebola-affected children. Twenty data clerks were hired for data entry and to maintain the database.
- 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 met on a monthly basis to ensure that welfare institutions were 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.
- The Independent Accreditation Committee (IAC), an interagency committee chaired by MoGCSP to review

LIBERIA

child care institutions' adherence to standards of care, also met regularly throughout the outbreak. In 2015, it closed two poorly run orphanages and reunified 80 children from these facilities with their families.

- **1,200 adult Ebola survivors were employed as social mobilizers/child protection advocates** through a partnership between UNICEF and Helping Hand Liberia, Samaritan's Purse, and SEARCH. Of this number, 1,102 were employed in the five targeted counties, where they referred Ebola-affected children to MoGCSP social workers, who in turned linked them to available service providers. In total, the survivors identified 1,722 children as vulnerable and referred them to the MoGCSP for services.
- 300 national volunteers and 143 junior national volunteers provided **sensitization and awareness activities** to approximately 14,000 people in 30 communities on Ebola prevention nationwide. They also served as child protection advocates, referring Ebola-affected children to the MoGCSP for case management services.
- UNICEF partnered with the 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 Ebola. The ICC sheltered 57 children. The MoGCSP also opened the Hawa Massaquoi **Transit Center**, which provided protection and shelter for Ebola orphans who had completed the 21-day observation period, or those who were taken out of the ETUs and had no known adult to care for them. The transit center provided shelter and protection for 12 separated and unaccompanied children as family tracing and reunification services looked for caregivers. In total, 89 children were sheltered by the transit center.
- **12 vehicles, motorbikes, rain gear, and bicycles** were provided to the 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 visits were made to the MoGCSP to assist with 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 Ebola-affected children. Additionally, 15 field visits were made to the five counties during the project period.

UNICEF Liberia on children protection

Orphaned by Ebola by Sarah Grille, UNICEF

School was dismissed, and nine-year old Mercy Kennedy piled into the back seat of a pickup truck with her friends. The driver put on pop music, and the girls started bouncing around, laughing and singing.

This was Mercy's first year attending school. Earlier, Mercy's mother died from Ebola. Mercy and her brother Harris, who had previously lost their father, took refuge at a UNICEF-supported Interim Care Center. There, Ebola survivors cared for them – offering them love without fear of contagion.

A social worker then found a friend of Mercy's family, Martu Weefor, who agreed to take in the children, after her daughter, Patience, convinced her it would be a good idea. Patience, 24, said that Mercy adjusted well to her new living environment. Mercy now calls Patience her young ma.

There were more than 2,600 children in Liberia like Mercy and her brother, and UNICEF worked to identify extended family that could take care of them, and gave them reunification kits to ease the burden.

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

PROJECT #8 - UNDP

MCA 7 - Payment Program for Ebola Response Workers

The Payment Programme for Ebola Response Workers (PPERW) was established in December 2014 to ensure that all response workers received timely, accurate payments for their work. Specifically, the PPERW had three main objectives:

(i) strengthening health sector human resource planning through information management systems; (

ii) strengthening existing payment platforms and digitizing incentive pay; and

(iii) establishing an UN-run contingency payment platform in Guinea and Liberia.

By the end of December 2015, UNDP had supported the government to pay an average of 10,000 Ebola Response Workers (ERWs) per payment cycle (for a total of five payment cycles), ensuring that more than 95% of ERWs were registered and linked to a payment mechanism. To increase communication and transparency regarding payments, UNDP in collaboration with the MoH, installed an electronic billboard at the Ministry to provide payment information publicly to workers.

By the end of the project, UNDP had supported the government to pay all 822 information management system (IMS) workers through the PPERW contingency plan. Throughout the programme, only ERWs from Montserrado County, an average of 1,000 workers, were paid on time. The other ERWs saw an average of eight to 12-week delays due to the lack of identification and poor coordination with the central office and the county health teams.

While the media did not report any ERW strikes, there were quite a few demonstrations calling for increased salaries. To address this, the project deployed 17 UN Volunteers (UNVs) to the field and established a call center to receive and resolve ERW complaints. By August 2015, a total of 578 complaints were reported the UNVs. Of these, the county health teams addressed 414 complaints, while 164 were elevated to the MoH central office and resolved.

One main challenge in Liberia was a lack of payment mechanisms through which to pay people. To increase the ability of the MoHSW to pay workers in remote areas and strengthen payment mechanisms in Liberia, UNDP worked in partnership to extend the reach of the financial system and enable last mile delivery. At the end of the project, an in-depth financial diagnostic of the digital payment sector in Liberia was also completed and findings fed discussions on: the introduction of a third party cash aggregator in Liberia; strengthening the existing payment mechanisms; and the development of digital financial services in the country, especially improved mobile payment efficiency.

A terminal evaluation of the project conducted in April 2016 concluded that the PPERW project contributed to ending the outbreak and strengthened the MoH to manage health worker payrolls, with systems and process established to manage the cash transfer payments in crisis situations.

PROJECT #10 – UNFPA, UNDP, WHO

MCA 1 Accelerating Progress Towards Interruption of Ebola Virus Transmission in Liberia

The project aimed to enhance the capacity of all 15 counties in Liberia to detect every single chain of Ebola transmission in a timely manner through high quality active surveillance and contact tracing. The project supported the recruitment, training and deployment of over 10,090 Contract Tracers/ Active Case Finders (ACFs) until July 2015. They led the search for the sick and the dead, and ensured they were taken out of the communities or quarantined in order to break chains of transmission. Project activities provided critical support, helping to end the outbreak.

When Liberia was declared Ebola-free, the project focused on improving preparedness to cope with other health challenges. The project's 2,146 trained community health volunteers were subsumed under the broader Integrated Disease Surveillance Response (IDSR) system to track and respond to 15 priority diseases at the community level. Under the IDSR roll-out, the Ministry of Health and partners facilitated community-level trainings for the volunteers on IDSR, including community event-based surveillance (CEBS), covering all priority diseases and events.

The project had ancillary impacts at the local level. Heightened public awareness and cooperation in the fight against Ebola for over 1.5 million people in the country. The community-based approach also reduced the level of stigmatization and enhanced openness in the reporting of Ebola cases. Further, the project helped to institute a culture of continuous surveillance in the communities even during periods without any confirmed cases and after Liberia was declared Ebola-free. Community engagement interventions for sustained surveillance that were started as part of the project's exit strategy concluded with community inception meetings, community structure mappings and community mobilization and support activities to enhance locally led disease surveillance.

This project also supported the MoH in building national and district level capacity for IDSR. As a result, IDSR guidelines were redeveloped in a more practical and usable fashion. Nearly 1,500 healthcare workers were trained in the signs and symptoms of the diseases and conditions and how to report and respond to them. The project also developed an IDSR surveillance reporting tool to aid in analysis and reporting of priority epidemic prone diseases. Successful working groups were implemented and co-led by WHO with MoH for IDSR implementation at the community level.

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In addition, an electronic platform for reporting of priority diseases was designed, developed and rolled out in four pilot counties. This was led by WHO in collaboration with MoH. This improved the speed of response to epidemic prone diseases, therefore, minimizing their spread.

Finally, the project developed a toolkit to support the development of county specific epidemic preparedness and response plans. This work was undertaken jointly with MoH with in-county partner engagement.

Contact Tracers
© UNFPA

Liberia

Contact Tracer Helps Pregnant Woman Access Care

Yabayah is a small, hard to reach community in the Fuamah District of Bong County. It was here, in late 2015, that one of the sixty UNFPA-supported contact tracers met a pregnant woman, and per his training, counselled her on the need to get care. He encouraged her to deliver at a health facility. Despite her hesitation about the advice, the contact tracer kept visiting her and encouraged other pregnant women in the community ease her concerns about maternal health services.

When she went into labor, community members rushed her to a nearby clinic in Fuamah. Unfortunately, she could not deliver naturally, but the community, including the supportive pregnant women, managed to take her to Phebe Hospital where she later underwent a C-section and gave birth to a set of healthy twins. To date, this mother of twins is grateful to the contact tracer for not having given up on her because she realized that she could have lost her life with a home delivery of the twins.

PROJECT #11 – UNMEER, UNDP

MCA 13 Ebola Response and Recovery Positioning Community Quick Impact Projects (C-QIPs) for Montserrado County, Liberia

Quick impact projects (QIPs) in Liberia filled immediate operational gaps that were not covered by other funding mechanisms. The projects empowered UNMEER, followed by UNDP, to address critical needs and gaps by giving them the resources and leverage to support local partners who could act quickly, often in remote areas. QIPs were small-scale, relatively low cost, and implementable, and they complemented larger responses by international partners. Initially, QIPS were implemented by UNMEER. Upon its closure, they were transitioned to UNDP.

UNMEER

Initially, under UNMEER, QIP projects contributed to behavior change, surveillance, cross-border monitoring, and general awareness raising on Ebola. The projects enabled a collective effort on behalf of the UN, communities, the government and other NGO partners. Under one QIP, for instance, UNMEER supported the establishment and operationalization of the Montserrado Incident Management System. The funding helped implement a decentralized approach to the emergency response, increasing the efficiency of service-delivery to Ebola-affected communities.

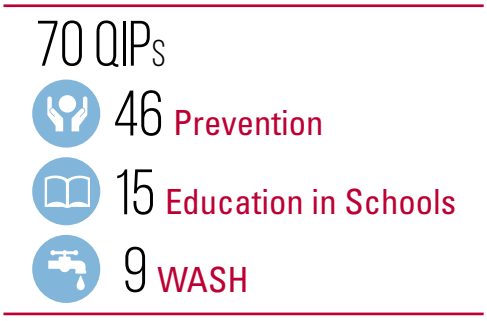
At the borders, UNMEER supported the Government of Liberia to implement the National Ebola Border Strategy, which helped prevent cross-border transmission. The main project outcome was the adoption of an Ebola-specific cross-border strategy that made border communities the core pillars of deterrence.

The initiative's Ebola awareness messaging was particularly effective. The "Stop Ebola" campaign made a significant contribution to behavior change by resourcing Liberian partners who empowered and educated local leaders throughout the country as well as along the borders. Campaign street art made an enduring contribution to infectious disease prevention in the country. The project also provided motorbikes to the county health team (CHT) to monitor check points. The CHT monitoring report for April 2015 showed that an estimated 50,861 travelers had been documented in that one month – demonstrating the project's effectiveness.

Other project outcomes included fencing the Chief Jallah Lone Medical Centre in Bopulu, Gbarpolu County to improve IPC measures. The initiative also renovated and reopened the Massaquoi Public School, the only public school in West Point, with an enrolment of 1400 students and 250 adults. The school had been used as an Ebola holding/transit center after it was closed due to the outbreak.

UNDP

Under UNDP, QIPs became part of the broader post-Ebola recovery effort. They focused on enhanced community awareness; ensuring that Liberia stayed at zero transmission; and assuring that survivors, orphans and health workers were protected from discrimination and treated with respect. The project enhanced capacity of the communities to prepare and respond to infectious disease and strengthened the capacities of community-based organizations (CBOs) to design, implement and report on project interventions through education, WASH (water, sanitation and hygiene), and Ebola-related messaging and preparedness. The project reached an estimated 210,000 beneficiaries.



Among the 70 approved QIPs for CBOs, 46 focused on preventing resurgence in approximately 62 communities in Montserrado County, while 15 focused on Ebola education in schools. Nine CBOs were involved with WASH activities, such as the construction of hand washing stations and water towels in designated community centers and school facilities. One of the CBOs focused on Ebola survivors and their integration into communities, spreading messages to bolster their acceptance and eliminate all forms of stigmatization and discrimination.

The projects had numerous important outcomes and results. For instance, 175 speech and hearing impaired children were educated and equipped with preventive measures, such as handwashing stations. In five of the target communities, WASH activities included the construction of hand pumps, water reservoirs and stations. Four of the CBOs targeted schools and other community facilities where hand washing stations were also established. One of the CBOs managed an orphanage for Ebola-affected children. Here, WASH and playground facilities were constructed to strengthen the psychosocial support to these children, especially those from the most remote and poorest sections of the counties.

Fifteen CBOs worked on sensitizing target communities to prevent discrimination against Ebola survivors in the Robert Field High Communities, one of the epi-centers of the disease. The CBOs engaged community leaders who encouraged community acceptance and integration of survivors. The involvement of the community leaders sustained information sharing and survivor protection. Three out of four highly populated sectors of Montserrado were covered by project activities.

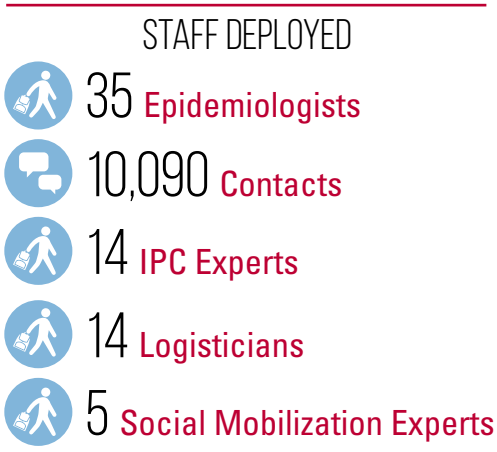
CBOs also leveraged community leaders as well as youth groups that were given psychosocial training to assist in preparedness for Ebola flares. The trainings focused on the impacts of Ebola on survivors and families as well as on prevention through hygiene and sanitation. The trainings were delivered across schools, religious groups and other community structures such as women's groups, youth groups and groups of people with disabilities. Most of the CBOs employed nationals who also served as social workers to work as facilitators as well as national trainers, certified through the Ministry of Health.

PROJECT #16 – WHO

MCA01, MCA03, MCA09 and MCA11 – Strengthen District Level Case Finding, Case Management, Reporting, Logistics Management and Community Mobilization and Engagement

As the Ebola outbreak progressed in Liberia, it became apparent that a lack of district level capacities to conduct active surveillance, case finding, contact tracing, case management and community engagement had undermined containment measures. To address these gaps, this project commenced in December 2014 to strengthen capacities at the district level to find, investigate and refer new cases; register all potential contacts and monitor them for symptom development; strengthen data collection, reporting and analysis; and promote messaging that would lead to behavior change. Technical assistance was provided to district-level government counterparts in the areas of identifying and tracing people with Ebola; care for persons with Ebola and infection control; reliable supplies of materials and equipment; and social mobilization and community engagement.

The project deployed 35 epidemiologist who recruited and trained 10,090 Contract Tracers/Active Case Finders (ACFs). This heightened public awareness and cooperation in the fight against the virus through outreach work to over 1.5 million people in the county. The project helped to institute a culture of continuous surveillance in the communities even after they were declared Ebola-free. Further, the involvement of the communities in the search for the sick, dead, contact tracing and



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quarantines, reduced the level of stigmatization for those affected and enhanced openness in reporting Ebola cases and supporting those in need.

This project made a concerted effort to restore essential health services, improve disease surveillance and build a resilient healthcare system that was better able to withstand the threat of epidemics. The project supported the deployment of 14 IPC experts and the purchase of 10 vehicles to support IPC at treatment and community care centers through training, mentorship and day to day supervision.

WHO's support under the project improved partners' coordination through the establishment of a national IPC task force, development of national IPC standards and associated national IPC tools. WHO conducted IPC trainings for 2,118 healthcare workers and 140 Liberian master trainers during 2015. A total of 8,093 healthcare workers (clinicians and non-clinicians) were trained in Safe and Quality Services (SQS).

WHO IPC teams, along with the MoH and IPC partners, reinforced IPC measures at 76 priority health facilities and 28 medicine stores through a ring approach, completing regular IPC assessments (2,329 assessments) in 100% of facilities. Throughout 2015, there was a gradual increase of 15% in healthcare facilities' percentage adherence to selected minimum IPC standards (based on triage, waste management and isolation capacity).

Under this project, WHO also supported the MoH in logistical operations across and within all districts to assure the flow of essential materials and supplies for a wide-spread response. WHO worked with partners to develop a network of logisticians and logistics capacity across the most-affected areas of Liberia. The agency installed 14 Mobile Storage Units (MSU); updated and inventoried stocks of supplies; and trained 17 supply chain coordinators, 15 county pharmacists and 12 hospital pharmacists on supply chain logistics. The agency received and dispatched 116 shipments of (mostly) IPC supplies, and it supported the MoH to manage inventories. 728 healthcare facilities were stocked with IPC commodities. It also set up a sample transport system to move the semen of Ebola survivors from Redemption Hospital in Montserrado County and Phoebe Hospital in Bong to Tappita Lab in Nimba.

Logistics team
© WHO

WHO has worked in collaboration with the MoH, Ministry of Education, UNICEF, CDC, UNMIL, UNMEER and other partners to strengthen social mobilization coordination and partnerships, develop guidelines and training materials, develop messaging and IEC materials, promote community mobilization engagement and strengthen social mobilization capacity at all levels. The project supported five mobilization experts to lead these project interventions.

Ebola messaging and sensitization campaigns improved community education and actively engaged leaders and the wider community. They built trust, ownership, and capacity to take decisions and change behavior to prevent the spread of Ebola and other infectious disease. These results came through community dialogue meetings, trainings of block leaders and community leaders, support to partners, and the release of a standard messaging guide.

PROJECT #22 – UNICEF

MCA 10 - Funding for Ebola Charterss

At the height of the outbreak, this project distributed 180 metric tonnes of Ebola-related supplies from 26 September 2014 to 7 October 2014. It sent 56 metric tonnes of supplies to Guinea, 67mt to Sierra Leone and 60mt to Liberia.

These shipments were part of the initial surge of supplies that was critical in slowing the transmission of the virus. It included tents and tarpaulins for the isolation of possible cases; appropriate personal protective equipment; gloves; medicine and body bags. The flexibility Ebola Response MPTF funding allowed UNICEF to be innovative and to act nimbly, as the overall response strategy was developed.

PROJECT #25 – UNICEF

MCA 11 - Operation Stop Ebola Transmission in Monrovia and Paynesville - Social Mobilization and Community Engagement

Stopping the Ebola outbreak in Liberia meant overcoming major challenges at the community level that contributed to transmission. These included: denial and mistrust; unsafe burial practices; fear of healthcare workers and facilities and the use of traditional facilities without IPC measures; cross-border movements; and general misconceptions about the virus.

To overcome these challenges and stop transmission in Monrovia and Panynesville, Liberia's most populous cities, the 'Operation Stop Ebola' campaign was launched on 24 December 2014. The campaign used two City Corporations to bridge the gap between healthcare workers and

communities. It ensured consistent messaging on Ebola and engaged at-risk communities and families through interpersonal communications spearheaded by community leaders and 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 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 via 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 eight wards covering 169 target communities in the City Corporations. A total of 10,000 flyers, 100 banners, and 10,000 Ebola awareness flipbooks were printed. Twenty ward leaders in these two cities were issued motorbikes (11 bikes for Monrovia city and nine for Paynesville) to facilitate monitoring of ongoing community engagement activities.

Through this project, 22 FM stations in and around Monrovia and Paynesville that reached over 400,000 people 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, the two radio spots and two jingles were aired at least 176 times by the 22 FM stations within Montserrado (averaging eight times per day).

The project strengthened social mobilization coordination and partnerships; developed guidelines and training materials; implemented community mobilization and engagement; developed Information, Education and Communication (IEC) materials; and improved social mobilization capacity at all levels.

PROJECT #33 – UNFPA

RSO1 - Restoring Midwifery Services in Ebola Most-Affected Counties

Maternal and newborn health services were greatly affected by the Ebola outbreak in Liberia. During the epidemic, health facilities were largely closed, leaving pregnant women without facilities in which to deliver. This project helped restore essential health services once Ebola was brought under control. Its three cardinal objectives included:

(1) improved access to quality safe delivery by providing Basic Emergency Obstetric and New born care (BEmONC) services to all women in catchment communities of nine health facilities in Lofa, Grand Cape Mount and Gbarpolu Counties;

(2) improved application of universal precaution/infection prevention services in the targeted health facilities through training and provision of supplies; and

(3) increased community engagement and participation in surveillance as a result of outreach and promotional activities.

Major results of this project included the recruitment, training and deployment of 35 skill service providers. They trained and linked 280 community health workers (CHWs) and traditionally trained midwives (TTMs) with targeted facilities. The project recorded significant increases in skilled birth attendants (SBAs) at deliveries, averaging 53.2% for all project facilities.

This project improved BEmONC in nine project facilities across Lofa, Grand Cape Mount, and Gbarpolu Counties. By its close in March 2017, and in partnership with county health teams (CHTs), it expanded and rehabilitated four of these facilities in Grand Cape Mount and Gbarpolu Counties. Through March 2017, 89% of target facilities reported no stock out, up from a baseline of 44%. The project also had 100% no stock out of five modern contraceptive commodities, which helped meet family planning needs and reduced maternal mortality.

The project increased BEmONC compliance to 85.7% (from an average baseline of 42.8%). Other achievements were 100% CEmONC (comprehensive care) compliance at the only project hospital, and reactivation of maternal and newborn death surveillance in six districts (of targeted facilities) across the three counties. Overall, the of quality maternal and newborn healthcare in these counties greatly improved.

PROJECT #46 – UNICEF/ILO/UNHABITAT

RSO1 – Upgrading Water and Sanitation Systems Incorporating Skills-based Training and Employment for Youth in Ebola-affected Slum Communities of Liberia.

This project focused on upgrading water and sanitation systems and generating youth employment in Clara Town, a slum community of about 74,000 people hard hit by Ebola. Clara Town is located on Bushrod Island in Monrovia. The project presented an integrated package of interventions addressing water supply, sanitation and youth employment, with the overall aim of strengthening resilience and improving livelihoods. It was implemented by UNICEF, the UN Human Settlements Programme (UN-HABITAT) and the International Labour Organization (ILO).

The project achieved a number of outcomes. It trained five Community Base Enterprises (CBEs) in solid waste collection and provided tools and equipment for their activities. It

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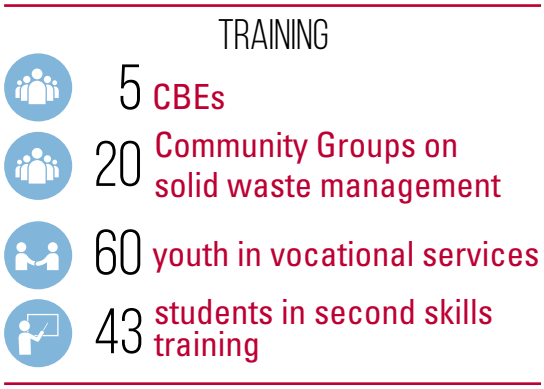


identified and trained 20 gender balanced community groups on solid waste management. The ILO and the CBEs signed contracts for implementation of solid waste management. These actions resulted in at least 50% of the community gaining access to solid waste collection.

The project trained youth to uptake various types of employment. It selected and trained 60 youth in carpentry, masonry and plumbing services. They were given tool kits (60 provided) and worked, along with 200 others, with select CBEs. In collaboration with the township Commissioner, an additional 43 students were enrolled in a second skills training programme focused on software, catering and interior design. Approximately 250 youth worked on Liberia Water and Sewer Cooperation (LWCS) construction sites to build WASH infrastructure.

Through a Direct Cash Transfer to the LWCS, the project laid a 5,000-meter water supply pipe network with corresponding branch connections to water kiosks. It rehabilitated 15 existing water kiosks and constructed 15 new kiosks, which provided space for vendors to stock and sell groceries, mobile phone call cards and other fast going commodities. These achievements enabled **access to at least 20 liters of water per person per day within 200 meters of homes for an estimated 85% of the population.** It reduced queue times to under ten minutes at peak fetching times. The project also rehabilitated 10 latrines and built 10 latrines to be gender-separate and disability friendly. These 20 latrines increased access to toilets and reduced open defecation. The project trained five Community Management Teams (CMTs) and Community Base Enterprises (CBEs) on how to source funds, manage CBEs, and ensure sustainability of solid waste collection in urban settings. Agreements were finalized with two CBES and water vendors to maintain and run the water kiosks and latrine, ensuring their sustainability.

Financial and logistics support was provided to the Monrovia City Corporation (MCC), which received: four garbage collection bins; $1,000 worth of gasoline; seven tricycles; and 50 CBEs with allowances to provide solid waste management services in the project community. The project also contributed two 20-foot containers, two standing scales, two hanging scales and assorted hand tools to the five CBEs to support the low-cost recycling of solid waste.

Liberia

WASH in Ebola affected-Slum

"Without any system for the collection and disposal of garbage, Clara Town was heavily littered with garbage, which added to our many problems of water and sanitation caused by the widespread practice of open defecation. Today we are grateful for your intervention which reduced our problems through the construction and rehabilitation of toilets, showers and water kiosks" - Assistant Township Commissioner, Mr. Varney Kiowon

The implementing agencies also ran capacity building meetings with water utilities, conducted assessments, and spearheaded media outreach initiatives to boost the project's impacts.

PROJECT #51 – UNDP

MCA13 – Ebola Response and Recovery Capacity Support for the UN Resident Coordinator

The Resident Coordinator (RC) Ebola Coordination Specialist ensured the seamless implementation of the UN agencies' contributions to the third phase of the response. She served as the principal advisor to the UN Resident Coordinator on emergency preparedness and the Ebola response. The Specialist supported the capacity assessment of national institutions responding to the outbreak, advocated for key reforms and helped build strategic partnerships with stakeholders.

The Ebola Coordination Specialist supported the UN Country Team (UNCT) by participating in coordination, information and decision making mechanisms. She provided analytical strategic advice on the response. Achievements during the third phase of response in which the Specialist played a role included:

- A survivor policy and five-year strategic framework on survivors;
- Improved disease surveillance and lab capacity;
- National and county Epidemic Response Plans and rapid response capacity put in place;
- Deactivation of the Incident Management System (IMS);
- Coordination and preparation of high-level meetings; and
- Development of an MPTF proposal on the third phase of the response.

PROJECT #53 – UNFPA/UNICEF/WHO

MCA6 – Strengthening Reproductive Maternal, New born and Adolescent Health Service Delivery, Death Surveillance and Response in South Eastern Liberia

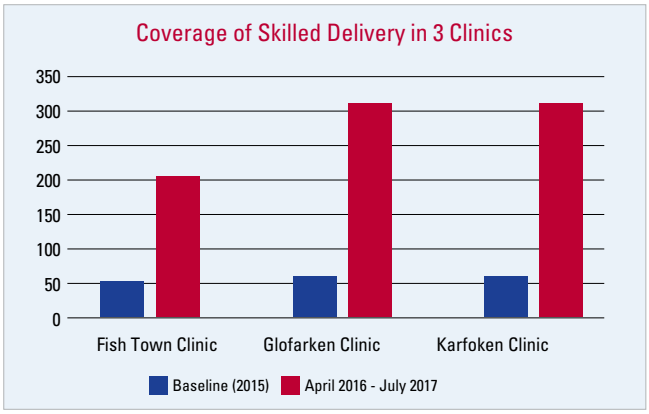
This project in Maryland County had three specific objectives: (1) increase access and quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) health services; (2) increase the provision of reliable data on maternal deaths; and (3) strengthen adolescents' knowledge and use of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

Output 1: Increase Women's and Girls' Access to Care

The project refurbished three clinics in Karloken, Fish Town, and Glofarken, to be able to provide BEmONC and RMNCAH referrals and services. The facilities also offered adolescent sexual reproductive health (ASRH) services, including on HIV and safe motherhood.

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

These results were also achieved through the recruitment, deployment, and mentoring (training) of five midwives at Karloken (one), Glofarken (two) and Fish Town clinics (two). The project also provisioned an ambulance and three motorbikes to support referral, monitoring, and emergency care of pregnant women and girls.



Output 2: Supplies of Essential Commodities

Towards this second output, the project supplied essential commodities, such as contraceptives, and ensured that drugs were available. In 2017, two out of three health facilities had no issue with stock outs (100% provision) throughout the project's duration. One facility reported an 80% stock out because of road conditions during the rainy season. The overall level of facilities with no stock out improved from 66% to 93.3%. The project also provided equipment, and medical and laboratory supplies to support quality maternal and newborn services.

Output 3: Strengthen Community-based RMNCAH

The project strengthened local health structures to provide community-based RMNCAH services. It improved coordination and monitoring of RMNCAH services in the county, with all three health facilities having RMNCAH standards of care available and in use. The project reactivated dormant health facility development committees (HFDCs) and helped them hold meetings to discuss and implement recommendations for improving referrals and using healthcare services. One outcome of these meetings was a plan for training traditional midwives to assist in home deliveries. Another outcome was an increased number of referrals by community health workers from 139 to 683, exceeding a set target of 504. Enhanced data and monitoring showed that postnatal care increased from 12% to 56%. The project also improved data collection and reporting disaggregated by age for pregnant women and girls – a process that led to the disaggregation of age groups for all services on national reporting forms.

Systems were in place to record and report on maternal, neonatal, adolescent and stillbirths in the three clinics and their surrounding communities. The project improved community-based information systems (CBIS), which were made available online, including in Maryland. Data from community health assistants (CHAs) were reported to community health services supervisors (CHSS) and uploaded to the systems.

The project also improved the national HMIS, and RMNCAH data was disaggregated by age and used to inform decision making at all levels. Trainings for data managers improved the accuracy, completeness, and timeliness of reporting from 56% in 2015 to 89.8% in 2017 (HMIS). This institutional improvement was embedded in the HMIS so it could be used to inform future health interventions.

Output 4: Maternal Death Surveillance

The project piloted implementation of the revised MPNDSR (national maternal perinatal neonatal deaths surveillance and response) guidelines in Maryland County. Ebola Response MPTF funding was used to train 41 health workers from 24 health facilities, including district surveillance officers

and data managers on using these guidelines to strengthen surveillance and response systems.

Prior to the project, maternal deaths were notified but without investigation (verbal autopsy) from the community level and neonatal deaths were not reported. Under the project, a baseline assessment showed that 100% of maternal deaths were notified. In 2017, all maternal and neonatal deaths in health facilities were reviewed (six maternal deaths and 49 neonatal deaths). At the community level, verbal autopsies for maternal deaths were conducted using a new field form.

Output 5: Coordination and Monitoring of RMNCAH

To improve coordination and monitoring, the project saw that all three health facilities had standards of RMNCAH care in use. It improved HMIS and made CBIS available online in Maryland County. Monthly coordination meetings were held with the county health teams.

Maternal health

The following is the testimony of a 28-year-old woman who came for post-natal consultations at the Farmoriah Health Center, Forécariah District, which was among the health centers supported by project funds.

"I knew this center before it was renovated and equipped. I used to come here to follow up on my previous pregnancies. With my first birth, when I came here, nobody had taken care of me the same way they do today. When I went to the staff who were present, they could hardly answer me. In addition, they used to ask to pay too much for the services and even when I came to give birth, I still remember there was not enough staff to look after me. I gave birth almost alone on the floor, because it was nearly at the end that the health technician came to assist me. When I got pregnant for my second child, I only came here once. I gave birth at home with my mother-in-law, but I suffered a lot. Once again, I got pregnant with my third, I did not want to come here again until a colleague of mine who had just given birth at this health facility and who knew my bad experience before told me that now things have changed. She forced me to come. And when I came, I was impressed by the quality of the hospitality I received, the midwives deployed by UNFPA in collaboration with the government took care of me so much, availability of medicines, cleanliness, free services and above of that I repeat the quality of the warm welcome we received has made me to come even before my appointments. You find comfort whether in the delivery room with beds or in the hospitalization room. Anyway, things have really changed"

PROJECT #62 – UNFPA /UNICEF/WHO

MCA6 - Improving Maternal and Newborn Health through the Delivery of a Standard Package of Maternal Newborn Interventions in the Remotely-located Todee and Careysburg Districts of Montserrado County

Through UNFPA, WHO and UNICEF, this project strengthened the delivery of high-quality rights-based maternal and newborn health services in Liberia. It supported the Government of Liberia's efforts to restore essential reproductive maternal and neonatal health (RMNH) services and reduce maternal and neonatal deaths in the remotely-located Todee and Careysburg districts of Montserrado County. Project partners pursued these objectives at the community level, working to increase demand and access to health services in accordance with the national Essential Package of Health Service (EPHS) and the National Health Plan for Building a Resilient Health System.

The project enhanced the capacity of service providers through trainings, technical support, and by supervising logistics. It strengthened the referral systems, improved facilities and reduced stock outs of essential commodities. It also built on existing adolescent health care programmes in the targeted districts, thereby strengthening the links between the healthcare facilities and the communities.

From January to March 2018, routine maternal and newborn care services continued and WHO trained facilities' staff on the maintenance and operation of constructed WASH facilities. In collaboration with the healthcare waste management unit at National Public Health Institute of Liberia (NPHIL), two staff were identified from each of three health care facilities for training in the operation and maintenance of the completed WASH units. WHO conducted the training for four staff (two staff per health care facility) from the Bensonville Hospital and Nyehn Health Center. Staff from Koon Town Clinic were to be trained after installation of a water treatment unit.

The project ensured a strong referral system in target communities, and improvements to the facilities increased their use. During the reporting period, the Koon Town Clinic reported 175 deliveries cumulatively, hitting 83.3% of the set target for proportion of safe deliveries. The Nyehn Health Center reported 140 deliveries cumulatively, representing 128.4% of the target percentage. The only hospital, Bensonville, reported 267 safe deliveries since the project began, accounting for 106.4% of the project target.

For the reporting quarter, only the Bensonville Hospital received obstetric complications, and all seven of these were successfully managed. The Koon Town Clinic and Nyehn Health Center did not received any complications. This was attributed to increases in the number of women attending ANC4 visits.

Cumulatively, for the life of the project, the numbers of women attending ANC4 visits were: 138 for Koon Town Clinic (144% of its target); 156 for Nyehn Health Center (139% of its target); and 609 for Bensonville Hospital (130% of its target). There were no maternal deaths throughout the duration of the project.

903 Women attending ANC4 In the 3 Health Facilities

PROJECT #64 – WHO

MCA6 – Community Perception of Ebola; Ebola Study/Survivors Care Project

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

National Perception Survey

WHO, in collaboration with CFLF, planned this project to address these challenges and ensure essential services for Ebola affected populations: survivors, orphans, and caregivers in Liberia. The project consisted of three parts:

1) a perception study to understand how Liberians perceived Ebola and the type of support survivors needed to enhance their reintegration into society;
2) public outreach to share the findings; and
3) service delivery for survivors and affected populations based on the needs identified through the survey.

The project aimed for 1,000 direct beneficiaries to participate in the community perception survey, and for 500 people to receive services based on their articulated needs.

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

Public Outreach and Education

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

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

Service Delivery for Survivors and Affected Individuals

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

Maternal Health Liberia
©UNFPA Liberia

COUNTRY AND REGIONAL PROJECTS

LIBERIA

PROJECT #66 – FAO/IOM/UNDP/WHO

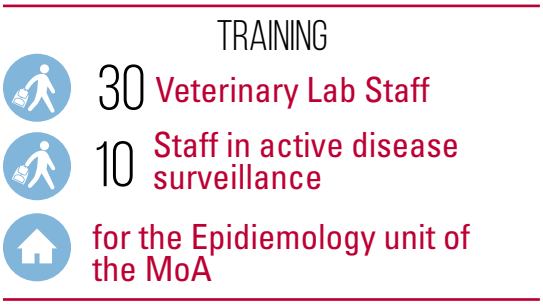
MCA6 – Support to Multi-hazard Preparedness and Response for Liberia

This project was a joint collaboration between IOM, UNDP, FAO and WHO based on their comparative advantages and capacities to strengthen the Government of Liberia's resilience and capacity to mitigate, prevent and respond to threats, epidemics and disasters. The project derived from lessons learnt during the Ebola response and a joint external evaluation (JEE) on International Health Regulations (IHR). It focused on protecting and improving health through national and local partnerships, with specific interventions on multi-hazard preparedness, surveillance, IHR at ports of entry, laboratory services, and disaster risk reduction (DRR) in the context of one health and multi-sectoral or multi-disciplinary coordination mechanisms.

FAO

FAO focused on animal health. It strengthened preparedness and response capacity to zoonotic and animal diseases through an improved surveillance system at the central and county levels, and particularly in selected Points of Entry (PoE).

In April 2018, a FAO epidemiology expert trained 30 veterinary laboratory staff and the epidemiology unit of the Ministry of Agriculture (MoA) on sample collection, handling, and processing of biological specimens from birds and small ruminates. The expert also supported the development of an electronic surveillance and database tool for animal disease in close collaboration with MoA staff. Ten staff were trained in conducting active disease surveillance.



The project also saw that livestock and quarantine officers were active in the three risk points in Montserrado County, two risk points in Nimba, and one risk point in Bo Waterside in Cape Mount. They enhanced animal disease surveillance on multiple occasions: in 2016, in response to a Peste de Petit Ruminates (PPR) outbreak in Twah River district of Nimba County; and in November 2018, in response to a suspected PPR outbreak in Grand Cape Mount County; in September 2018, a team investigated a possible FMD outbreak; and staff conducted active disease surveillance at the Red-light live bird market and congregational site at the Free Port slaughter house to detect HPAI (avian influenza). The project also established an animal quarantine station, the first of its kind, at a PoE in Nimba County, bordering with Guinea.

IOM

Through IOM, this project made important achievements towards the establishment of a well-managed health and border management system with enhanced primary healthcare capacity. It addressed the challenge of preventing cross-border disease transmission given established mobility patterns. In collaboration with WHO and government partners, it supported the reactivation of the Border Coordination Group (BCG) with its Border Technical Working Group (BTWG). It put in place standard operating procedures (SOPs) and equipment to monitor border crossings. The number of PoEs supported by IOM under this project increased from nine to 12.

Additional key outputs included:

- Conducting the International Health Regulations (IHR) core capacity assessment for seven designated PoEs;
- Development, validation and endorsement of Ground crossing PoE Standard Operating Procedures (SOPs), and Public Health Emergency Contingency Plans (PHECPs);
- Development of simulation exercise tools for ground crossings and seaports;
- Held simulations at two sea ports and four ground crossings;
- Development of Information, Education and Communication (IEC) tools;
- Trained 270 PoE officials and CHT staff on Public Health Emergency Contingency Plans and SOPs; and
- Held six cross-border meetings.

UNDP

Through this project, UNDP built the human and structural capacity of the National Disaster Management Agency (NDMA) by renovating its National Emergency Operations Center; training 15 County Management Committees; and procuring vehicles and telecommunications equipment. The agency also supported the establishment of a multi-hazard preparedness and response plan, which was activated during a flood emergency that affected over 62,000 people in six counties.

UNDP also engaged important partners. The University of Liberia partnered with NDMA on a resilience and disaster risk management national communications platform, and the Armed Forces of Liberia and the Liberia National Police seconded three security personal to support coordination. Personnel were also seconded from the Meteorology and Hydrology Departments.

The operationalization of the NDMA and the development of national preparedness plans filled significant gaps in Liberia's efforts towards disaster risk reduction.

WHO

WHO supported the development of the National Action Plan for Health Security, which was built on lessons learned and recommendations from the IHR Joint External Evaluation to improve Liberia's capacity to prepare for, detect and respond to public health threats. **The project focused on raising IPC, strengthening laboratory capacity, and on timely reporting.** The Ministry of Health, with the support of WHO, piloted e-surveillance (e-IDSR) in two counties and trained 174 frontline health workers. After six months of the pilot, an evaluation recommended its roll out across the country. The project also produced weekly, semester and annual early warning epidemiological bulletins for the country.

e-IDSR pilot in 2 counties

174 frontline health workers trained

48 health facilities hand hygiene audits

Other key achievements included holding a National Action Plan for Health Security (NAPHS) workshop to develop NAPHS and to address IHR JEE gaps. Nearly 700 health facility surveillance focal points mentored District Surveillance Officers (DSOs) and the WHO field team on case identification, detection, and ISDR reporting. The project also harmonized 2017 and 2018 IDSR and DIHS2 data.

To boost IPC, in collaboration with the MoH, WHO updated and undertook hand hygiene audits in 48 public and private hospitals. It supervised and assessed 746 health facilities to ensure adherence to IPC standards. **Overall, IPC standards compliance (for 11 indicators) was 84% (improved from a 47% baseline one year prior).**

To augment laboratory capacity, the project procured and supplied laboratory supplies to 15 counties. It trained 48 personnel from five targeted facilities in bacteriology and microbiology testing. Approximately 1,287 microbiology tests were conducted. Finally, the project made structural modification to a laboratory in Telleweyan Memorial Hospital (Lofa County) to improve its function.

Safe and dignified burials in Sierra Leone
© UNMEER- Martine Perret

COUNTRY AND REGIONAL PROJECTS

SIERRA LEONE

49 million
Allocated

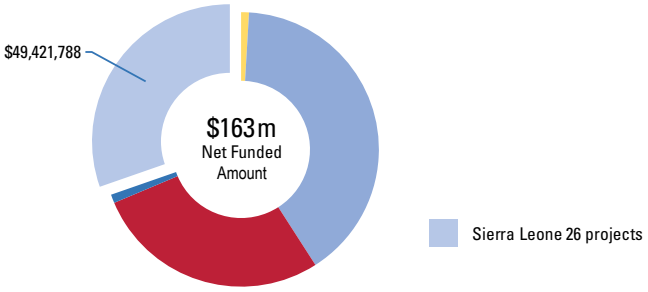
9 UN Entities
UNAIDS, UNDP, UNFPA, UNICEF, UNMEER, UNOPS, UNWOMEN, WFP, WHO

26 projects
100% completed

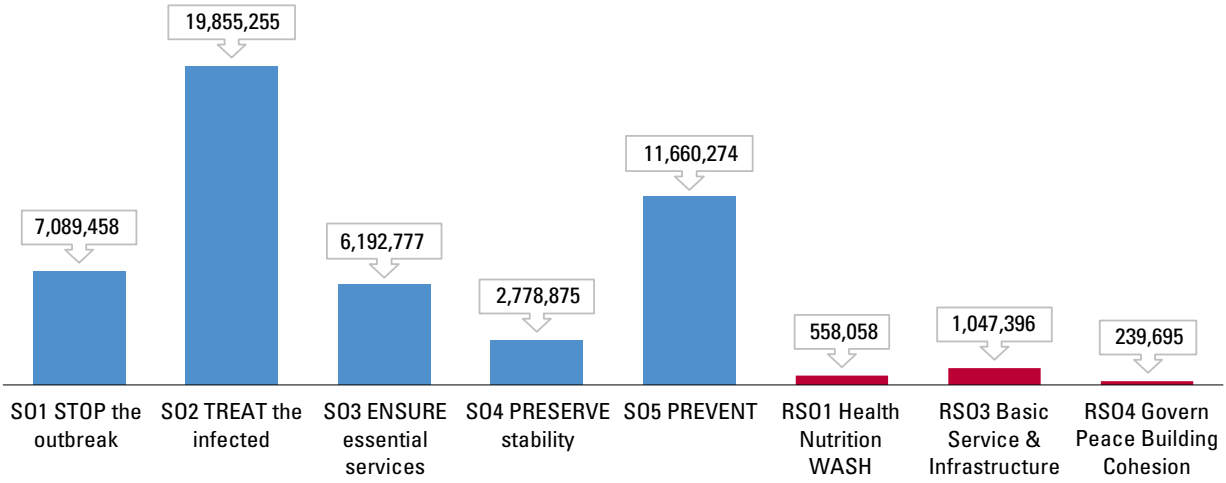
10
Operationally closed

16
Financially closed

NET FUNDED AMOUNT



STRATEGIC OBJECTIVES



PROJECT #66 – WFP

MCA03 and MCA04 – Common Services for the Health Response to the Ebola Virus Disease in West Africa

The UN STEPP strategy depended the availability of critical supplies to stop the outbreak. The needs were massive and they were urgent. They included the construction and staffing of treatment facilities; basic medical supplies; food rations; communications, laboratory, surveillance and monitoring equipment; and vehicles for transport. To quickly meet these needs and meet the MCAs, the Ebola Response MPTF funded a World Food Programme (WFP) Special Operation - the largest logistics operation in the agency's history. This project was designed to help resource the work of the entire international community in the fight against Ebola. It funded air services, the establishment of ETUs and UN clinics, the transport of essential items, and the creation of storage capacity.

Through this operation, the WFP leveraged its expertise to provide large-scale logistics and supply-chain management. Across the epicenter countries, the agency:

- Finalized in-country staging areas in national airports;
- Established forwarding logistics bases (FLBs);
- Augmented transport capacity and transport services;
- Established ETUs;
- Maintained humanitarian air services (UNHAS);
- Upgraded and provided secure communications networks; and
- Mobilized human resources.

Throughout the Ebola response, the WFP implemented an adaptable approach to provide optimal support, while facing unprecedented demands and an evolving epidemic. This project met the critical needs of priority activities at the height of the epidemic.

COUNTRY AND REGIONAL PROJECTS

SIERRA LEONE

Transport and Storage of Essential Items

Across all focus countries and through a collaboration with the WHO, the WFP transported 107,000 m3 of cargo on behalf of 103 organizations, and it stored 157,000 m3 of cargo on behalf of 77 organizations.

In Sierra Leone, the WFP established one staging area, one main logistics hub, and four forward logistics bases (FLBs), and it provided the storage, transport and logistics coordination services over and above plans for the country. The construction of ETUs was not requested, but the agency did provide construction support to refurbish and equip over 20 ETUs across the country. A decontamination unit was constructed in Freetown for ambulance decontamination and other vehicles in the response.

When transmission was high in Kambia and Port Loko, in the northern part of the country, the government launched the "Northern Push campaign" to reinforce existing emergency measures. In support of this initiative, WFP deployed light vehicles with drivers and fuel to provide transport support during the surge to end transmission. WFP also provided support to UNICEF in setting up tents in Kambia as emergency coordination offices, as well as prefabrication units and connectivity services in Tonkolili to address a flare after the town had been Ebola-free for 150 days.

This infrastructure established through the project helped address other disasters in Sierra Leone like the 2017 mudslides. The Main Logistics Base (MLB) set up by WFP now serves as an inter-agency rapid response facility.

UN Clinics

Throughout the Ebola crisis, one of the key challenges was ensuring the safety and security of humanitarian responders. To address this need at the onset of the crisis, the WFP rehabilitated a clinic in Freetown to treat healthcare workers, and it did so with the utmost urgency given the closure of the UN clinic due to contamination. The agency set up tents within 48 hours. It then replaced the old clinic with a prefabricated structure that had ablution units, exam rooms and a holding unit. The clinic met basic health and medical needs for UN humanitarian responders.

Further, at the request of WHO, WFP rehabilitated a hospital in Kambia to be used as a holding center with a capacity of 40 beds. This was not part of the initial response plan, however, as the transmission of the virus spread to new areas of the country, additional health facilities were required. WFP met this need.

Air Services

UNHAS helped ensure humanitarian access to the crisis by transporting passengers and light cargo across the Senegal, Guinea, Liberia, Sierra Leone and Ghana. Through to 31 December 2015, UNHAS performed 5,473 take-offs, transporting 31,777 passengers and 202 mt of light cargo. This was made possible thanks to the overall coordination of air activities through a regional cell and the set-up of a temporary air terminal in Dakar out of which inter-capital flights were operated.

WFP also organized 28 strategic airlifts, nine of which took place in January and February 2015, and transported 770 mt of relief items of behalf of 37 organizations. Airlifts were usually conducted out of Staging Areas, such as the one set up at Cologne Bonn Airport, by the WFP led Logistics Cluster in cooperation with UNHAS and UNICEF. By mid-2015, the UNHAS fleet was reduced to three fixed-wing aircraft and five helicopters.

Three helicopters were especially equipped to medically evacuate Ebola-symptomatic humanitarian personnel. UNHAS performed 68 Medevacs of humanitarian and UN personnel in Guinea, Liberia and Sierra Leone.

Communications

Through the Emergency Telecommunications (ET) Cluster, WFP provided internet set up, equipment and services to 80 humanitarian facilities across the Guinea, Liberia and Sierra Leone, allowing more than 3,300 humanitarian responders to remain connected at any given time. The ET Cluster also provided radio services in 17 towns across the epicenter countries to ensure access to secure telecommunications for Ebola responders.

Concluding Operations

During the last months of 2015, the WFP provision of common services to the humanitarian community and national governments adapted to the evolution of the outbreak and partners' needs. Against a backdrop of reaching and sustaining zero Ebola cases, WFP adjusted its provision of services to enable rapid responses to new outbreaks and surveillance. While the regional Special Operation ended at the end of 2015, WFP continued to leverage the recently established infrastructure and logistics capacity through country-specific operations, tailored to the national contexts. It helped provide a highly dedicated rapid response mechanism to deal with potential small-scale outbreaks, while further increasing and enhancing the readiness and recovery activities of partners.

During the last quarter of 2015, the government empowered the Office of National Security (DMD-ONS) to take the lead in the humanitarian response. WFP supported the office's capacity training. Further, by the end of 2015, an interagency Rapid Response Plan for Ebola, known by the slogan "No Regret Approach" was designed under the UN Resident Coordinator's office. This plan was designed to enable response to Ebola or other health-related or natural disasters.

PROJECT #9 – UNDP

MCA07 – UNDP Programme for Payments for Ebola Response Workers (PPERW) - Sierra Leone

This project was one of UNDP's flagship projects in Sierra Leone. With funds from the World Bank, UNDP managed the disbursement of risk allowances to Ebola response Workers (ERWs) in the country. The project closed gaps and helped avoid ERW strikes by assuring timely payments for their labor. The President of Sierra Leone awarded the project a bronze medal, and it received commendation from World Bank leadership for saving up to $10million in donor funds, especially by reducing fraud.

Major project achievements included the development of a comprehensive database of ERWs based on a nationwide biometric validation exercise it conducted. The database registered healthcare workers, volunteers and other ERWs not paid through government risk allowance payroll. The project compiled and processed 22 national pay-lists ranging from 23,000 to less than 1,000 ERWs. It also developed a simple national Ebola hazard payment policy, which served as a very strong communication tool and was instrumental in the management of public expectations, harmonization of payment rates, and improved public understanding of payment-related processes.

Given the magnitude of the cash transfers and the urgency of risk payments to ERWs, three of Sierra Leone's prominent Mobile Network Operators were combined to ensure national digital payment coverage was achieved and transparent. The project also established a simple and decentralized grievance resolution mechanism. At the peak of the crisis, 12 digital payment helpdesk offices were opened, including 12 phone lines to receive, investigate and respond to payment enquiries, claims and complaints.

On PPERW in Sierra Leone

Mobile pay for thousands of Ebola workers in Sierra Leone

Freetown, Sierra Leone – Twenty-five-year old Isatu Bangura joined the fight against Ebola in August 2014. As a screener, she took people's temperatures and checked for Ebola symptoms. On top of the risk, Bangura, like thousands of other responders had a hard time getting paid for her work. She had to travel long distances, often waiting overnight in far-off cities to collect cash payments 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 said.

With help from UNDP, by December 2014, a new payment system changed this. The system sent money directly to response workers, mainly by mobile phone. "Removing the need for cash makes payment quicker, safer and far easier to keep good records," said 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 said. Through UNDP's programme, 80% of all payments across the country were made through mobile phone network operators, with the rest directly through banks.

PROJECT #11 – UNMEER/UNDP

MCA13 – Ebola Response Quick Impact Projects (QIPs)

Quick Impact Projects (QIPs) provided UNMEER, and then UNDP when it took over for UNMEER, with the flexibility and capability to quickly respond to urgent gaps not funded through other mechanisms. Projects catalyzed Field Crisis Managers in the districts, supported NGOs and District Ebola Response Centers, strengthened the relationship between the UN and other response actors, and served as a readily available tool for the Ebola Crisis Manager (ECM). Jointly, between UNMEER and UNDP, QIPs in Sierra Leone supported 61 projects (46 under UNMEER and 15 under UNDP). They fulfilled all of the objectives set by their original proposals.

Under UNMEER, there were 46 approved QIPs, totaling over $700,000 and implemented in 13 of the 14 districts. The use of QIPs were fundamental in the early stages of the response because they helped operationalize several Ebola treatment centers (ETCs), funded two of the most crucial surges (Western Area Surges-WAS I and II) and funded initiatives on hazard pay, cross-border prevention and IPC.

Into the second phase of the response, QIP projects supported social mobilization and community awareness, survivors, and cross-border prevention. They also aided quarantined households, active surveillance and contact tracing.

UNDP began implementation of QIPs in mid-2015, and it used project funds to addressing gaps in the final phase of the Ebola response. The projects supported the policy of heightened vigilance and surveillance at a time when many international partners were reducing their presence in the field. The 15 projects under UNDP supported activities in seven high-need districts, providing resources to local partners for continuous communication, health screening, community mobilization, and surveillance, as well as improvement of health institutions and services.

COUNTRY AND REGIONAL PROJECTS

SIERRA LEONE

PROJECT #15 – UNDP/UNWOMEN

MCA08 – Social Rehabilitation and Payment to Ebola Survivors and Destitute Families

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

Customizing digital cash transfer mechanisms using a mobile network operator (MNO), this project ensured that 2,500 the beneficiaries received periodic stipends that enabled them to access social services and ensure food security for their families.

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

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

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

Sierra Leone

Giving a family a home

After contracting Ebola from a patient she treated at the hospital, and later losing her husband to the virus, Francess desperately looked for a safe place to stay. She was alone with her four children. With support from the Ebola Response MPTF-funded project, "Social Rehabilitation and Payment to Ebola Survivors and Destitute Families," Francess built a house, sent her children to school, and started a business.

Keeping dreams alive (safeguarding our future)

Abibatu (right) and Haja (left) lost their father and two brothers, including their eldest, who was a surgeon, to Ebola. While both girls also became infected, they survived. To aid their socio-economic recovery, the Ebola Response MPTF helped support the sisters. As a result, Haja now runs a small business, which funds her college education, and the sisters hope to open an orphanage for homeless children in their community.

Economic Empowerment to Women in rural areas

Saio Jalloh of Kumala, Nieni Chiefdom is a subsistence farmer who learned about saving her money through an Ebola Response MPTF-funded project that provided financial literacy and training. As a result, Saio now puts her profits in a local savings scheme. Despite her many challenges – Saio is five hours away by car from the nearest commercial bank and was the first Ebola survivor in her village - with Ebola Response MPTF support, she is championing the village women's osusu scheme to help other women achieve their dreams.

PROJECT #16 – WHO

MCA01, MCA03, MCA09 and MCA11- Strengthen District Level Case Finding, Case Management, Reporting, Logistics Management and Community Mobilization and Engagement

This project strengthened district-level case finding, case management, reporting, logistics management, social mobilization and community engagement. Resulting improvements in contact tracing, rapid isolation, and treatment helped Sierra Leone to go from a peak of over 500 cases a week in October 2014 to zero transmission by 2016. In addition to contributing to the end of the outbreak, this project built Sierra Leone's capacity to respond to future health emergencies.

MCA 1: Identify and Trace People with Ebola

With persistently high numbers of new cases and cases occurring outside of contact lists throughout 2015, case investigation and contact tracing needed to be expanded and improved. To meet this need, the Ebola Response MPTF funded WHO to increase its deployment of personnel to the field, including epidemiologists and IPC and social mobilization experts. Improvements in the identification and monitoring of contacts led to a reduction in the number of deaths in quarantined homes and to rapid detection and treatment of new cases from contact lists.

The epidemiologists worked collaboratively with colleagues from WHO and UNICEF that focused on social mobilization. They provided expert knowledge and helped social mobilizers without medical backgrounds answer questions on Ebola. Most epidemiologists doubled as Field Coordinators with oversight for burials, contact tracers and strategic direction. District teams started using an 'event manager model' led by epidemiologists with responsibility for ensuring coordination with partners and across pillars in support of the District Health Management Teams (DHMT) responses to specific events.

Towards the end of the project, as case numbers began to fall, Ebola-free districts focused on more robust district surveillance systems to enable rapid response and contain future flares. The project's achievements laid the foundations for Integrated Disease Surveillance and Response (IDSR) for a broad range of health issues going forward.

MCA3 - Care for Persons with Ebola and Infection Control

Through this project, WHO IPC experts supported the work of the DERCs and DHMT in fighting Ebola and preventing healthcare worker infections. This work was done under the leadership of the MoHS and in collaboration with operational partners including the US Center for Disease Control and UNICEF. Introduction of IPC significantly reduced the number of staff infected whilst caring for Ebola patients.

An IPC expert was deployed in each of the 14 districts in addition to the country office team. An IPC advisor was deployed to the newly established MoHS National IPC Unit (NIPCU), supported by WHO.

This international team of experts provided technical support and mentoring to national staff and to the NIPCU. Because of the monitoring and training provided, 28 Ebola care centers improved their quality and 12,215 healthcare workers were trained on IPC for Ebola. During the response, WHO IPC staff ensured training, safe IPC practices, and led ring IPC responses at Ebola treatment centers.

In collaboration with the MoHS, WHO developed an assessment tool to strengthen the screening and triage process. It was then implemented by the IPC experts and national IPC counterparts in the districts to identify the gaps and challenges. It was used to assess 476 facilities (peripheral health units and hospitals). There were 558 assessments for screening and triage completed. WHO also played an important role in developing the standards for decommissioning.

Social mobilization and community engagement
© WHO

As the outbreak subsided, focus shifted to sustaining a resilient zero and initiating recovery. WHO supported the MoHS in the development, review and roll out of national IPC policy and guidelines for setting standards for all healthcare providers. The team facilitated two workshops with MoHS and partners to validate the guidelines and their roll out. The project distributed 300 copies of the national IPC policy and 5,000 copies of the national IPC guidelines. To consolidate this work, WHO IPC experts conducted a two-day training of IPC technical trainers from NGOs and DHMT on the new national guidelines. This training of trainers was cascaded through the districts.

IPC POLICY DISTRIBUTED:

300 copies

5,000 copies of guidelines

MCA9- Reliable Supplies of Material and Equipment

With the support of Ebola Response MPTF funding, a WHO logistics and procurement team was able to support all 14 districts. It provided each district with a logistician. The project also supported WHO awareness raising and training events in Freetown and in the districts, including PPE trainings, IPC workshops and campaigns for World Hand Washing Day.

COUNTRY AND REGIONAL PROJECTS

SIERRA LEONE

The agency also helped with establishment of a National IPC Unit at the MoHS through a preliminary needs assessment and the provision of office equipment.

As a pilot programme, WHO and WFP collaborated in four districts to build WHO logistics capacity. The logistics and procurement team supported a pilot study to procure and monitor the usage of hand sanitizer automatic dispensaries in the main hospitals of five districts. The pilot informed WHO logistics and IPC teams on how to support MoHS with the roll out and monitoring of automated dispensers across the country. The project also allowed WHO to procure and most efficiently use office equipment. It set up four pre fabs to create flexible temporary office space.

Under the project, WHO managed the procurement process for MoHS lab units, supporting their capacity and crucial role throughout the outbreak. The agency also worked with the MoHS, UNICEF and the National Public Procurement Unit on PPE procurement. WHO monitored goods received, facilitated customs clearance, and ensured supplies were received by the Central Medical Store for storage and distribution. This work helped create better accountability records for the MoHS and ensured availability of PPE supplies in country.

MCA11- Social Mobilization and Community Engagement

WHO deployed at least two social mobilization experts per district, and three of them were funded by the UN Ebola Response MPTF. These experts were responsible for adapting strategies for social mobilization to address gaps and needs at the district level. They ensured that the strategies were flexible and that the interventions addressed emerging needs and challenges. The expert was also responsible for ensuring appropriate community engagement. WHO recruited and built capacity of 32 nationals deployed across all 14 districts, assuring sustainable social mobilization capacity.

Community engagement activities were held at least twice in all 149 chiefdoms with intensified efforts during operational surges, including 52 activities as part of the Tonkolili surge. Community engagement and social mobilization officers also worked in partnership with other pillars of the response and were an essential part of successful case investigation, contact tracing and quarantine activities. As case numbers decreased and some districts became 'silent,' community engagement and social mobilization officers focused on monitoring and providing flexible surge capacity.

WHO held an October 2015 workshop to train the community engagement team on how best to use the lessons learned from Ebola to engage communities and encourage ownership of responses to other health emergencies and/or priorities.

PROJECT #17 – UNOPS

MCA13 – Establishing Rapid Response and Stabilization Teams (RRSTs) in the National Ebola Response Center Secretariat (NERC)

The Rapid Response Stabilization (RRST) project had separate areas of activity managed by UNOPS and UNMEER, and it became an established part of the National Response Ebola Centre (NERC). Overall, it contributed to at least fifteen surge operations to end transmission, helped close human resource gaps in the NERC, and supported district-level operations to fight transmission. Through this project, UNMEER developed a new approach based on existing approved funds and called it the Rapid Response Surge Fund (RRSF). It pre-allocated funds to the NERC to ensure a rapid response when a proposal was approved. UNMEER operated in Sierra Leone until July 2015, after which UNOPS assumed all tasks.

15 Surge Operations

The project supported medical teams and NERC personnel in dealing with new outbreaks in sub-districts. Activities included the procurement of vehicles, satellite phones, furniture, tents, and ambulances among other items to support the NERC to enable rapid response and fill critical gaps in sub-districts/chiefdoms. Equipment purchases under various operations included: 945 mobile phones CUG and chargers (Kambia); 906 Mobile Phones, CUG and Chargers (Operation Safeguard); 23 vehicles, 24 satellite phones and 60 tents (rapid response); nine ambulances; nine hearses; and PPE disposal burning pits constructed in all cemeteries.

The project bolstered human capacity. UNOPS supported salary payments to NERC personnel, and during the surge Tonkolili, the project paid hazard allowances for 125 nurses and other medical staff who were treating those quarantined in Masanga Hospital.

In addition to capacity building to help reach zero transmission, the project increased community engagement through chiefdom-level meetings, which engendered community ownership of early warnings and social mobilization. The project financed key outreach and messaging, including support to campaigns like the "Zero Ebola Campaign" and the "Three-Day-Stay-At-Home" campaign meant to help stop transmission.

Overall, the Rapid Response Stabilization Team (RRST) project offered crucial support to the NERC, and UNMEER recommended that remaining funds of approximately US$2 million be reallocated to WHO to support the MoH in implementing Integrated Disease Surveillance Response (IDSR). Under WHO, the project was given a new title #17, "Strengthening Ebola Surveillance, Community Engagement and Response for Getting to and Sustaining Zero Ebola cases in Sierra Leone."

Rapid response team
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PROJECT #17 – WHO

MCA01 – Strengthening Ebola Surveillance, Community Engagement and Response for Getting to and Sustaining Zero Ebola cases in Sierra Leone

Through WHO, this project commenced in August 2015 with the aim of reaching and sustaining zero Ebola transmission in Sierra Leone through **strengthened surveillance systems, cross-border collaboration, rapid investigation and response, and community mobilization and engagement activities.** It was implemented under the leadership of the Ministry of Health and Sanitation (MoHS).

With Ebola Response MPTF funding, this project accelerated efforts to stop Ebola in the four districts with on-going transmission as of August 2015 and to prevent a reverse in progress in areas with no active cases. It also allowed for implementation of the lessons learned from previous phases of the Ebola response. Through the project, surveillance and preparedness activities ensured that the "zero" achieved was resilient and that capacity to promptly respond to future flares was maintained. One flare, a new case, detected in January 2016, was successfully contained at its source with only one secondary case.

Ending Transmission and Monitoring Contacts

In October 2016, several meetings were held to address the lack of exit screening on the Guinean side of the border with Sierra Leone; the lack of joint investigations of suspects found at the border that led to unilateral transfer decisions without support from the opposite side of the border; and lapses in the primary and secondary screening procedures and suspect transfer/referral mechanisms. The project supported the development of a bilingual form to support joint investigation and the easy transfer of patients with symptoms to their place of origin with contact tracing. This coordination and collaboration helped prevent cross-border Ebola transmission during the project period. Most cross-border meetings and exchange visits stopped in November after the declaration of the end of the outbreak.

Ten Ebola cases were confirmed during the reporting period: (Kambia (6), Tonkolili (1), Bombali (1), and the Tonkolili flare (2) from four transmission chains. For the Ebola flare in Bombali in January 2016, there were only two cases, the index case, which was not a contact, and one other case that came from the contact list. With the exception of Sella Kafta in Kambia, all the other chains (Tonkolili, 2015 and Bombali, 2016) were contained within the second generation, meeting the rapid response target set by WHO.

A total of 60 contact tracers, supervised by 10 contact tracing mentors and eight epidemiologists followed the 2,767 contacts that were line listed from the 10 cases (4 events). For each event, a daily average follow-up rate of 98% was maintained. During this period, no deaths occurred in quarantine houses, largely because of the early detection and treatment of symptomatic contacts by contact tracers. Furthermore, no quarantined contacts were absconded during the project period. This was a testament to the work of the community engagement staff and the efforts of local communities. Consequently, all those reported as missing contacts were those who left before investigation and quarantine.

934 Village Health Communities formed

To strengthen the resilience of communities and enhance community-based surveillance, village health committees were formed in silent (zero transmissions) chiefdoms in Kambia and Port Loko. A total of 934 committees were formed, supported by integrated surveillance and social mobilization teams to report community deaths, refer sick people and to monitor visitors to the chiefdom. These committees increased death reporting and improved the surveillance and detection capacity of the response.

A total of 300 surveillance officers were trained across Sierra Leone with the majority in the Western Area (200), Port Loko (25), Kambia (20) and Bombali (30). This enhanced case investigation capacity. The surveillance team also developed and revised surveillance and contact tracing standard operating procedures (SOPs) to facilitate understanding of epidemiological terminology by the different response workers, improve case investigation and strengthen contact tracing.

The epidemiologists and contact tracers were also key in the identification of contacts and their contacts (ring definition) for a pilot administration of the Ebola vaccine (rVSV-ZEBOV-replication-competent vesicular stomatitis virus-based vaccine expressing a surface glycoprotein of Zaire Ebolavirus) in Kambia (Sella Kafta), and subsequently in Bombali (Robuya) and Tonkolili (Matsanga, Yele and Magburaka). They monitored those vaccinated to watch for adverse effects. Since August 2015, a total of 433 contacts were vaccinated, which contributed significantly to ending Ebola transmission.

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Functional IDSR System

By February 2016, 144 trainers (TOTs or training of trainers), 1,546 health workers from 1,315 health facilities and 20 clinicians were trained in Integrated Disease Surveillance and Response (IDSR). The project also trained personnel from partner organizations, which helped establish a unitary operational IDSR system that used standard case definitions for case detection in the country. WHO, in cooperation with the MoHS and partners, developed the full set of reporting tools, response procedures and protocols. The training of all District Surveillance Officers (DSOs) and critical members of the district teams and health workers from all health facilities made it possible for all districts to have functional IDSR systems with case detection, documentation, reporting and coordinated response.

42 CBS TOT

4,500 Community Health Workers

At the commencement of this project, the weekly IDSR reporting rate was just above the target 80%, but declined sharply due to the establishment of and insistence on procedures and processes for reporting. However, by the end of the project, the average weekly health facility reporting rate for the month of March was 89%. The reporting rate for the last week of March was 92%. There was therefore a tremendous increase in the quantity and quality of the weekly health facility reporting rates over the project implementation period.

Community-based Surveillance (CBS)

Community-based surveillance (CBS) compliments hospital-based indicator surveillance in the detection and notification of outbreaks and other events of public health concern that occur in communities. Based on experiences during the Ebola response, it was realized that, if fully implemented, CBS could more than double the chances of detecting and reporting health events. Thus, with Ebola Response MPTF support, WHO supported the MoHS to train 42 CBS TOTs drawn from six districts in December 2015. TOT trainings created capacity for CBS and was the first of the three targeted levels of CBS training: district level TOTs; training of facility-based community health workers; and training of community health workers. WHO trained approximately 2,700 community health workers in three districts by end of May 2016 and an additional 1,800 from two other districts by end of June 2016.

Cross-border Surveillance

Cross-border engagement activities consisted of both point of entry (PoE) screening and information exchange for coordinated planning and response activities. Both were developed through this project, but in different border districts and with different rates of implementation.

WHO provided technical support to the establishment of cross-border engagement memoranda of understanding (MoUs) for surveillance information exchange and coordinated response to public health events. In total, the districts held 11 officially recognized cross-border meetings with their counterparts from September 2015 to March 2016. During the meetings, information and experiences were shared, joint response coordinated and monthly plans developed. Through such meetings, information exchanged on missing contacts was used by respective teams to coordinate the search for contacts. The Guinean prefecture of Forécariah also used such opportunities to develop a better understanding of the quarantine strategy used in Kambia, while the Kambia team learned how ring vaccination was undertaken in Forécariah. **Cross-border engagement enabled lessons learned to be implemented and this improved response strategies and supported coordination of activities between the countries.**

Drawing from experience during the Ebola outbreak, WHO provided technical support to the development of a national cross-border surveillance and response framework, and SOPs guided the formation of cross-border structures and engagement in the remaining cross-border districts by June 2016. WHO also worked with the regional Inter-Country Support Teams and Manu River Union to bring together stakeholders from Guinea, Liberia and Sierra Leone to develop a regional cross-border framework of cooperation on surveillance and response. This led to the establishment of an MoU permissive of inter-district engagement.

Out of the need to triage travelers through established points of entry (PoE), screening was enhanced at Pujehun, Kailahun and Kambia district border points. Lungi International Airport and Queen Elizabeth Quay also continued to screen travelers. These five PoEs were equipped to monitor travelers and conduct PoE screening. These PoE services were intended to continue indefinitely.

5 POEs equipped for monitoring and screening

Community Engagement through Communications

The WHO Crisis Communications Function served as a regular guest on radio stations, engaging with listeners to discuss their concerns related to Ebola and its reemergence as well as pervasive issues of denial and mistrust. An important strategy, this direct unmediated access to listeners allowed the WHO Crisis Communications Function to listen to concerns and understand perceptions as well as to communicate evidence-based facts.

The WHO Crisis Communications Function was heavily involved in preparations for the WHO announcement on 7 November 2015 that the Ebola outbreak had ended. This was a particularly important message that had to balance the achievement of the Government in ending the outbreak with the need to remain vigilant, sustain capacity and prepare for future flares. As part of this new strategy, the function compiled interagency crisis communications SOPs and checklists to prepare for responding to a new Ebola event or flare. These materials were used to inform the interagency communication response to the Ebola flare on 14 January 2016.

Furthermore, the WHO Crisis Communications Function compiled a communications strategy for engaging with survivors, and developed messaging on the "Virus Persistence Study" for media, the general public, study participants and health workers. This ensured that the public received clear messaging on risks posed while emphasizing that survivors should be celebrated and welcomed by communities instead of ostracized. The Function also developed advocacy material for various social media platforms such as Twitter and Facebook (in English and Krio). The materials gave examples of the importance of community engagement, including with survivors, and the importance of heightened surveillance.

On all the messaging, the WHO Crisis Communications Function worked closely with WHO's community engagement team to ensure that, in addition to media broadcasts and interviews, the messaging was delivered directly to communities. One of the key lessons learned during the response was that the messenger was often just as important as the message itself. Consequently, **WHO community engagement staff focused on working with trusted members of the community such as paramount chiefs, traditional healers, and religious leaders to enhance the power and effectiveness of its messaging.**

PROJECT #17 – UNDP

MCA13 – Strengthening Logistics Capacity of the Directorate of Drugs and Medical Supplies

The quality of the road and transportation network, especially during the rainy season, in Sierra Leone hampered the ability of the Directorate of Drugs and Medical Supplies (DDMS) to distribute healthcare commodities to peripheral health units (PHUs) and Mother and Child Healthcare Centers (MCHCs). Over 75% of healthcare facilities in the country didn't have pharmaceuticals and medical supplies for several months of the year, however central facilities were overstocked because the supplies could not be transported due to road conditions. As a result, drugs often expired and took up limited storage capacity in district medical stores.

To address this situation, this project strengthened the transportation capability of the DDMS, by providing 15 four-wheel-drive mini trucks to each district. The District Health Management Teams (DHMTs) used the vehicles to distribute drugs to remote or hard to reach healthcare facilities. Further, an internal review of fleet management was carried out, which led to improved fleet management mechanisms put in place for distribution. A logbook for vehicle movement and a global positioning system (GPS) was enforced for effective tracking and monitoring.

15 4WD vehicles to reach remote areas

This project also completed an assessment of drugs and medical supplies in 14 District Health Management Team offices in four regions of the country. It assessed 79 peripheral health units on the availability of drugs and medical supplies, which helped the Ministry of Health and Sanitation to rearrange the distribution process and make provision for emergency stock out in the respective PHUs across the country. As a result of this project, 75% of PHUs received drugs and medical supplies on time. Overall, an effective supply chain of drugs and medical supplies was achieved.

PROJECT #18 – UNMEER

Strengthening the National Ebola Response Centre (NERC) Secretariat

The NERC Secretariat was supported by UNMEER and UNOPS to coordinate and enable decision making-processes to successfully halt outbreaks of Ebola, including through the coordination of joint cross-border activities with Guinea. Initially, the (NERC), the Emergency Operations Centre at the national level in Sierra Leone, faced human, technical and financial capacity challenges in responding swiftly and efficiently to the Ebola crisis.

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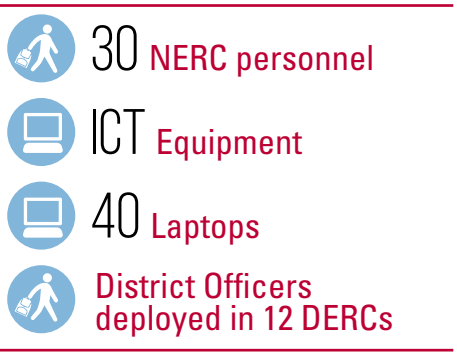
With phase two of the response, this project enabled the NERC to hire over 30 core personnel to urgently man the Secretariat and Plans Directorate. **This supported NERC implementation; strengthened information-sharing; set-up of laboratory and bed management coordination cells linked to the "Situation Room"; and strengthened data gathering and information management.** The project also provided US$36,000 of hardware and ICT support to the NERC Situation Room and Plans Secretariat. Based on needs and assessment, over 40 laptops and a variety of office supplies were provided.



UNMEER worked with the NERC Secretariat to coordinate and enable decision making-processes to successfully halt outbreaks of Ebola in 10 out of 12 districts. The project increased information availability and flow from the District Ebola Response Centers (DERCs) to the NERC. This included posting information to the NERC website and the collection of performance indicators. Information Management Officers (IMOs) were deployed to all 12 DERCs in the country. With regard to strengthened information sharing, all districts were electronically reporting to the NERC. Data collected at the district level and used by the NERC was now done by DERC personnel who were trained by UNMEER/NERC IMOs. The data was collected through Web and Mobile technologies, which brought consistency and added automatic validation.

UNMEER Sierra Leone also partnered with Catholic Relief Services (CRS), providing over US$600,000 to increase the timeliness of support to DERCs and to ensure administrative structure and oversight. Thanks to this project, the operational support was thoroughly managed and accelerated the provision of resources to the DERCs in a non-duplicative manner.

PROJECT #38 – UNDP

MCA08 - Reintegration of Sierra Leone Red Cross Society (SLRCS) Volunteers Burial Team

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

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

The project also created local PSS capacity by supporting the National Society (SLRCS) to give psychosocial support during the emergency, recovery, and development phases of the Ebola response. This was done through trainings on Psychological First Aid (PFA), the community-based psychosocial support (CBPSS) approach, coping skills and stress management, and violence prevention and concepts of peace building. The trainings built a solid foundation that could be utilized in the varied landscapes of PSS interventions. The PSS program was to be integrated into IFRC long-term community-based health and first aid as well as disaster reduction plans, guaranteeing the sustainability of supported activities.

Read about the burial teams here:
https://bit.ly/2teO5EQ

The project's second output assured that volunteers in the re-skilling, vocational training or business development streams recovered. Through the project, volunteers trained in: continuing education; vocational skills development; business skills development; career advisory services; and financial inclusion trainings. Here are some of the results:

- Continuing Education - The project supported 374 volunteers to resume their studies in senior secondary school, technical and vocational educational training (TVET) centers, and tertiary institutions after the Ebola outbreak. It paid one year's tuition and provided support for materials. The volunteers would graduate and form a large human resource base for SLRCS and the country at large.
- Vocational Skills Development - 402 volunteers completed their vocational training, as follow up arrangements were made with the training institutions and the respective SLRCS branches to guarantee completion.
- Business Skill Development (BDS) – 95% of the 405 volunteers that streamed through business development successfully completed the training and 80.2% (325/405) developed 186 business plans that

were provided with start-up capital. There were 10 group business plans with a total of 148 members across the eastern region and 176 individual business plans. SLRCS entered into a partnership agreement with Ecobank to support the disbursement of seed capital. This partnership not only supported implementation of business plans developed by the volunteers but also increased the volunteers' access to loan facilities.

- Career Advisory Placement Services(CAPS) - 62 volunteers opted for CAPS. Of these, 8% were employed and 92% served as interns in various institutions and organizations across Sierra Leone.
- Financial Inclusion: 1,256 volunteers completed financial literacy training with support from Ecobank. The training imparted the skills needed to make prudent financial decisions regarding savings and loans.

Reintegration of Sierra Leone Red Cross Society (SLRCS) Volunteers Burial Teams

This is the testimony of Millicent N. Ggangbay. Millicent, age 24, is a former volunteer of the Safe and Dignified Burial (SDB) team in Pujehun, Southern Sierra Leone. She is one of the eight hundred beneficiaries of the UNDP/Red Cross re-skilling and integration project for SDB and Infection Prevention and Control (IPC) volunteers who were the front-line fighters against Ebola in Sierra Leone.

Millicent opted for a one-year computer software and hardware package at the Growth Vocational Training Centre, amidst numerous options available at the Centre. Reminiscing her time as an SDB volunteer, she discussed the valuable role she played as a female volunteer in the burial process.

"As a female volunteer, I played a very unique role during the Ebola crisis in the burial team. Whenever there was any community female death I was always the first to enter and placed corpse in a dignified position before my male colleagues can proceed with the collection procedures. I was a petty trader before I joined SDB of the Sierra Leone Red Cross Society" She revealed, "Collecting dead bodies in Ebola epidemic operations is a very risky job, but I took the venture in order to give honor to the dead and to further draw the attention of the world to Red Cross humanitarian activities."

Disclosing the ordeal, she encountered in her community, she said, "Initially, when I joined the SDB my family and community members shunned me. I took refuge at a friend's house, but they too turned against me and finally threw me out. I ended up renting a room where I stayed alone." She sobbed as she reflected on the past. She added, "My monthly incentive from the Red Cross really salvaged my situation."

Explaining her personal view of the UNDP/SLRCS re-skilling and integration program she said, "The re-skilling project is a very good package for us and I have chosen computer application software as a skill." Appreciating the support, she noted the market need for computer skills in the economy. She said, "I chose the computer course because the prerequisite for all advertised jobs today is tied on an individual's basic knowledge in computer software applications."

"I am very grateful to the SLRCS and UNDP for all that I have achieved and the capacity development I am going through. I am currently living an independent and respectable life. I am not very rich, but living an average life of my own and am more than sure that this will be an advantage to my career."

Concluding, she said, "I am pleading to UNDP through the SLRCS to kindly extend this opportunity to colleagues who were in other pillars during the Ebola response like social mobilization, contact tracing and psycho-social support that have not benefited from this scheme, so that we all have equal opportunity for an independent and sustainable life."

COUNTRY AND REGIONAL PROJECTS

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PROJECT #40 – UNDP

MCA04 – Maintaining Essential Service Capability for a UN Clinic in Sierra Leone

This project funded a UN clinic in Sierra Leone to meet the medical care needs of responders and their families through 2015. The clinic saw 4,107 clients and offered 24/7 care. Its observation facility is still in use.

Under the project, all of the clinic's consulting rooms, observation room, emergency rooms, ambulances, holding units and its laboratory were equipped with sharp disposal containers and bio-hazard bags, which were collected and incinerated as needed. Medical personnel at the clinic ensured that level-4 bio-hazards were adequately decontaminated and triple packed, prior to transportation and incineration.

PROJECT #45 – UNICEF/WHO

RSO3 – Ebola Survivors Database Creation; Needs Assessment and Screening; Psychosocial Support and Reintegration into Society

This project supported the implementation of a comprehensive framework of support for Ebola Survivors. It built on activities and services already being provided, sought to increase knowledge about survivors needs and status, and enabled further interventions. The project was dually implemented by WHO and UNICEF.

WHO

For it's part, WHO worked through the Comprehensive Programme for the Ebola Survivors (CPES), a Presidential initiative of the Government of Sierra Leone to improve outreach to, healthcare for and the acceptance of Ebola survivors in their communities. The WHO Ebola survivors team also worked closely with the Ministry of Health and Sanitation (MoHS) and Ministry of Social Welfare, Gender and Children's Affairs (MOSWG) to support the initiative.

This part of the project was designed to overcome key gaps in survivor care, in particular by building healthcare worker and community knowledge of Ebola so that survivors could access care and benefit from greater community integration. WHO, with implementing partners, finalized clinical guidelines for managing survivors and adapted them the Sierra Leone context. The guidelines greatly contributed to the curricula used to train healthcare workers. The project developed clinical care guidelines that were instrumental in building the capacity of healthcare personnel to create a sound referral pathway and healthcare system for survivors. Sierra Leone's survivor healthcare system was referenced as the most developed of the three most affected West African countries.

WHO also helped define the roles (terms of reference) of the trained personnel, which included CHWs, referral coordinators, and their supervisors. They were responsible for facilitating and monitoring: referrals for people entitled to free healthcare; survivor advocates who provided survivors with homebased follow-up and psychosocial support and helped link them to community and facility-based care; and clinical training officers (CTOs) who identified, treated and recognized when and where to refer survivors with medical complications requiring a higher level of care. The whole process strengthened 104 peripheral health units (PHUs), including community health centers (CHCs), community health posts (CHPs), and maternity community health posts (MCHP).

Specifically, WHO:

- Trained 226 CHWs nationally using the materials it developed;
- Strengthened 104 peripheral health units, including CHCs, CHPs, MCHPs;
- Placed 14 referral coordinators at district hospitals
- Organized 152 survivor advocates to provide survivors home-based follow-up and psychosocial support, and to help link them to community and facility-based care.
- Placed 12 CTOs and 10 medical doctors to address frequent survivor complications

Also through the project, WHO supported the MoHS to participate in monthly meetings with the Sierra Leone Association of Ebola Survivors (SLAES), and to set milestones under its "National Key Results Area 3". Consequently, WHO worked with the Deputy Chief Medical Officer to update the national "President's Recovery Plan." WHO also supported the five sub-groups of the Survivors Technical Working Group (STWG) to regularly meet, including to finalize key CPES standard operating procedures and policies.

The STWGs provided technical support and input to training and mentorship; human resources; supply chains and logistics (The quantification of drugs for the Survivor cohort was done and became part of the free healthcare initiative, under CPES); the referral pathway for survivors; and monitoring, evaluation and information management. To bolster communications between government agencies, donors and other partners, a health-facility-form-10 (HF-10) was created, printed and distributed to all PHUs, and healthcare workers were trained to use it for every survivor seeking care.

UNICEF

Through this project, UNICEF supported the roll-out of the Comprehensive Package on Ebola Survivors (CPES) and Project Shield, which enabled the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) to establish a national database on survivors to guide policy and programme design, including facilitating survivors' access to basic services. Project Shield also sought to reduce any resurgence of Ebola through sexual transmission. The project achieved these goals by enhancing the capacity of the Sierra Leone Association of Ebola Survivors (SLAES) to register, assess and follow-up on survivor activities at the national and district levels.

A total of 4,000 survivors were registered by MSWGCA and SLAES nationwide. Comprehensive information on survivors was captured in an Excel database managed by SLAES. Only 620 survivors in the Western Area were provided with serialized ID cards through the MSWGCA. Although other survivors were not provided with serialized ID Cards, referral through SLAES and CSOs made it possible for them to access medical services at government hospitals and other health centers managed by MOHS partners. At the community level, survivors accessed various services for their healing and reintegration such as cleansing and healing services, food and non-food items, cash grants, psychological first aid (PFA) and other services.

With funding from the Ebola Response MPTF, the capacity of SLAES to coordinate and monitor service provision to survivors, as well as to create space for peer interaction and support was strengthened. All survivors registered and verified in the districts participated in at least in one PFA session each during the project period. This included one-to-one meetings/counselling sessions or group meetings facilitated by trained survivors with support from social workers from the MSWGCA.

A total of 96 out of the 239 survivors registered in Tonkolili and Kono were males over 15 years of age. Through direct support provided to the National Aids Control Programme (NACP), these young men were trained on safe sex practices and provided counselling on semen testing. Some of these young men also volunteered to participate in research to determine how long Ebola remained in semen.

SLAES was also supported to establish offices at the national level and in each district (with funding from other sources); to recruit and provide stipends to survivor volunteers to manage SLAES activities in every district; to provide training for at least 50 SLAES members on leadership, organizational management; and to conduct PFA and monitoring. Through SLAES, limited financial support (approximately US$10 per day, for a two-to-three-week period) was provided to survivors trained as advocates to facilitate their outreach and field activities during the registration and verification exercise, which lasted approximately 14 to 21 days in each district. Though this support was given as stipends to cover their daily allowances, it also indirectly improved the livelihoods of survivors. At least 60 survivors received such support through Ebola Response MPTF funds in the Tonkolili and Kono districts. SLAES offices remained functional in every district and have continued to monitor and raise awareness on survivor issues at national and international levels.

Through the registration and verification exercise, as well as PFA and counselling sessions, the individual needs and challenges of 4,000 survivors were identified, and survivors were referred for services and support. The major needs included health, livelihoods and - in the case of children - access to education. A total of 550 survivors in the Western Area (Rural and Urban) were provided with livelihood support in the amount of 700,000 Leones (approximately US$100) each from Ebola Response MPTF funding (other survivors had received the same support from funds provided by World Bank and other donors). In all, 1,500 Ebola child survivors and orphans in 15 districts were provided with assorted school materials, including bags and books. Through the case management system, child survivors were comprehensively assessed, as well as sequentially assessed and referred to various services for their recovery and reintegration, such as placement in foster families or in kinship care (for those who were orphans) and recreational play, and were provided with school materials as well as reintegration kits (including a mattress, bucket, plastic cups, plates and spoons, toothbrush and paste, clothing and slippers.)

The project also pursued awareness raising and sensitization. Its initiatives reached more than 300 communities in 12 districts plus Freetown – or approximately 100,000 people - and contributed immensely to the reduction of the stigmatization and ostracization of survivors. The sensitization programmes in the districts included community healing and cleansing ceremonies carried out by MSWGCA and NGO partners. These made it possible for communities to fully accept Ebola survivors. At the end of cleansing ceremonies, communities prayed for survivors and offered words of apology. Ultimately, all survivors were accepted back into their communities, with 75% reported feeling welcome

PROJECT #48 – UNICEF

MCA08 – Sierra Leone Social Mobilzation and Provision of WASH Services For Achieving and Sustaining a Resilient Zero

Guided by the national strategy on getting to zero transmission and the national recovery strategy, this project integrated community engagement in efforts to stop the spread of Ebola. It promoted convergence, participation and equity at the community level through platforms that brought various stakeholders together. The project's provision of comprehensive WASH (water, sanitation and hygiene) services, including community sanitation and WASH in school and healthcare facilities as well as community water supply improvements, greatly contributed to behavior change.

COUNTRY AND REGIONAL PROJECTS

SIERRA LEONE

Community Engagement Achievements

Project funds strengthened community engagement as part of the rapid response initiated after the Tonkolili flare in early 2016. As a result, 56 chiefdoms established rapid response teams for outbreak response and preparedness. The project supported mass mobilization using media and the engagement of over 30 key stakeholders, especially Paramount Chiefs, local council members and religious leaders, who also ensured community support for ring vaccinations. In addition, chiefdom-level community dialogues were held across the districts to ensure community support and behavior change. Through the project, 150 social mobilizers and 100 community health workers (CHWs) were deployed in all 11 chiefdoms. In addition, information, education and communication (IEC) materials were pre-positioned and made available at the district level.

TRAINING FOR OUTBREAK RESPONSE AND PREPAREDNESS

56 Chiefdoms established RRTs

426 VDCs

For the Tonkolili case and others, integrated rapid response teams comprised of social mobilizers and surveillance officers were deployed and cross-border meetings were conducted with Liberia. In Kailahun district, mobile teams were assembled and assigned for community engagement, especially around bordering communities. As part of district preparedness, high risk community members, were reoriented and mobilized.

Ebola Response MPTF funds supported the response to the Ebola flares in Kambia and Tonkolili and preventive and preparedness interventions in Port Loko, Bombali and Kailahun. A comprehensive mapping of village development committees (VDCs) across the country was completed and over 75% of mapped VDCs met monthly. A total of 56 chiefdom taskforces and 426 VDCs were trained for outbreak response and preparedness. Over 430 trained social mobilizers were deployed across districts to engage communities during the response and preparedness phases.

In addition, community health workers were included as members of the VDCs along with a representative from the PHU Facility Management Committees. Together they helped bridge health services and communities. As part of the outbreak response, the VDCs played a crucial role in identifying challenges to rapid response, like the lack of handwashing buckets, thermometers, phones and flashlights, for those quarantined and for security personnel. The project also provided vehicles for the social mobilization and national teams supporting the response in Tonkolili. These vehicles also served as mobile public address units.

Youth engagement was an integral part of the community engagement process for rapid response and community-level action planning. In partnership with Restless Development, UNICEF mobilized and engaged youth. They conducted theatre performances to raise awareness and served as special mobilizers for cross-border monitoring. UNICEF also engaged youth through its SMS-based youth and civic engagement platform, U-Report, to gauge community perceptions and guide messaging.

Social Mobilization & Provision of WASH Services For Achieving & Sustaining a Resilient Zero

Two things immediately strike you when you arrive in the village of Thigbonor in Lokomasama chiefdom: the place is extremely tidy, and the high street is almost deserted. After a four-hour drive from Sierra Leone's capital, Freetown, we park under a large banana plant, and follow people's indications to the outskirts of the village. I've been caught out before in West Africa when villagers promise "a short walk" under a hot sun, but in this case within two minutes the trees have given way to large open grassland and we quickly find much of the village digging, weeding and planting the rich brown soil.

If it wasn't already apparent that this is one organized village, a cardboard sign next to the road spells out what's going on. With the help of the men, women and youth actively at work, this patch of land is being transformed into a village okra and pepper garden under the guidance of the Village Development Committee (VDC).

"This sort of VDC thing wasn't existing before," the village headman and chair of the VDC, Aboubakar Kamara, tells me during a short break from hoeing. He says it was during the Ebola outbreak, which was declared over on 7 November 2015, that the community started to work together.

This village of around 700 people was a hotspot for Ebola infections, with at least 25 confirmed deaths. During the quarantine period imposed on the village, crops ripening in the fields went to waste because villagers weren't allowed to leave their homes.

Now, through the VDC, they are getting back on their feet. The villagers work together on Thursdays and Sundays to implement the community action plan they have drawn up, which is proudly displayed on a notice board in the center of the village. Their initial priorities are the agricultural project to re-launch food production, a toilet block, and also, a scheme to encourage the continual practice of hand-washing as a safe-guard against Ebola and other deadly diseases. Each home has a hands-free

'tippy tap' hand-washing station made within the village from a jerry can, string and a wooden frame.

Community groups - like development committees, neighborhood watch groups, and village taskforces - were a key part of the successful response to the Ebola outbreak. The government and agencies like UNICEF hope to build upon the achievements of the past 18 months. Chiefdom and village development groups have existed in Sierra Leone in various forms since colonial times, though many are no longer in operation. A mapping exercise commissioned by UNICEF in 2015 found that 31% of over 1,200 VDCs were active (meeting at least once a month) across the country.

A UNICEF partner in Port Loko district, OXFAM, is working to revive the VDCs as a way for communities to gain more control and say over their development. Each VDC has around 11-13 members including the village headman, a chairwoman, religious and traditional leaders, school teachers, health workers, and youth representatives.

A short drive away in the village of Kambia, another VDC has made the village's main road a priority to boost local industry. As we arrive, the entire community appear to be armed with shovels and pickaxes as they work to improve the road.

The male youth representative on the Kambia VDC, Abdul Majid Kamara, tells me the Ebola outbreak taught them what they could achieve as a team. "We mobilized all the youth to organize the community and protect our village from sick strangers," he told me. "If we've now defeated Ebola, it's thanks to our working together."

A nearby school project shows the power of community mobilization. The village members decided to construct their own school building without waiting for support. Once the foundations were laid and the structure was three bricks high, they received the support of the local MP, and the building is now almost complete. The abrupt change in brick color from the initial local construction is testament to how the community started the project themselves before it received backing from the authorities.

Back in Thigbonor village, just as I'm leaving, I meet 19-year-old Yeanor Kamara, who lost her father and mother to Ebola, which she recovered from herself.

"As a survivor, I am optimistic and glad about the Village Development Committee," she told me. "The whole village has come together. There are some things that we can do ourselves. We continue washing hands because we don't want Ebola to return. It doesn't cost us a thing and it stops illnesses. But we're only subsistence farmers, so we can't do everything."

She adds as we head off. "I miss my family, but these things give me courage."

Provision of WASH services
© UNICEF

WASH Achievements

Through this project, 10 communities of an estimated 12,000 people were declared Open Defecation Free (ODF). In addition, the initiative trained 20 leaders (two per community) and 10 facilitators on quality triggering, and all communities received hygiene awareness messaging. To support longevity, the project mainstreamed sanitation activities into district health management team activities, with an environmental health superintendent as the focal point to support monitoring.

An estimated 1,250 people were given access to safe water from five constructed/rehabilitated water sources in ODF communities. Again, to assure sustainability, the project trained ten caretakers and five hand pump mechanics on operations, maintenance and management of water sources, and linked them to the VDCs.

An estimated 10,500 people were given access to healthcare services from seven PHU facilities that were provided with comprehensive WASH facilities through the project. These facilities met the new WASH in health standards, which included mandatory provision of running water, construction of sanitation facilities and waste management options such as incinerators in every healthcare facility. All water sources were motorized by a solar system and piped to a reservoir tank elevated on a tower. It had a capacity of 3,000 liters. In addition, hygiene education was provided to reinforce the use and sustainability of these facilities. It is estimated that 10,500 people from the catchment area benefited and continue to benefit from improved WASH services.

The project also addressed primary schools. It provided ten primary schools with comprehensive child-friendly WASH services benefiting at least 2,000 children (1,020 girls). The WASH package included water supply facilities (infrastructure), school sanitation, and health education/ school-led total sanitation. Ten school management committees (90 people), six school health clubs and 20 school focal teachers were trained to support the management of school WASH services and safe behavior.

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PROJECT #50 – UNDP

MCA13 – Ebola Preparedness, Response and Recovery Support to the Resident Coordinator

This project provided additional human capacity in the UN Resident Coordinator Office (RCO). The project funded three additional positions in the RCO: a dedicated Ebola focal point to the RC; and a programme analyst and a driver to support the Focal Point. This three-person team formed the Ebola Response and Recovery Coordination Team (ERRCB).

The ERRCB was tasked with: creating and leading platforms for Ebola management coordination (monthly coordination meetings with key stakeholders, both UNCT and national partners); assessing the Ebola management capacity of national institutions and advocating for improvements; building the capacity of the UNCT; knowledge management and dissemination of best practices; and building strategic partnerships among stakeholders involved in disaster management.

Throughout the project's duration the ERRCB worked with all the UN agencies to ensure the UN's unique set of capacities and strengths were effectively patched into the national efforts to stay Ebola-free and care for survivors. The work of the ERRCB freed the rest of the RCO and the majority of the UNCT to focus on the broader national recovery efforts that were being driven by a recovery team inside the Office of the President.

Project-supported outcomes included:

- Strengthened health data systems;
- Improved IPC in health facilities;
- Strengthened ISDR at national, facility, and community levels;
- Community-based surveillance;
- Rapid response teams;
- Establishment of 13 district and one national emergency operations centers that achieved greater than 80% in exercise assessments;
- Five reference laboratories that had capacity to confirm cases within 72 hours;
- Registration and tracking of survivors;
- Livelihood support;
- Social workforce development;
- Food assistance; and
- Support to the Care Programme for Ebola Survivors (CPES).

Through continuous liaison with government ministries, UN agencies and other partners, this project helped keep Sierra Leone Ebola-free and on the path to recovery.

PROJECT #56 – UNDP

RSO4 – Support to the Government of Sierra Leone to Set-up and Operationalize a Dedicated Secretariat for the Sierra Leone Ebola Recovery Trust Fund

To better coordinate the multiplicity of financing streams pledged at the July 2015 Ebola Conference, the Government of Sierra Leone approved the establishment of a dedicated financing mechanism, the Sierra Leone Ebola Recovery Trust Fund (SLERF), to finance its national recovery strategy.

This project strengthened the capacities the Government of Sierra Leone to establish a secretariat to support the day-to-day operations of the SLERF steering committee and ensure the mobilization of resources pledged to the country at the conference.

This project raised human capacity by training two staff, including on the 2014 Procurement Act, and raised awareness of the Fund at the district level. It also refurbished the Development Assistance Coordination Office (DACO) to be used as the secretariat, and procured two vehicles. It supported the follow-up on pledges and commitments made by development partners, however no resources were received.

PROJECT #63 – UNAIDS/WHO

RSO1- Positive Health, Dignity and Prevention Project

The Positive Health, Dignity and Prevention Project was a post-Ebola project designed to increase the resilience of those who survived and were left vulnerable by the outbreak. The project was coordinated and implemented through the Ministry of Health and Sanitation (MoHS), Comprehensive Programme for Ebola Survivors (CPES), National Aids Control Programme (NACP), National AIDS Secretariat, Women in Crisis (WIC), Sierra Leone Association of Ebola Survivors (SLAES) and Network of HIV Positives (NETHIPS), and the WFP, among other partners. Main implementing agencies were UNAIDS and WHO.

Mainly through UNAIDs, the project scaled-up interventions and services for sex workers. It trained local mentors who reached over 20,070 sex workers with messaging on Ebola/HIV prevention via strengthened watch networks. It reached two support groups per district with integrated Ebola/HIV messaging and trained them to reduce stigma and discrimination. The project provided 3,500 adults with counseling and information to address concerns related to Ebola, HIV, and sexual reproductive health. The most vulnerable households were given additional support to assure their dignity and safety. In hard to reach locations, the project equipped additional integrated drop-in centers to help vulnerable groups access prevention, treatment, and

psychosocial counseling services. It also created an early warning system among this highly sexually active group, and it promoted access to condoms for sex workers, their clients, and other vulnerable people, such as men who have sex with men.

The project established a strong foundation for the sustained engagement of key actors in the fight against Ebola re-emergence and the spread of HIV. The project partnership model, where partner agencies were given direct implementation support without the burden of managing the administrative financial requirements of the project, proved a best practice. Through to its conclusion, the project invested in partners, working to assure their buy-in, and to engage them in capacity building, mentorship, and accompaniment. The project received testimony from Ebola survivors and affected families that its PSS services reduced stigma and improved access to HIV and Ebola prevention services at the community level.

Also, through this project WHO supported CPES to coordinate implementation of survivor care activities at the national and district levels. The agency aided the CPES with conducting verbal autopsies and analyzing the results. WHO also helped the CPES to procure clinical items it needed to provide care, and it trained and deployed 152 Survivor Care Advocates. The CPES requested WHO to recruit two consultants to conduct capacity building on clinical care of clinical sequalae among Ebola survivors, particularly in the areas of Rheumatology and Otolaryngology (ENT). WHO hired these consultants who trained 26 Medical Officers, Community Health officers and Nurses over a period of eight weeks.

Project Indicators - Number of trained Survivor Advocates and Survivor Advocate Supervisors

- 12 Districts in Sierra Leone (no Survivors currently in Bonthe)
- 152 Survivor Advocates and 30 Survivor Advocate Supervisors
- 152 Survivor Advocates and 22 Survivor Advocate Supervisors trained
- 174 CHWs trained (Survivor Advocates and Survivor Advocate Supervisors)
- 101% Survivor Advocates
- 73% Survivor Advocate Supervisor

Project Indicators - Number of strengthened peripheral health units

- 12 Districts in Sierra Leone
- 104 PHUs strengthened Following May, no further clinics have been established, as per plan
- 104 was target, 104 strengthened

On monitoring, WHO supported laboratory data analysis for the national semen testing program and carried out viral persistence studies as well as implementation of a quantitative study to assess Ebola survivors who participated in the semen assessment program. It supported Project Shield.

Finally, WHO supported the MoHS and Ministry of Social Welfare, Gender and Children's Affairs to finalize transition of responsibility from CPES to district authorities and district hospitals to ensure sustained care for Ebola survivors and their families, and to integrate Ebola care coordinators at the district level into management structures.

PROJECT #67 – UNFPA/UNICEF/WHO

MCA13 – Preparedness Joint Programme

This Ebola Response MPTF-supported project was a joint initiative between UNFPA, UNICEF and WHO to consolidate the capacity gains achieved during the post-Ebola recovery period and to address remaining national capacity gaps, particularly within the Ministry of Health and Sanitation. Its main areas of support were: strengthening national International Health Regulations (IHR) capacities, strengthening the indicator-based surveillance system (IDSR), improving maternal death surveillance and response (MDSR), strengthening community ownership and action for preparedness, and maintaining safe motherhood. The programme complemented other ongoing initiatives that were supported by development partners in Sierra Leone.

WHO Achievements

WHO acted as the lead agency of the joint programme. Through the project , it finalized the National Action Plan for Health Security (NAPHS) and the first-ever global resource mapping against the plan. It rolled out electronic surveillance that increased the sensitivity and timeliness of the ISDR system. The project also strengthened preparedness, surveillance and response to public health emergencies at points of entry (PoE), such as airports, sea-ports and border crossings, enabling progress towards International Health Regulations (IHR) compliance.

Promoting the implementation of IHR (2005) - With support from the WHO Regional Office for Africa (AFRO), the country finalized the National Action Plan for Health Security (NAPHS) 2018-2022 and resource mapping through a global health security stakeholder engagement process. The action plan was readied for launch by the government. In 2018, WHO led stakeholders in supporting the MoHS to prepare the annual IHR report and conduct a self-assessment (internal self-assessment on the country's capacity to manage large scale health emergencies) for which a scorecard was prepared. Two IHR quarterly coordination meetings were held.

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Minimizing the risk of cross-border disease spread - WHO provided technical support in strengthening the capacity for preparedness, surveillance and response to public health emergencies at PoEs. A total of 132 staff stationed at various PoEs were trained on IHR to reduce the risk of cross-border disease spread. WHO also provided technical support in the development of frameworks and standard operating procedures (SOPs) for the Lungi international airport, Queen Elizabeth Quay seaport and the seven districts that shared a border with Guinea and Liberia. The PoEs framework and SOPs enabled cross-border personnel to carry out their duties in compliance with IHR (2005) requirements.

WHO, in collaboration with CDC, IOM and the West Africa Health Organization (WAHO), provided technical support to a regional cross-border coordination meeting to strengthen surveillance, joint planning and information sharing between the four Mano River Union (MRU) countries of Sierra Leone, Guinea, Liberia and Cote d'Ivoire. Quarterly cross coordination meetings were held with counterparts from Guinea and Liberia to enhance information sharing and joint collaboration at PoEs.

Strengthening real-time surveillance for priority public health diseases, conditions and events - WHO provided technical and financial support to the MOHS to conduct Integrated Disease Surveillance Response (ISDR) supportive supervision visits in all 14 districts of the country. During each round of supervision, an average of 130 health facilities were randomly selected and ISDR progress gaps assessed and shared with the MOHS. On the job training was offered to staff. Quarterly review meetings were also held to monitor performance of the surveillance system.

Introduction of electronic system of reporting surveillance data - WHO led the introduction of an electronic system of reporting surveillance data. The system enabled health facilities to convey the weekly surveillance data from a hand-held gadget to the central database of the Ministry of Health. Ten of the 14 districts submitted IDSR reports using the electronic platform. The use of electronic reporting (eIDSR) improved operability of the surveillance system and transformed the surveillance system from a labor intensive undertaking to an efficient system with improved data quality and timely reporting. The improved surveillance system enables early detection of and timely response to disease outbreaks and other public health emergencies should they occur.

UNFPA Achievements

UNFPA provided extensive capacity building support to various levels of the health system in the area of maternal and newborn health with a focus on strengthening capacities for emergency obstetric care and maternal death surveillance. As a result, midwives in all districts were able to conduct maternal death investigations. Additionally, social autopsy was piloted in selected communities thereby enhancing the prospects of more complete accountability for maternal deaths. Community health workers (CHWs) from districts were trained to promote family planning and administer contraceptives. They refilled oral contraceptive pills and made referrals for new clients and/or dissatisfied clients. This increased access to the quality healthcare for vulnerable women and girls.

The project conducted multiple trainings:

- Strengthen and maintain family planning services at the community level - With Ebola Response MPTF funding, the District Health Management Teams of Kailahun and Koinadugu districts increased contraceptive coverage through community health workers (CHWs). 200 CHWs (100 from each district were trained to promote family planning/contraceptive use, provide condoms and refill of oral contraceptive pills. Also, data collection tools were designed for oral contraceptives and referrals, and 400 booklets (200 per district) were printed and provided to CHWs.
- EmONC training - 40 service providers were trained on EmONC competency-based training in Port Loko and Kailahun Districts (20 Participants per District) in June.
- PMTCT training - 75 Service Providers were trained on the revised ANC package in three regions, the Northern, Southern and Eastern Regions.
- MW Investigator Training - To improve the quality of maternal death reviews and response nationally, 53 midwife investigators were trained across the 14 districts.
- M&E training - 56 participants were trained on the MDSR data collection tool.
- CHW training - 200 community health workers across 14 districts were trained on basic maternal, newborn health.

Other outcomes included:

- Status of EmONC monitoring visit by RHFP - Monitoring visits on the quality of EmONC were completed at 36 facilities in six districts. Technical support was provided during these visits.
- Piloting Social Autopsy - As part of strengthen MDSR, social autopsy and cascade training for trainers was held in 14 communities from the districts of Moyamba and Kailahun. This training allowed for community autopsy of maternal deaths and improved maternal health.
- Strengthening MDSR - With support from UNFPA, MoHS notified maternal deaths, conducted maternal death investigations or verbal autopsies, and organized district and hospital MDSR committee meetings to strengthen the MDSR process.
- Supportive supervision - This was conducted in 24 health facilities in the four districts of Pujehun, Kailahun, Kono and Koinadugu to ensure that the objectives of the maternal death reviews were being met.

- ANC Adaptation / Training update - 40 service providers were trained in Bo and Port Loko using the newly adapted ANC guideline on the provision of quality ANC care.
- Support a mentoring system from C-EmONC to B-EmONC and lower facilities - Using the final guideline and tools for EmONC mentorship program, 40 service providers were trained to provide competency based EmONC services in Port Loko and Kailahun.
- IEC Materials - 200 EmONC booklets, 260 EmONC protocols; 200 EmONC participant manuals; and 50 EmONC facilitator guides were printed and distributed.

UNICEF Achievements

UNICEF's primary objective was promoting community ownership and participation in preparedness and response to outbreaks and other public health events. To achieve this, the agency worked in close collaboration with the Health Education Division of the Ministry of Health and Sanitation, civil society organizations (CSO) and media at the central and district levels. This resulted in all 14 districts developing district communication and social mobilization preparedness plans; and inclusion of a communication and social mobilization component in the national response plan for Ebola. All 149 paramount chiefs and 75 newly elected ward councilors in Western Area Urban and Rural of Freetown were oriented on preparedness planning. Information, Education and Communication (IEC) materials were developed and prepositioned across the country to enhance interpersonal communication efforts in the advent of disease outbreaks. The emergency messaging guide for emergency hazards of Sierra Leone was updated and validated to ensure that critical messages were readily available for roll out in the advent of any of the identified hazards.

Update national and district community engagement and social mobilization preparedness plans - In collaboration with the Health Education Division of the Ministry of Health and Sanitation (MoHS), Office of National Security (ONS) Sierra Leone Red Cross Society, 14 district preparedness plans for community engagement and social mobilization were developed. The national Ebola response plan, which included a social mobilization component, was also reviewed, and a total of 149 chiefdom communication and social mobilization plans were developed. The development of the chiefdom plans ensured that community members were identified from each chiefdom to coordinate and implement emergency related communication and social mobilization interventions in the advent of emergencies. The process provided the opportunity for chiefdom and community participants to become fully aware of the possible emergency hazards specific to their chiefdoms.

Engagement of Paramount Chiefs and Ward Councilors (WA) for Chiefdom / Ward preparedness plans - In close collaboration with the Health Education Division of the MoHS at the central and district levels, as well as CSO partners, 48 personnel from all 14 districts underwent a one-day orientation for micro-level communication and social mobilization planning for emergencies. As part of developing the chiefdom level social mobilization plans for the 190 chiefdoms, these personnel engaged all the 149 paramount chiefs or their representatives. This enabled these highly influential community leaders to deepen their understanding of the emergency hazards in their chiefdoms. It also ensured that 15 community members from the Village Development Committees (VDC), which exist in the chiefdoms, were identified as members of chiefdom-level communication and social mobilization committees.

Stories from the field

Sierra Leone on preparedness

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

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

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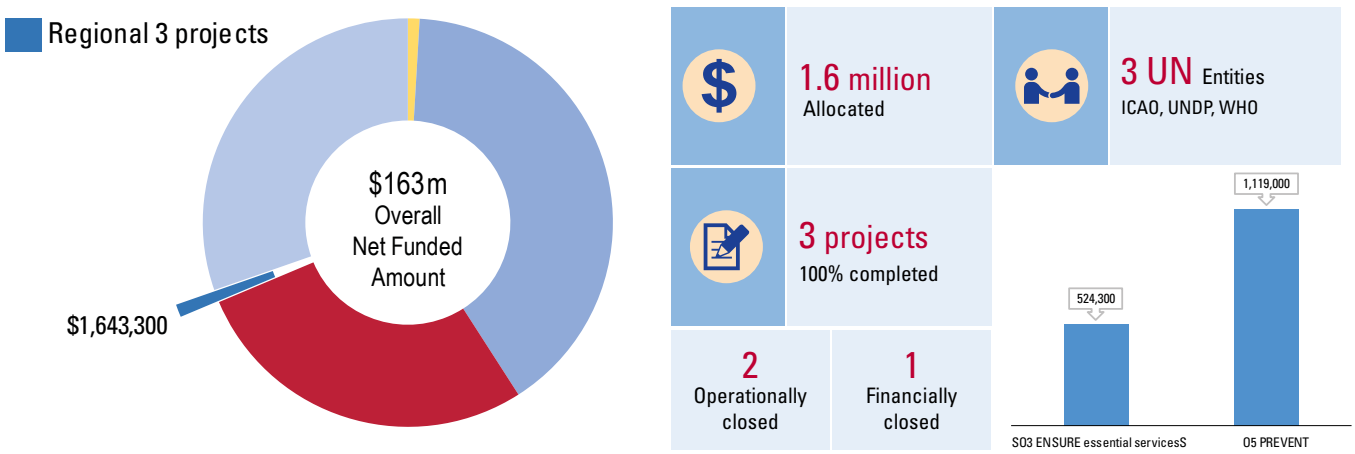
Similar efforts were undertaken for Western Area Urban and Rural in greater Freetown. All 75 newly elected councilors following the general elections in April 2018, were oriented on emergency preparedness. This facilitated their involvement in the development of ward communication plans for emergencies, as well as identifying ward-level focal points who could quickly be mobilized to support community engagement efforts in an outbreak.

Rapid behavioral assessments and anthropological studies in case of an outbreak - No rapid behavioral assessment was conducted. However, the emergency message guide was updated and validated. It provided readily available messages and preventive behaviors for epidemics, environmental and social threats facing Sierra Leone. 10,000 copies of the emergency message booklet were printed and pre-positioned in all the districts. The booklets were extremely helpful following the 2017 floods, as well as in supporting responses to the sporadic outbreaks of measles in Koinadugu and Lassa fever in the eastern districts of Kenema and Kailahun.

Preposition IEC materials on key behaviors – Ebola materials were prepositioned in Makeni for the northern districts and Kenema for the southern and eastern districts. As part of the 2017 flood response, 2,000 laminated awareness cards and 300 flex banners for the prevention of cholera were printed and distributed. In addition, 40,000 IEC materials for meningitis, Lassa fever, measles and cholera were developed, printed and pre-positioned. During the measles outbreak in Koinadugu in July 2018, and in Kambia and Pujehun in December 2018, the pre-positioned materials enabled community mobilizers to rapidly engage families and contain the outbreak.

COUNTRY AND REGIONAL PROJECTS

REGIONAL



PROJECT #2 – ICAO

MCA13 - Aviation Ebola Action Plan

In 2014, the International Civil Aviation Organization (ICAO) in collaboration with the WHO, developed an Ebola Aviation Action Plan for states and international organizations. The plans aligned with the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme. CAPSCA is an ICAO global programme implemented to improve preparedness planning and response to public health events that affect the aviation sector.

The objectives of the Ebola Aviation Action Plan were to improve preparedness planning and response capacities in the aviation sector and to facilitate harmonized implementation of the ICAO Standards and Recommended Practices (SARPs) and the International Health Regulations (IHR) relevant to the aviation sector. It included providing advice and training to states and airports, developing guidance materials, and conducting assistance visits to states and airports to evaluate emergency preparedness in the aviation sector and to provide recommendations for implementation and improvement of these plans.

The Ebola Aviation Action Plan was managed by ICAO in collaboration with WHO , the US Center for Disease Control (CDC) and several other partners including the UN World Tourism Organization (UNWTO), Airports Council International (ACI) and International Air Transport Association (IATA).

The project completed training events in geographical areas throughout Africa, namely West and Central Africa; East and Southern Africa; North Africa and the Middle East; as well as in European States. Training Events were completed in Belarus, Egypt, Hungry, Kenya, Senegal, South Africa, Sudan and Zambia. State and Airport Assistance Visits were conducted in Guinea, Liberia and Sierra Leone. An initial and a follow-up visit were conducted in each of these countries and progress in preparedness planning was observed.

State and Airport Assistance Visits (initial visits) were also conducted in African countries with an initial case or cases, or with localized Ebola transmission, namely Mali, Nigeria and Senegal. Two follow up visits were completed, one in Mali and the other in Nigeria.

State and Airport Assistance Visits were conducted in countries bordering Guinea, Liberia and Sierra Leone and most other countries in Africa with direct flights from these epicenter countries. One assistance visit was completed in each of: Angola, Benin, Cabo Verde, Cameroon, Democratic Republic of the Congo, Gambia, Ghana, Kenya, Mauritania, Niger and Togo. A remaining two visits were scheduled for Rwanda, but they were postponed upon State request.

State and Airport Assistance Visits were conducted to other countries with direct flights to Guinea, Liberia and Sierra Leone. One visit to Atlanta, Georgia (US) was completed, as this was the airport through which Ebola came to the United States.

The project had important impacts in the three most Ebola-affected countries of Guinea, Liberia and Sierra Leone. It secured high-level commitment to improving the preparedness of airports, including implementation of WHO IHR and SARPs. Public health-related plans and procedures and methods for coordination were updated. States' capacities to response to public health emergencies were improved through the development of emergency plans. Further, airports were provided with sanitation facilities and

medical equipment to improve capacity and preparedness for dealing with health emergencies.

Other outputs included a revision of the CAPSCA strategy (2017-2019); development of an on-line CAPSCA technical advisor course; and the development of a website and a questionnaire on vector control to enable states to undertake risk assessments on the transport of vector-borne disease. Further, the project developed a database and visual mapping of passenger movements between States to assess the risk of communicable disease, like Ebola or Zika.

PROJECT #6 – UNDP

MCA 7 – Regional Payments Programme for Ebola Response Workers (PPERW)

UNDP's Payments Program for Ebola Response Workers (PPERW), with technical expertise from the UN Capital Development Fund (UNCDF), was designed to provide technical assistance to the Governments of Guinea, Liberia and Sierra Leone to ensure timely delivery of incentives to Ebola Response Workers (ERWs) and to fill gaps where government capacity was low.

In Sierra Leone, the National Ebola Response Center (NERC) was mandated by the government to establish a parallel system directly managing hazard payments to all workers, salaried and volunteers alike. In Guinea and Liberia, the respective Ministries of Health continued to oversee hazard pay to salaried government health workers. As a result in Sierra Leone, PPERW was responsible for 78% of total ERWs including both Ministry of Health and Sanitation (MOHS) employees and volunteer workers. In Guinea and Liberia, PPERW largely oversaw payments to ERWs that were volunteer workers or were identified as not being covered by existing partners, covering roughly 19% of total ERWs. Where other options were not feasible, UNDP stepped in to make payments to ERWs.

UNDP achieved its commitment to ensure all payments by 1 December 2014 despite technical and financial gaps caused by the registration of workers under different payment systems. Within one month, an estimated 70% of ERWs were registered on the information management system.

Strengthening Health Sector Human Resource Planning through Information Management Systems

UNDP worked with national partners to identify all partners involved in the Ebola response chain and ensure that they possessed the systems required to identify, track and pay workers' salaries as well as hazard pay. In Guinea and Liberia, where regular employees of the health sector continued to be paid by government systems, PPERW kept track of the volunteer workers, identifying gaps and stepping in as a last resort to make payments. In Liberia, UNDP supported the government to pay all banked healthcare workers (6,809) hazard pay from October to December 2014, updating lists of contact tracers and ERWs. The agency also ensured that non-banked ERWs could be paid through direct cash distributions. In Guinea, for the 23,174 Ebola hazard payment beneficiaries, UNDP supported the harmonization of salary scales across different schemes and worked with the World Bank and WHO to establish hazard payments to 1,400 ERWs working for NGOs that were not covered by government schemes.

In Sierra Leone, UNDP built, from scratch, an ERW management and payment system that decreased fraud through the biometric registration of 100% of ERWs in the country. This system facilitated a more streamlined list management and reduced record duplication to ensure that the right workers were paid the right amounts. The system went beyond processing pay-roll. Data-mined from it also informed analysis and aided decision making as the response wound down. The analytics generated from the system helped determine which facilities should be closed and how resources should be repurposed.

Digitizing Hazard Pay

UNDP, with technical expertise from UNCDF, implemented a highly innovative program that combined inclusive finance, public health, and governance expertise to digitize payments to ERWs. It broke new ground on the use of mobile wallets, cloud computing, and open source information management systems to deliver scale, efficiency and achieve transparency of payments in a crisis. At the same time, the project demonstrated the ability to adjust to very different country contexts, where different governance arrangements and private sector capacities drove the availability of payment solutions.

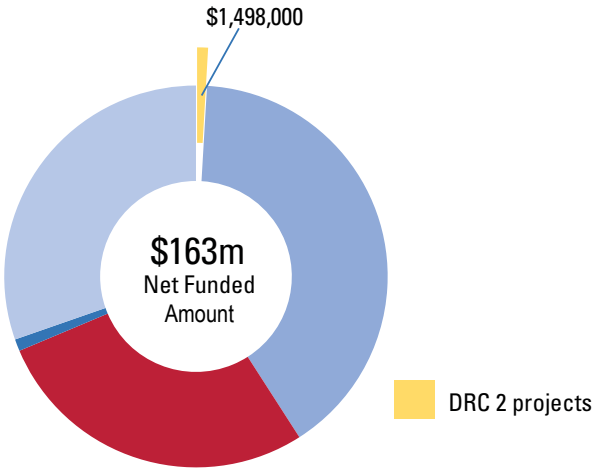
UNDP worked with the private sector in all three countries, with technical assistance from UNCDF, to digitize 93% of total payments for the 23,851 ERWs that it was responsible for under PPERW. Digitizing 100% payments to ERWs in Sierra Leone highlighted the benefits of delivering payments in real time. In Liberia and Guinea, 43% and 22% respectively, payments were made via financially inclusive digital accounts.

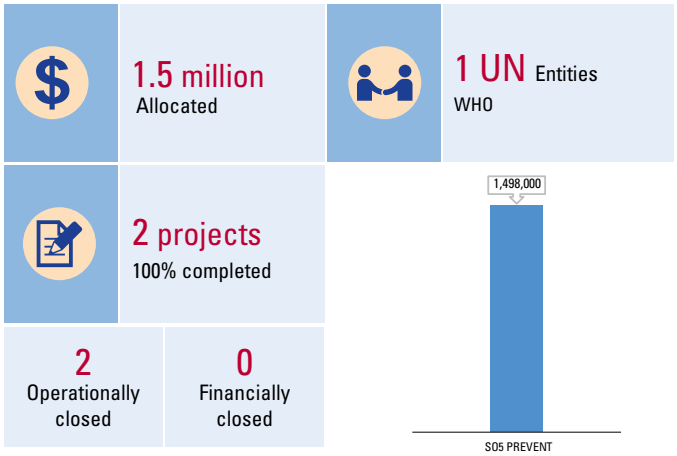
PROJECT #41 – WHO

MCA 13 – Ebola Response Interagency Stewardship

On 1 August 2015, the Interagency Collaboration on Ebola (ICE), led by WHO took over the task of coordinating the overall Ebola Response from UNMEER. Though Ebola transmission had slowed by this time, the risk of outbreaks and flares remained high. ICE assured that interagency rapid response capacity was maintained through regular ICE meetings and that the flares that occurred into 2016 were quickly contained. **The public health emergency of international concern (PHEIC) from the West African Ebola outbreak was lifted by WHO on 29 March 2016.**

DRC





PROJECT #2 – WHO

MCA13 – Strengthening Preparedness and International Rapid Response Mechanisms of WHO and Partners to Support the Democratic Republic of the Congo (DRC) Ministry of Health's Response to Ebola, Specifically in the Likati Health District

On 11 May 2017, the DRC Ministry of Health (MoH) informed the WHO of a laboratory-confirmed case of Ebola. The case was detected in the Likati health zone in Bas-Uele province, located in the north of the country, approximately 350 kilometers north of Kisangani and more than 1,300 kilometers away from the capital, Kinshasa. The outbreak was contained quickly, with a total of five confirmed and three probable cases. Of these, four survived and four died, resulting in a case fatality rate of 50%.

This project supported the response to this outbreak. Ebola Response MPTF funds were used to procure kits, medical supplies and items needed to trace cases and contacts, conduct clinical trials and for a ring vaccination. Under the project, there was no stock-out of supplies, and 583 contacts were registered and monitored closely. No known contacts developed signs or symptoms of Ebola. The last confirmed case was isolated on 17 May 2017 and tested negative for Ebola for the second time on 21 May 2017. MoH and WHO declared the outbreak over on 2 July 2017.

The response to this outbreak underscored the need for the MoH, WHO, and partners to urgently update Ebola preparedness, alert, coordination, response and evaluation activities. Through this project, from 17-18 September 2017, WHO convened a workshop with the Ministries of Health of the DRC, Guinea and Sierra Leone, representatives from major partners in the DRC Ebola response, and stakeholders likely to provide future support. With 54 participants in attendance, outcomes included: the identification of gaps and lessons learned; and a draft workplan on key actions to guide the future use of experimental Ebola vaccines under an Expanded Access Framework.

Further, in April 2018, WHO and GOARN organized an outbreak response training in Brazzaville, Congo. Twenty-four participants took part in the five-day course, which provided a safe space for public health experts to hone, test and develop their skills in the context of an outbreak of an unknown pathogen.

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

The project also supported the development of several methods, protocols and data models. They included: methods and protocols for the rapid analysis of vaccine and intervention effectiveness for future Ebola outbreaks; mathematical modeling of the effectiveness and optimal implementation of appropriate trial designs for Ebola outbreaks across different settings; trial designs for experimental therapeutics to fight Ebola; and a statistical analysis plan of selected trial designs for candidate Ebola vaccines. Protocols and tools were published to guide Ebola vaccine trials.

COUNTRY AND REGIONAL PROJECTS

DRC

In 2017, WHO also initiated the Go.Data project to create a tool to support Ebola outbreak investigations, particularly case and contact data collection, contact tracing, and visualization of chains of transmission to support rapid outbreak containment. The design and development of the tool concluded in December 2018.

PROJECT #69 – WHO

MCA 13 - Strategic Response to the Ebola Virus Disease Outbreak in the Democratic Republic of the Congo (DRC)

On 8 May 2018, the Ministry of Health of the DRC declared an outbreak of Ebola in Bikoro Health Zone, in the Province of Equateur. By the end of May, the outbreak had spread to the city of Mbandaka, a more urban area of approximately one million people. WHO rated the national risk to public health as high and the global risk low. A national response plan was launched on 11 May 2018 and an overall health sector plan for the response was being finalized.

Primary operations to stop the outbreak were being conducted out of Mbandaka. WHO had deployed 139 staff. This project supported the deployment of contract tracers and fuel for surveillance vehicles.

Coordination meeting
© WHO

FINANCIAL REPORT

DEFINITIONS

Approved Project/Programme
Amount approved by the Chair in consultation with the Ebola Response MPTF Advisory Committee for a project/programme.

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

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

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

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

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

Recipient Organization
A UN Organization or other inter-governmental Organization that is an implementing partner in a Fund, as represented by signing a Memorandum of Understanding (MOU) with the MPTF Office for a particular Fund.

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

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

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

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

Total Approved Budget
This represents the cumulative amount of allocations approved by the Chair in consultation with the Ebola Response MPTF 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.

INTRODUCTION

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

The MPTF Office, as Administrative Agent, is responsible for concluding an MOU with Recipient Organizations and SAAs with contributors. It receives, administers and manages contributions and disburses these funds to the Recipient Organizations. The Administrative Agent prepares and submits annual consolidated financial reports, as well as regular financial statements, for transmission to contributors.

This consolidated financial report covers the period 1 January to 31 December 2018 and provides financial data on progress made in the implementation of projects of the Ebola Response MPTF Fund. It is posted on the MPTF Office GATEWAY (http://mptf.undp.org/factsheet/fund/EBO00).

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

2018 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the Ebola Response MPTF Fund using the pass-through funding modality as of 31 December 2018. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: http://mptf.undp.org/factsheet/fund/EBO00.

1. SOURCES AND USES OF FUNDS

As of 31 December 2018, 47 contributors deposited US$ 166,358,262 in contributions and US$ 237,873 was earned in interest. Refunds to contributors were US$ (600,000).The cumulative source of funds was US$ 165,996,135.

Of this amount, US$ 164,132,597 has been net funded to 14 Recipient Organizations, of which US$ 163,605,006 has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US$ 1,663,583. Table 1 provides an overview of the overall sources, uses, and balance of the Ebola Response MPTF Fund as of 31 December 2018.

Table 1. Financial Overview, as of 31 December 2018 (in US Dollars)

	Annual 2017	Annual 2018	Cumulative
Sources of Funds			
Contributions from donors	-	-	166,358,262
Fund Earned Interest and Investment Income	58,490	5,632	213,353
Interest Income received from Recipient Organizations	24,520	-	24,520
Refunds by Administrative Agent to Contributors	(600,000)	-	(600,000)
Fund balance transferred to another MDTF	-	-	-
Other Income	-	-	-
Total: Sources of Funds	(516,990)	5,632	165,996,135
Use of Funds			
Transfers to Recipient Organizations	9,549,262	428,000	169,507,218
Refunds received from Recipient Organizations	(1,756,362)	(99,886)	(6,694,621)
Net Funded Amount	7,792,899	328,114	162,812,597
Administrative Agent Fees	-	-	1,663,583
Direct Costs: (Steering Committee, Secretariat...etc.)	20,000	-	1,320,000
Bank Charges	264	21	1,600
Other Expenditures	-	-	-
Total: Uses of Funds	7,813,164	328,135	165,797,780
Change in Fund cash balance with Administrative Agent	(8,330,154)	(322,503)	198,355
Opening Fund balance (1 January)	8,851,012	520,858	-
Closing Fund balance (31 December)	520,858	198,355	198,355
Net Funded Amount (Includes Direct Cost)	7,812,899	328,114	164,132,597
Recipient Organizations' Expenditure (Includes Direct Cost)	9,828,217	9,216,579	163,605,006
Balance of Funds with Recipient Organizations			527,592

2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this Fund as of 31 December 2018.

Table 2 Contributors' Deposits, as of 31 December 2018 (in US Dollars)

Contributors	Total Commitments	Prior Years as of 31-Dec-2017 Deposits	Current Year Jan-Nov-2018 Deposits	TOTAL DEPOSITS
AUSTRALIA	8,755,000	8,755,000	-	8,755,000
BELGIUM	8,945,028	8,945,028	-	8,945,028
BOLIVIA	1,000,000	1,000,000	-	1,000,000
BRAZIL	602,845	602,845	-	602,845
CANADA	7,154,056	7,154,056	-	7,154,056
CHILE	300,000	300,000	-	300,000
CHINA	11,000,000	11,000,000	-	11,000,000
COLOMBIA	100,000	100,000	-	100,000
CYPRUS	6,350	6,350	-	6,350
CZECH REPUBLIC	205,052	205,052	-	205,052
DENMARK	5,042,695	5,042,695	-	5,042,695
ESTONIA	50,216	50,216	-	50,216
FINLAND	8,824,590	8,824,590	-	8,824,590
GEORGIA	25,000	25,000	-	25,000
GERMANY	11,606,933	11,606,933	-	11,606,933
GUYANA	50,363	50,363	-	50,363
HOLY SEE	20,000	20,000	-	20,000
INDIA	10,000,000	10,000,000	-	10,000,000
IRISH AID	1,233,100	1,233,100	-	1,233,100
ISRAEL	8,750,000	8,750,000	-	8,750,000
JAPAN	5,940,000	5,940,000	-	5,940,000
KAZAKHSTAN	50,000	50,000	-	50,000
LATVIA	48,876	48,876	-	48,876
LUXEMBOURG	902,060	902,060	-	902,060
MALAYSIA	100,000	100,000	-	100,000
MALTA	62,295	62,295	-	62,295
MAURITIUS	20,000	20,000	-	20,000
MONTENEGRO	5,000	5,000	-	5,000
NEW ZEALAND	1,169,400	1,169,400	-	1,169,400
NON-PROFIT ORGANIZATION	20,000	20,000	-	20,000
NORWAY	2,061,147	2,061,147	-	2,061,147
PERU	48,479	48,479	-	48,479
PHILIPPINES	2,041,742	2,041,742	-	2,041,742
PORTUGAL	30,293	30,293	-	30,293
PRIVATE SECTOR	10,350	10,350	-	10,350
REPUBLIC of KOREA	10,000,000	10,000,000	-	10,000,000
ROMANIA	40,000	40,000	-	40,000
ROYAL CHARITY ORG. BAHRAIN	1,000,000	1,000,000	-	1,000,000
RUSSIAN FEDERATION	1,000,000	1,000,000	-	1,000,000
SWEDISH INT'L DEVELOPMENT COOPERATION	13,217,001	13,217,001	-	13,217,001
SWISS AGY FOR DEVELOPMENT & COOPERATION	4,927,079	4,927,079	-	4,927,079
TOGO	1,581	1,581	-	1,581
TURKEY	1,500,000	1,500,000	-	1,500,000
UN FOUNDATION/UN PARTNERSHIP OFFICE	300,371	300,371	-	300,371
UNITED KINGDOM	31,884,000	31,884,000	-	31,884,000
VENEZUELA	5,000,000	5,000,000	-	5,000,000
VOLVO GROUP	1,307,360	1,307,360	-	1,307,360
Grand Total	166,358,262	166,358,262	-	166,358,262

3. INTEREST EARNED

Interest income is earned in two ways: 1) on the balance of funds held by the Administrative Agent (Fund earned interest), and 2) on the balance of funds held by the Recipient Organizations (Agency earned interest) where their Financial Regulations and Rules allow return of interest to the AA. As of 31 December **2018**, Fund earned interest amounts to US$ **213,353.**

Interest received from Recipient Organizations amounts to US$ **24,520**, bringing the cumulative interest received to US$ **237,873.**

Details are provided in the table below.

Table 3. Sources of Interest and Investment Income, as of 31 December 2018 (in US Dollars)

	Prior Years as of 31-Dec-2017	Current Year Jan-Nov-2018	Total
Administrative Agent			
Fund Earned Interest and Investment Income	207,721	5,632	213,353
Total: Fund Earned Interest	207,721	5,632	213,353
Recipient Organization			
UNMEER	24,520		24,520
Total: Agency earned interest	24,520		24,520
Grand Total	**232,241**	**5,632**	**237,873**

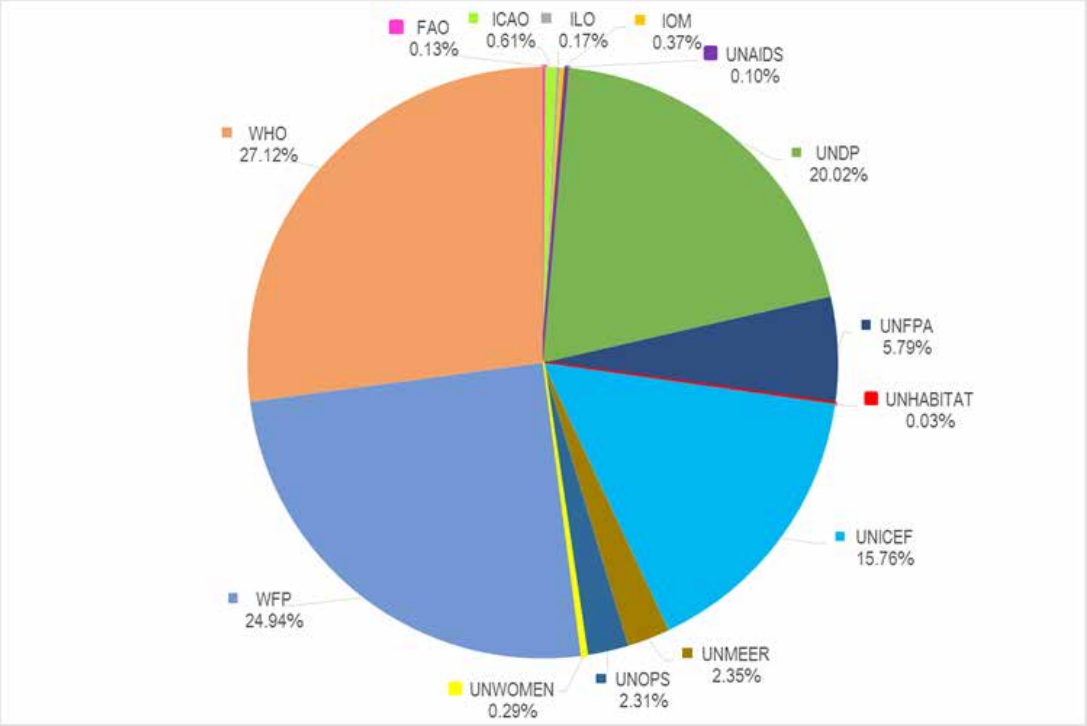
4. TRANSFER OF FUNDS

Allocations to Recipient Organizations are approved by the Steering Committee and disbursed by the Administrative Agent. As of 31 December **2018**, the AA has transferred US$ **169,507,218** to **14** Recipient Organizations (see list below).

Table 4.1 Transfer, Refund, and Net Funded Amount by Recipient Organization, as of 31 December 2018 (in US Dollars)

Recipient Organization	Prior Years as of 31-Dec-2017			Current Year: Jan-Nov 2018			TOTAL		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
FAO	212,166		212,166				212,166		212,166
ICAO	1,000,000		1,000,000				1,000,000		1,000,000
ILO	284,620		284,620		(811)	(811)	284,620	(811)	283,809
IOM	600,000		600,000				600,000		600,000
UNAIDS	165,850		165,850				165,850		165,850
UNDP	33,097,895	(474,232)	32,623,663		(27,682)	(27,682)	33,097,895	(501,914)	32,595,980
UNFPA	9,817,819	(374,966)	9,442,853		(20,492)	(20,492)	9,817,819	(395,458)	9,422,361
UNHABITAT	246,100	(192,600)	53,500				246,100	(192,600)	53,500
UNICEF	25,686,754	(11,712)	25,675,042		(14,038)	(14,038)	25,686,754	(25,750)	25,661,004
UNMEER	8,321,632	(4,503,241)	3,818,391				8,321,632	(4,503,241)	3,818,391
UNOPS	4,501,490	(733,299)	3,768,191				4,501,490	(733,299)	3,768,191
UNWOMEN	472,673		472,673				472,673		472,673
WFP	40,611,862		40,611,862				40,611,862		40,611,862
WHO	44,060,357	(304,685)	43,755,672	428,000	(36,862)	391,138	44,488,357	(341,547)	44,146,810
Grand Total	**169,079,218**	**(6,594,735)**	**162,484,483**	**428,000**	**(99,886)**	**328,114**	**169,507,218**	**(6,694,621)**	**162,812,597**

Figure 1: Net Funded Amount by Recipient Organization, as of 31 December 2018 (in US Dollars)



4.1 TRANSFER BY STRATEGIC OBJECTIVE

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

The Ebola Response MPTF Fund has the following 9 thematic areas as listed in this table.

Table 4.2 Cumulative net funded amount by Strategic Objective as of 31 December 2018 (in US Dollars)

Strategic Objective	Cumulative Net Funded Amount
SO1 STOP the outbreak	35,698,114
SO2 TREAT the infected	57,379,718
SO3 ENSURE essential services	18,803,990
SO4 PRESERVE stability	19,843,362
SO5 PREVENT	23,766,370
RSO1 Health Nutrition WASH	2,557,247
RSO2 Socio-Economic Revitalization	2,240,004
RSO3 Basic Service & Infrastructure	2,039,210
RSO4 Govern Peace Building Cohesion	484,582
TOTAL	**162,812,597**

5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All final expenditures reported for the year 2018 were submitted by the Headquarters of the Recipient Organizations. These were consolidated by the MPTF Office.

Project expenditures are incurred and monitored by each Recipient Organization and are reported as per the agreed upon categories for inter-agency harmonized reporting. The reported expenditures were submitted via the MPTF Office's online expenditure reporting tool. The 2018 expenditure data has been posted on the MPTF Office GATEWAY.

5.1 EXPENDITURE REPORTED BY RECIPIENT ORGANIZATIONS

In 2018, US$ 328,114 was net funded to Recipient Organizations, and US$ 9,086,991 was reported in expenditure.

As shown in table below, the cumulative net funded amount is US$ 162,812,597 and cumulative expenditures reported by the Recipient Organizations amount to US$ 162,353,121. This equates to an overall Fund expenditure delivery rate of 99.72* percent.

* Expenditures are still being reported by the Agencies; the final residual amount will be available once all projects are financially closed

Table 5.1 Net Funded Amount, Reported Expenditure, and Financial Delivery by Recipient Organization, as of 31 December 2018 (in US Dollars)

Recipient Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years as of 31-Dec-2017	Current Year Jan-Dec-2018	Cumulative	
FAO	212,166	212,166		199,516	199,516	94.04
ICAO	1,000,000	1,000,000	845,393		845,393	84.54
ILO	284,620	283,809	283,809		283,809	100.00
IOM	600,000	600,000	129,520	470,480	600,000	100.00
UNAIDS	165,850	165,850	165,847	3	165,850	100.00
UNDP	33,108,199	32,595,980	30,549,318	2,087,043	32,636,360	100.12
UNFPA	9,817,819	9,422,361	8,074,238	1,330,423	9,404,662	99.81
UNHABITAT	53,500	53,500	46,605		46,605	87.11
UNICEF	25,686,754	25,661,004	24,520,052	1,140,690	25,660,742	100.00
UNMEER	8,328,304	3,818,391	3,818,391	0	3,818,391	100.00
UNOPS	4,501,490	3,768,191	3,768,191		3,768,191	100.00
UNWOMEN	472,673	472,673	461,399	2,127	463,526	98.06
WFP	40,611,862	40,611,862	40,423,716	160,298	40,584,014	99.93
WHO	44,488,357	44,146,810	40,179,652	3,696,411	43,876,063	99.39
Grand Total	**169,331,595**	**162,812,597**	**153,266,131**	**9,086,991**	**162,353,121**	**99.72**

5.2 EXPENDITURE REPORTED BY CATEGORY

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

2012 CEB Expense Categories

1. Staff and personnel costs
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 31 December 2018 (in US Dollars)

Category	Expenditures			Percentage of Total Programme Cost
	Prior Years as of 31-Dec-2017	Current Year Jan-Nov 2018	TOTAL	
Staff & Personnel Cost (New)	10,995,503	721,869	11,717,372	**7.72**
Suppl, Comm, Materials (New)	10,040,104	765,452	10,805,556	**7.12**
Equip, Vehicles, Furniture, Depreciation	21,809,311	1,076,385	22,885,696	**15.07**
Contractual Services (New)	58,228,372	1,809,112	60,037,484	**39.54**
Travel (New)	10,299,374	558,784	10,858,158	**7.15**
Transfers and Grants (New)	17,789,545	1,685,484	19,475,029	**12.82**
General Operating (New)	14,195,220	1,880,520	16,075,741	**10.59**
Programme Costs Total	143,357,428	8,497,607	151,855,035	**100.00**
[1]Indirect Support Costs Total	9,908,702	589,384	10,498,086	**6.91**
Total	**153,266,131**	**9,086,991**	**162,353,121**	

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

6. COST RECOVERY

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

The policies in place, as of 31 December **2018**, were as follows:

- **The Administrative Agent (AA) fee:** 1% is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. Cumulatively, as of 31 December **2018**, US$ **1,663,583** has been charged in AA-fees.
- **Indirect Costs of Recipient Organizations:** may charge 7% indirect costs. In the current reporting period US$ **589,384** was deducted in indirect costs by Recipient Organizations. Cumulatively, indirect costs amount to US$ **10,498,086** as of 31 December **2018**.

7. ACCOUNTABILITY AND TRANSPARENCY

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

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

8. DIRECT COSTS

The Fund governance mechanism may approve an allocation to a Recipient Organization to cover costs associated with Secretariat services and overall coordination, as well as Fund level reviews and evaluations. These allocations are referred to as 'direct costs'. In the reporting period, no direct costs were charged to the fund. Cumulatively, as of 31 December **2018**, US$ **1,320,000** has been charged as Direct Costs.

Table 8.1: Direct Costs

Recipient Organization	Net Funded Amount	Expenditure	Delivery Rate
UNDP	1,320,000	1,251,884	95%
Total:	**1,320,000**	**1,251,884**	**95%**

ANNEX 1 Net Funded Amount and Expenditure by Country, as of 31 December 2018 (in US Dollars)

Country / SO or RSO	Current Year Jan-Dec 2018		Total		Delivery Rate %
	Net Funded Amount	Expenditure	Net Funded Amount	Expenditure	
Congo, The Democratic Republic					
SO5 PREVENT	428,000	1,207,688	1,498,000	1,497,999	100.00
Congo, The Democratic Republic Total:	**428,000**	**1,207,688**	**1,498,000**	**1,497,999**	**100.00**
Guinea					
RSO2 Socio-Economic Revitalization		(1,181)	2,240,004	2,240,003	100.00
RSO3 Basic Service & Infrastructure	(8,185)		991,814	991,814	100.00
RSO4 Govern Peace Building Cohesion		(19)	244,887	244,887	100.00
SO1 STOP the outbreak		7,367	12,311,325	12,311,289	100.00
SO2 TREAT the infected		(30,033)	26,938,722	26,918,672	99.93
SO3 ENSURE essential services	(12,627)	64,695	3,191,573	3,181,896	99.70
SO4 PRESERVE stability	(1,411)	(12)	13,335,331	13,335,331	100.00
SO5 PREVENT		2,077,810	5,889,276	5,810,557	98.66
Guinea Total:	**(22,223)**	**2,118,627**	**65,142,932**	**65,034,448**	**99.83**
Liberia					
RSO1 Health Nutrition WASH	(811)	85	1,999,189	1,992,202	99.65
SO1 STOP the outbreak		2	16,297,330	16,379,182	100.50
SO2 TREAT the infected			10,585,741	10,585,741	100.00
SO3 ENSURE essential services	(12,308)	297,289	8,895,341	8,894,086	99.99
SO4 PRESERVE stability		1	3,729,156	3,729,156	100.00
SO5 PREVENT		1,882,165	3,599,820	3,561,273	98.93
Liberia Total:	**(13,119)**	**2,179,542**	**45,106,577**	**45,141,641**	**100.08**
Sierra Leone					
RSO1 Health Nutrition WASH	(36,862)	3	558,058	558,058	100.00
RSO3 Basic Service & Infrastructure		552,215	1,047,396	1,047,251	99.99
RSO4 Govern Peace Building Cohesion		30,518	239,695	239,695	100.00
SO1 STOP the outbreak		0	7,089,458	7,089,458	100.00
SO2 TREAT the infected	(4,842)	315	19,855,255	19,855,255	100.00
SO3 ENSURE essential services	(8,498)	42,393	6,192,777	6,228,184	100.57
SO4 PRESERVE stability		0	2,778,875	2,778,875	100.00
SO5 PREVENT	(14,342)	2,955,689	11,660,274	11,450,983	98.21
Sierra Leone Total:	**(64,544)**	**3,581,133**	**49,421,788**	**49,247,760**	**99.65**
United Nations					
SO3 ENSURE essential services			524,300	466,881	89.05
SO5 PREVENT			1,119,000	964,393	86.18
United Nations Total:			1,643,300	1,431,274	87.10
Grand Total:	**328,114**	**9,086,991**	**162,812,597**	**162,353,121**	**99.72**

Annex 2 Net Funded Amounts and Expenditures by Strategic Objective, as of 31 December 2018 (in US Dollars)

Strategic Objective / Project No. and Project Title		Recipient Organization	Project Status	Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
RSO1 Health Nutrition WASH							
00097566	RSO1 #46 LBR UPGRADING WATER A	ILO	Financially Closed	284,620	283,809	283,809	100.00
00097566	RSO1 #46 LBR UPGRADING WATER A	UNHABITAT	Operationally Closed	53,500	53,500	46,605	87.11
00097566	RSO1 #46 LBR UPGRADING WATER A	UNICEF	Operationally Closed	661,880	661,880	661,788	99.99
00096703	RSO1 #33 LBR RESTORING MIDWIFERY	UNFPA	Financially Closed	1,000,000	1,000,000	1,000,000	100.00
00102292	RSO1 #63 SLE EVD SURVIVORS SUPPORT	UNAIDS	Financially Closed	165,850	165,850	165,850	100.00
00102292	RSO1 #63 SLE EVD SURVIVORS SUPPORT	WHO	Financially Closed	429,070	392,208	392,208	100.00
SO1 STOP the outbreak: Total				**2,594,920**	**2,557,247**	**2,550,260**	**99.73**
RSO2 Socio-Economic Revitalization							
00099263	RSO2 #52 GIN RECOVERY SUPPORT	UNDP	Operationally Closed	1,500,000	1,500,000	1,500,000	100.00
00096705	RSO2 #43 GIN STRENGTHENING COMMUNITY	UNDP	Financially Closed	458,651	458,079	458,079	100.00
00096705	RSO2 #43 GIN STRENGTHENING COMMUNITY	UNFPA	Financially Closed	290,077	281,925	281,925	100.00
RSO2 Socio-Economic Revitalization: Total				**2,248,728**	**2,240,004**	**2,240,003**	**100.00**
RSO3 Basic Service & Infrastructure							
00096723	RSO3 #45 SLE EBOLA SURVIVORS -	UNICEF	Operationally Closed	788,456	788,456	788,311	99.98
00096723	RSO3 #45 SLE EBOLA SURVIVORS -	WHO	Financially Closed	258,940	258,940	258,940	100.00
00100017	RSO3 #55 GIN EMERGENCY MATERNAL	UNFPA	Financially Closed	999,998	991,814	991,814	100.00
RSO3 Basic Service & Infrastructure: Total				**2,047,395**	**2,039,210**	**2,039,065**	**99.99**
RSO4 Govern Peace Building Cohesion							
00103816	RSO4 #56 SLE SUPPORT TO THE GO	UNDP	Operationally Closed	250,000	239,695	239,695	100.00
00096708	RSO4 #44 GIN GOVERNMENT SUPPORT	UNDP	Financially Closed	247,915	244,887	244,887	100.00
RSO4 Govern Peace Building Cohesion: Total				**497,915**	**484,582**	**484,582**	**100.00**
SO1 STOP the outbreak							
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNDP	Operationally Closed	3,398,610	3,398,610	3,480,461	102.41
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNFPA	Financially Closed	4,549,552	4,186,735	4,186,735	100.00
00093218	MCA01 #10 LBR INTERRUPT TRANSM	WHO	Financially Closed	3,655,050	3,399,196	3,399,196	100.00
00101174	MCA2 #58 STRENGTHENING EBOLA RESPONSE	UNDP	Operationally Closed	198,395	198,395	198,359	99.98
00093251	MCA01 #16 GIN EPIDEM DIST MNGM	WHO	Financially Closed	6,308,640	6,308,640	6,308,640	100.00
00093252	MCA01 #16 LBR EPIDEM DIST MNGM	WHO	Financially Closed	5,312,789	5,312,789	5,312,789	100.00
00093253	MCA01 #16 SLE EPIDEM DIST MNGM	WHO	Financially Closed	5,065,084	5,016,253	5,016,253	100.00
00094960	MCA01 #35 GIN SENSITIZATION	WHO	Financially Closed	400,000	400,000	400,000	100.00
00095447	MCA02 #30 GIN RED CROSS REINFORCEMENT	UNDP	Financially Closed	454,193	407,086	407,086	100.00
00095447	MCA02 #30 GIN RED CROSS REINFORCEMENT	WHO	Financially Closed	545,807	545,807	545,807	100.00
00095944	MCA02 #32 GIN SAFE BURIALS	UNDP	Financially Closed	4,458,330	4,451,397	4,451,397	100.00
00096318	MCA01 #17 SLE STRNG EVD SURVIL	WHO	Financially Closed	2,073,205	2,073,205	2,073,205	100.00
SO1 STOP the outbreak: Total				**36,419,655**	**35,698,114**	**35,779,929**	**100.23**

Annex 2 Net Funded Amounts and Expenditures by Strategic Objective, as of 31 December 2018 (in US Dollars)

Strategic Objective / Project No. and Project Title		Recipient Organization	Project Status	Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
SO2 TREAT the infected							
00093219	MCA03 #23 GIN CCCs	UNICEF	Operationally Closed	9,813,619	9,813,619	9,813,619	100.00
00096306	MCA04 #40 SLE UN MEDICAL CLINICS	UNDP	Operationally Closed	609,900	605,058	605,058	100.00
00099916	MCA3 #57 GIN VACCINATION COHORT	WHO	Operationally Closed	1,199,603	1,199,603	1,179,553	98.33
00101175	MCA3 #58 STRENGTHENING EBOLA RESPONSE	UNDP	Operationally Closed	396,970	396,970	396,970	100.00
00092448	MCA03 #1 LBR AIR SERVICES	WFP	Financially Closed	4,000,000	4,000,000	4,000,000	100.00
00092450	MCA03 #1 GIN AIR SERVICES	WFP	Financially Closed	4,000,000	4,000,000	4,000,000	100.00
00092527	MCA03 #1 SLE AIR SERVICES	WFP	Financially Closed	4,675,724	4,675,724	4,675,724	100.00
00092528	MCA03 #1 SLE TRANSP ESS. ITEMS	WFP	Financially Closed	11,052,470	11,052,470	11,052,470	100.00
00092529	MCA03 #1 GIN ESTABLSHMNT ETUs	WFP	Financially Closed	2,687,375	2,687,375	2,687,375	100.00
00092530	MCA03 #1 SLE COMMUNCTN EQPMNT	WFP	Financially Closed	167,547	167,547	167,547	100.00
00092643	MCA03 #1 LBR TRANSP ESS. ITEMS	WFP	Financially Closed	3,780,000	3,780,000	3,780,000	100.00
00092644	MCA03 #1 GIN TRANSP ESS. ITEMS	WFP	Financially Closed	3,780,000	3,780,000	3,780,000	100.00
00092847	MCA03 #1 GIN STORAGE CAPACITY	WFP	Financially Closed	658,902	658,902	658,902	100.00
00093254	MCA03 #16 GIN IPC DISTRCT MNGM	WHO	Financially Closed	1,990,380	1,990,380	1,990,380	100.00
00093255	MCA03 #16 LBR IPC DISTRCT MNGM	WHO	Financially Closed	1,212,945	1,212,945	1,212,945	100.00
00093256	MCA03 #16 SLE IPC DISTRCT MNGM	WHO	Financially Closed	1,302,584	1,302,584	1,302,584	100.00
00093282	MCA03 #1 LBR STORAGE CAPACITY	WFP	Financially Closed	1,592,796	1,592,796	1,592,796	100.00
00093283	MCA03 #1 SLE STORAGE CAPACITY	WFP	Financially Closed	658,902	658,902	658,902	100.00
00093284	MCA04 #1 GIN UN CLINICS	WFP	Financially Closed	1,577,030	1,577,030	1,577,030	100.00
00093285	MCA04 #1 SLE UN CLINICS	WFP	Financially Closed	1,392,970	1,392,970	1,392,970	100.00
00096294	MCA04 #40 GIN UN MEDICAL CLINICS	UNDP	Financially Closed	608,518	535,296	535,296	100.00
00098865	MCA03 #54 GIN VACCINATION COHORT	WHO	Financially Closed	299,547	299,547	299,547	100.00
SO2 TREAT the infected: Total				**57,457,782**	**57,379,718**	**57,359,668**	**99.97**
SO3 ENSURE essential services							
00092902	MCA07 #6 PAYMNT EBOLA WORKERS	UNDP	Operationally Closed	524,300	524,300	466,881	89.05
00092903	MCA07 #8 LBR PAYMNT EBOLA WORKERS	UNDP	Operationally Closed	2,245,832	2,150,499	2,155,859	100.25
00092904	MCA07 #7 GIN PAYMNT EBOLA WORKERS	UNDP	Operationally Closed	2,204,200	2,204,200	2,194,523	99.56
00092905	MCA07 #9 SLE PAYMNT EBOLA WORKERS	UNDP	Operationally Closed	1,261,625	1,260,910	1,303,464	103.37
00094514	MCA08 SLE #15 EBOLA SURVIVORS	UNDP	Operationally Closed	1,635,337	1,627,554	1,629,597	100.13
00094514	MCA08 SLE #15 EBOLA SURVIVORS	UNWOMEN	Financially Closed	472,673	472,673	463,526	98.06
00095545	MCA08 #38 SLE RED CROSS EBOLA	UNDP	Operationally Closed	1,975,640	1,975,640	1,975,597	100.00
00100247	MCA6 #53 LBR STRENGTHENING MATERNAL	UNFPA	Financially Closed	650,000	637,692	637,692	100.00
00100247	MCA6 #53 LBR STRENGTHENING MATERNAL	UNICEF	Operationally Closed	200,000	200,000	199,978	99.99
00100247	MCA6 #53 LBR STRENGTHENING MATERNAL	WHO	Operationally Closed	150,000	150,000	146,405	97.60
00101177	MCA6 #59 PREVENT NEW INFECTION	UNICEF	Operationally Closed	1,000,000	987,373	987,373	100.00
00102805	MCA6 #62 LBR IMPROVING MATERNAL	UNFPA	Operationally Closed	519,860	519,860	516,864	99.42
00102805	MCA6 #62 LBR IMPROVING MATERNAL	UNICEF	Operationally Closed	498,620	498,620	498,618	100.00
00102805	MCA6 #62 LBR IMPROVING MATERNAL	WHO	Operationally Closed	481,500	481,500	481,500	100.00
00093136	MCA06 #4 LBR CHILDREN PROTECTION	UNICEF	Financially Closed	4,007,578	4,007,218	4,007,218	100.00
00096725	MCA06 #48 SLE SOCIAL MOBILIZATION	UNICEF	Financially Closed	856,000	856,000	856,000	100.00
00104216	MCA6 #64 LBR COMMUNITY PERCEPTION	WHO	Financially Closed	249,952	249,952	249,952	100.00
SO3 ENSURE essential services: Total				**18,933,116**	**18,803,990**	**18,771,046**	**99.82**

Annex 2 Net Funded Amounts and Expenditures by Strategic Objective, as of 31 December 2018 (in US Dollars)

Strategic Objective / Project No. and Project Title		Recipient Organization	Project Status	Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
SO4 PRESERVE stability							
00096724	MCA11 #47 GIN SOCIAL MOBILIZATION	UNICEF	Operationally Closed	909,500	908,089	908,089	100.00
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNDP	Financially Closed	809,000	808,326	808,326	100.00
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNICEF	Financially Closed	3,139,364	3,136,832	3,136,832	100.00
00093189	MCA10 #22 LBR EBOLA CHARTERS	UNICEF	Financially Closed	322,898	322,898	322,898	100.00
00093220	MCA11 #25 LBR OUTRCH&AWARNESS	UNICEF	Financially Closed	283,088	278,402	278,402	100.00
00093223	MCA10 #22 SLE EBOLA CHARTERS	UNICEF	Financially Closed	278,558	278,558	278,558	100.00
00093226	MCA10 #22 GIN EBOLA CHARTERS	UNICEF	Financially Closed	276,262	276,262	276,262	100.00
00093526	MCA09 #16 GIN DISTRICT LOGISTI	WHO	Financially Closed	2,618,660	2,618,660	2,618,660	100.00
00093527	MCA09 #16 LBR DISTRICT LOGISTI	WHO	Financially Closed	2,574,893	2,574,893	2,574,893	100.00
00093528	MCA09 #16 SLE DISTRICT LOGISTI	WHO	Financially Closed	2,026,848	2,026,848	2,026,848	100.00
00093970	MCA11 #16 GIN DISTRICT SOCIAL MOBILIZATION	WHO	Financially Closed	570,788	570,788	570,788	100.00
00093971	MCA11 #16 LBR DISTRICT SOCIAL MOBILIZATION	WHO	Financially Closed	552,963	552,963	552,963	100.00
00093972	MCA11 #16 SLE DISTRICT SOCIAL MOBILIZATION	WHO	Financially Closed	473,469	473,469	473,469	100.00
00094442	MCA11 #29 GIN SUPPORT CBUs MRU	UNDP	Financially Closed	1,308,752	1,307,757	1,307,757	100.00
00094442	MCA11 #29 GIN SUPPORT CBUs MRU	UNFPA	Financially Closed	631,300	627,303	627,303	100.00
00094442	MCA11 #29 GIN SUPPORT CBUs MRU	UNICEF	Financially Closed	896,020	896,020	896,020	100.00
00095292	MCA11 #36 GIN SOCIAL MOBILIZATION	UNICEF	Financially Closed	999,915	995,780	995,780	100.00
00096648	MCA09 #42 GIN PREVENT EVD SPREAD	UNDP	Financially Closed	991,467	789,513	789,513	100.00
00101347	MCA10 #61 EBOLA FLARE-UP EXPENSES	WFP	Financially Closed	400,000	400,000	400,000	100.00
SO4 PRESERVE stability: Total				**20,063,745**	**19,843,362**	**19,843,362**	**100.00**
SO5 PREVENT							
00107937	MCA13 #17 SLE STRENGTHENING LOGISTIC	UNDP	Operationally Closed	733,299	733,299	702,598	95.81
00092907	MCA13 #17 SLE RRSTs ESTABLISHMENT	UNMEER	Financially Closed	2,643,548	598,511	598,511	100.00
00092907	MCA13 #17 SLE RRSTs ESTABLISHMENT	UNOPS	Operationally Closed	4,501,490	3,768,191	3,768,191	100.00
00093085	MCA13 #2 AVIA EBOLA ACTION PLAN	ICAO	Operationally Closed	1,000,000	1,000,000	845,393	84.54
00097554	MCA13 #49 GIN SUPPORT TO THE U	UNDP	Operationally Closed	983,231	983,231	1,014,894	103.22
00097555	MCA13 #50 SLE SUPPORT TO THE UN	UNDP	Operationally Closed	695,527	681,561	681,561	100.00
00097556	MCA13 #51 LBR SUPPORT TO THE UN	UNDP	Operationally Closed	132,840	132,840	132,747	99.93
00101176	MCA13 #58 STRENGTHENING EBOLA RESPONSE	UNDP	Operationally Closed	404,635	404,635	404,635	100.00
00106848	MCA13 #65 GIN SUPPORT PREPAREDNESS	UNDP	Operationally Closed	795,031	795,031	791,211	99.52
00106848	MCA13 #65 GIN SUPPORT PREPAREDNESS	UNFPA	Operationally Closed	446,757	446,757	442,985	99.16
00106848	MCA13 #65 GIN SUPPORT PREPAREDNESS	UNICEF	Operationally Closed	446,033	446,033	446,033	100.00
00106848	MCA13 #65 GIN SUPPORT PREPAREDNESS	WFP	Operationally Closed	188,146	188,146	160,298	85.20
00106848	MCA13 #65 GIN SUPPORT PREPAREDNESS	WHO	Operationally Closed	624,033	624,033	549,091	87.99
00106849	MCA13 #66 LBR SUPPORT PREPAREDNESS	FAO	Operationally Closed	212,166	212,166	199,516	94.04
00106849	MCA13 #66 LBR SUPPORT PREPAREDNESS	IOM	Operationally Closed	600,000	600,000	600,000	100.00
00106849	MCA13 #66 LBR SUPPORT PREPAREDNESS	UNDP	Operationally Closed	650,000	650,000	628,697	96.72
00106849	MCA13 #66 LBR SUPPORT PREPAREDNESS	WHO	Operationally Closed	1,037,834	1,037,834	1,033,333	99.57
00106850	MCA13 #67 SLE SUPPORT PREPAREDNESS	UNFPA	Operationally Closed	730,275	730,275	719,343	98.50
00106850	MCA13 #67 SLE SUPPORT PREPAREDNESS	UNICEF	Operationally Closed	308,963	308,963	308,963	100.00
00106850	MCA13 #67 SLE SUPPORT PREPAREDNESS	WHO	Operationally Closed	1,456,773	1,456,773	1,289,114	88.49
00106851	MCA13 #68 DRC STRENGTHENING PREPAREDNESS	WHO	Financially Closed	1,070,000	1,070,000	1,069,999	100.00
SO5 PREVENT							

Annex 2 Net Funded Amounts and Expenditures by Strategic Objective, as of 31 December 2018 (in US Dollars)

Strategic Objective / Project No. and Project Title		Recipient Organization	Project Status	Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
SO5 PREVENT							
00111013	MCA13 #69 WHO STRATEGIC RESPONSE	WHO	Financially Closed	428,000	428,000	428,000	100.00
00092648	MCA13 #11LBR QUICK IMPACT PRJCT	UNDP	Financially Closed	344,277	341,345	341,345	100.00
00092648	MCA13 #11LBR QUICK IMPACT PRJCT	UNMEER	Financially Closed	1,000,000	625,635	625,635	100.00
00092649	MCA13 #11GIN QUICK IMPACT PRJCT	UNDP	Financially Closed	1,000,000	994,738	994,738	100.00
00092649	MCA13 #11GIN QUICK IMPACT PRJCT	UNMEER	Financially Closed	2,006,672	1,006,672	1,006,672	100.00
00092650	MCA13 #11SLE QUICK IMPACT PRJCT	UNDP	Financially Closed	630,000	606,707	606,707	100.00
00092650	MCA13 #11SLE QUICK IMPACT PRJCT	UNMEER	Financially Closed	1,500,000	796,014	796,014	100.00
00092908	MCA13 #18 SLE NERC SECRETARIAT	UNMEER	Financially Closed	1,178,084	791,558	791,558	100.00
00093086	MCA13 #5 SLE DETENTION CENTERS	UNDP	Financially Closed	1,201,725	1,188,421	1,188,421	100.00
00096704	MCA13 #41 EBOLA RESPONSE INTER	WHO	Financially Closed	119,000	119,000	119,000	100.00
SO5 PREVENT: Total				**29,068,339**	**23,766,370**	**23,285,205**	**97.98**

ACRONYMS

Acronym	Definition
AACG	Association des animateurs Communautaires de Guinea
AfDB	African Development Bank
AGIL	Association for the Promotion of Governance and of Local Initiatives
ALIMA	Alliance for International Medical Action
ANC	Antenatal Care
ANSS	National Agency of Sanitary Surveillance
APIM-G	L'Association Professionnelle des Institutions de Microfinance
AV	Assistance Visit
BCRG	Central Bank of the Republic of Guinea
BDS	Business Development Training
BEmONC	Basic Obstetric and Neonatal Emergency Care
C4D	Communication for Development
CAPS	Career Advisory Placement Service
CAPSCA	Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation
CASL	Christian Aid Sierra Leone
CBE	Community Base Enterprise
CBIS	Community-Based Information Systems
CBPSS	Community-Based Psycho-Social Support
CBS	Community-Based Surveillance
CBU	Confidence Building Unit
CCC	Cadre de Concertation et de Coordination
CEAD	Centre d'Etude et d'Appui au Développement
CERF	Central Emergency Response Fund
CEmONC	Comprehensive Emergency Obstetric and Newborn Care Services
CENAFOD	African Training Centre for Development
CHT	County Health Team
CHV	Community Health Volunteer
CMT	Community Management Team
CNOSCG	Conseil National des Organisation de la société Civile Guinéenne
CPES	Comprehensive Package on Ebola Survivors
CTCom	Community Care Center
CTEPI	Center for the Treatment of Infectious Potential Epidemics
CWC	Community Watch Committee
D2P	Donor to person
DFS	Digital Financial Service
DHMT	District Health Management Team
DSMC	District Social Mobilization Coordinators
DSO	District Surveillance Officer
DWC	District Watch Committee
EOC	Emergency Operations Center
EPR	Emergency Preparedness and Response
ERW	Ebola Response Worker
EVD	Ebola Virus Disease
EVDS	Ebola Virus Disease Survivor
G2P	Government to person
GRC	Guinean Red Cross
HFDC	Health Facility Development Committees
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System (Liberia)
HPM	Humanitarian Performance Monitoring
HR	Human Resources
IASC-COPIA	Inter-Agency Steering Committee (IASC) - Comité Permanent Inter-Agence
ICE	Interagency Collaboration on Ebola
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies

Acronym	Definition
IGA	Income Generating Activity
LLE	Lessons Learned Exercise
LMA	Liberia Midwives Association
LMIS	Logistics Management Information System
LWCS	Liberia Water and Sewer Cooperation
MASPFE	Ministry of Social Affairs the Advancement of Women and Children's Affairs
MATD	Ministry of Territorial Administration and Decentralization
MCA	Mission Critical Action
MCC	Monrovia City Corporation
MDSR	Maternal Death Surveillance and Response
MFI	Microfinance Institution
MJEJ	Ministry of Youth and Youth Employment
MM/BB	Mobile Money/Branchless Banking
MNDSR	Maternal Neonatal Death Surveillance and Response
MNH	Maternal Neonatal Health
MoH	Ministry of Health
MoHS	Ministry of Health and Sanitation
MoU	Memorandum of Understanding
MPTF	Multi-Partner Trust Fund
MRU	Mano River Union
MSME	Small and Medium Enterprise
MSWGCA	Ministry of Social Welfare, Gender and Children Affairs
NAS	National Aids Secretariat
NERC	National Ebola Response Cell/Coordination/Center/Centre
NGO	Non-Governmental Organization
NAPHS	National Action Plan for Health Security
NPHIL	National Public Health Institute of Liberia
NRCB	Nuclear, Radioactive, and Biological Risks
OD	Open Defecation
ODF	Open Defecation Free
PACEG	Project d'Appui au Cycle Electoral de la Guinée
PERRNTF	Post Ebola Resilience and Recovery National Trust Fund
PFA	Psycho-Social First Aid
PHECP	Public Health Emergency Contingency Plan
PHU	Peripheral Health Unit
PoE	Point of Entry
PPERWs	Payment Program for Ebola Response Workers
PRC	Program Review Committee
PSS	Psycho-Social Support
RDT	Rapid Detection Test
RHCS	Reproductive Health Commodity Security
RMNCAH	Maternal Newborn Child and Adolescent Health
RSO	Recovery Strategic Objective
SDB	Safe and Dignified Burial
SLRCS	Sierra Leone Red Cross Society
SMS	Short Message Service
SOP	Standard Operating Procedure
STAR	Strategic Tool for Prioritizing Risks
STI	Sexually Transmitted Infection
TOR	Terms of Reference
TOT	Training of Trainer
TTM	Trained Traditional Midwife
UASC	Unaccompanied/Separated Children
UN	United Nations
UNCDF	UN Capital Development Fund
UNHAS	United Nations Humanitarian Air Service
UNMEER	UN Mission for Emergency Ebola Response
VDC	Village Development Committee
VRAM	Vulnerability Risk Assessment and Mapping
VSAT	Very Small Aperture Terminal
WASH	Water, Sanitation and Hygiene

Acknowledgments

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