



Mano River Union Post-Ebola Socio-economic Recovery Programme

Prepared by Guinea, Liberia and Sierra Leone

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Presidential Statement

The Ebola virus disease struck our States at the time when they were just in the process of addressing the devastating socioeconomic effects of the civil and political conflicts they had emerged from. Termed as fragile or failed States, the national and sub-regional efforts, with the support of the international community were already experiencing considerable improvements in many spheres, our economies being no exception. The outbreak reversed these gains and accelerated a downward trend in the quality of life and livelihoods for our citizens.

An important lesson learned is that infectious disease outbreaks of such an unprecedented nature are rarely solved sustainably on a single country basis or without international support. The Ebola epidemic has proven to be a common threat to us and our partners. Therefore, international cooperation is necessary, as has been demonstrated in the fight against the virus. We need to continue to pursue the solutions to the crisis jointly using a common strategy and through a single coordination and oversight mechanism. Acting together through the Mano River Union (MRU), we believe that we can build the needed preparedness and response capacities to contain this outbreak and future emergencies.

To contain the current outbreak and begin the process of recovery, we have embarked on intensive sub-regional information sharing and consultation processes under the auspices of the MRU. As an offspring, we have evolved a sub-regional Socio-economic Recovery Programme to ensure that our States return on track to stability and prosperity. It is also imperative to establish and strengthen sub-regional cross-border disease surveillance to remove high risks posed to neighboring States to the most affected States. We are aware that the disease has yet not been contained, but we cannot wait until containment before we start the recovery process. These two essential processes must occur simultaneously.

The recovery strategy identifies areas of intervention in the immediate, short, and medium terms. It identifies diversified agricultural and nutrition interventions, infrastructure development, energy, mining, gender development, social protection, and education as sectors that can achieve this goal. Both coordination and funding mechanisms are also described. The process for facilitating the recovery would be more flexible, context-based and collaborative in approach.

We admit that addressing each intervention, even all of them together, will not fully attain the stability and expected recovery objectives in these fragile states. It will take much wider array of governance and policy measures to create the enabling environment for employment, human security, and reintegration of affected populations in the aftermath of such a devastating crisis. We acknowledge that a committed private sector is a key partner which would create a strong labor market and absorb the large number of job seekers especially the youths in our respective nations and the sub-region.

More so, we know that what reintegrates an Ebola and conflict-affected person into normal life is not just employment or social assistance, but rather productive employment, complemented by freedom, equity, security, and human dignity that transforms affected populations into contributing and invested citizens. We, through this Program, are committed to acting decisively to create opportunities for our citizens so that they can make the transition from Ebola-ravaged past to a prosperous future. Acting together through the MRU, we can be a formidable force for recovery and resilience. For this reason, our vision is to contain the disease, set our development agendas back on track by beginning to alleviate poverty through economic growth and wealth creation. We therefore urge all stakeholders to support this recovery programme to ensure that the goals and targets that have been set are achieved within the time period of its implementation. We therefore call upon the by-in and support of all stakeholders and especially the donor community.

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Executive Summary

Three of the countries in the Mano River Union(MRU)-Guinea, Liberia and Sierra Leone- have suffered the worst Ebola outbreak since the disease was first diagnosed in 1976. The socio-economic impact of the outbreak in the region is tremendous and has reversed the impressive socioeconomic performance of the affected States. The situation of these States which were already fragile has worsened. As of 31st March 2015 the region has recorded 25,213 cumulative cases and 10,460 deaths of which women and children have been mostly affected. The outbreak is considered a global crisis and one that requires a global response.

The impact of the outbreak on the economy of the three States is severe. Prior to the epidemic, Guinea, Liberia and Sierra Leone recorded GDP growth rates of 4.5 percent, 5.9 percent and 11.3 percent, respectively. By end December 2014, the growth rates of the three States had decelerated to 0.4 percent, 0.7percent, and 6 percent, respectively. Macroeconomic indicators are fluctuating, exchange rates are volatile, inflation has increased and interest rates are expected to rise. The economic downturn is in part driven by the fear around Ebola, with investment operations scaled down as expatriates and investors departed. This, coupled with the effect of restrictions on cross-border trade, restrictions on movement of people, suspension of airlines and rising insurance costs, has led to acute food shortages across the region, including in adjacent countries such as Cote d' Ivoire and Senegal. Large numbers of children have been orphaned and hundreds of women widowed.

There have been significant implications for non-Ebola health, education and wider social outcomes in the region. Already fragile health systems have been extremely compromised with a disproportionate number of healthcare workers dying thereby reducing the already low ratio of health care workers to population. Non-Ebola related deaths have increased and immunization and other preventative measures have been severely restricted. Education has also been hit hard with the entire educational system shut down during the crisis and many teachers have died. With manufacturing slowing and many small businesses closing down, unemployment has significantly increased, particularly among the youth. The progress that has been made in bailing our people out of poverty has been reversed, and the livelihoods of millions of people have been worsened.

This Recovery Program first considers the impact of the crisis and identifies the emerging priority needs at MRU level, drawing on common themes at country level and the Heads of States Declaration made at the 15th February 2015 MRU Summit in Conakry, and Statement made at the March 3rd 2015 EU Summit in Brussels. The strategic objectives of this Sub-regional Programme include (i) harmonizing approaches for tackling Ebola-type threats especially emanating from the border zones or of a cross-border nature, in achieving the state of zero new infections; (ii) instituting policies, actions and programs to correct weaknesses at the sub-regional level that have been revealed by the outbreak and which are essential for rebuilding a more resilient

sub region; (iii) highlighting current or planned initiatives within the MRU that could be re-prioritized to buttress the regional recovery efforts; (iv) accelerating implementation of programmes that will support the sub-region to deal more effectively with future shocks of the Ebola type; (v) implementing programs that mitigate the impacts of the Ebola Virus Disease (EVD) Crisis on the affected population in the sub-region; (vi) enabling MRU States to restore economic growth potentials, and exploit available opportunities to enhance inclusive economic growth and development within the sub-region; (vii) strengthening the achievement of economic development agendas of the affected States; (viii) ensuring restoration of basic education services delivery system and building resilience in post-EVD MRU States; and (ix) strengthening regional integration and building on National experiences in the fight against the EVD to develop a more proactive regional system that responds appropriately to future occurrences.

The top priorities of this Programme include (i) access to basic health, water , sanitation and hygiene services; (ii) restoring and improving gender, youth and social protection services; (iii) supporting restoration of agriculture, fisheries and food security programs; (iv) enhancing trade and private sector development; (v) improving basic infrastructure, including roads, energy, and ICT; (vi) improving governance, peace and security in the sub-region. The planned period of implementation is June 2015 to May 2017.

The Programme highlights key lessons learned from the Ebola crisis as opportunities to build resilient systems for future health and other emergencies. Effective implementation of this Program will require strengthening MRU managerial, fiduciary and monitoring and evaluation capacity.

The sub-regional recovery budget only reflects programmes (cross-border in nature) whose implementation shall be coordinated through the MRU Secretariat. And because resources to implement these programmes are scarce, the needs have been categorized into two sets of priorities. **Priority Area I** covers social issues, food security, governance and cross-border security, with an estimated cost in new money of US\$ 1.76 billion. **Priority Area II** comprises recovery needs supporting building resilience and robust cross-border infrastructural system to respond to future emergencies, with estimated cost US\$ 2.24 billion.

A single Basket Fund has been proposed to pool all resources committed from Development Partners together, covering Mano River Union Secretariat coordinated programmes, and programmes implemented at the three country level.

The Programme will rely on the New Deal for engagement with the international and donor communities in Fragile States as an implementation guide. The New Deal, to which all three affected countries are signatories, is a guide for fragile states to attain and sustain resilience. Its emphasis is on country ownership, strengthening institutions, capacity building, and the effective use of government resources dovetail with the objectives and highlights of this report.

I Introduction

In March 2014, a form of atypical hemorrhagic fever called Ebola Virus Disease(EVD) began spreading in the forest region of Guinea. The World Health Organization (WHO) later declared the ailment “a worldwide health threat.” At the epicenter of the outbreak were three Mano River Union States: Guinea, Liberia, and Sierra Leone – all fragile states. Since then EVD has infected 25,213 people and resulted into the death of 10,460 of the infected in these States. Most vulnerable populations in these nations: women, youth, children, the elderly, and disabled, as well as healthcare workers have suffered the brunt of the outbreak.. An international coalition has since been mobilized to bring an end to the epidemic and eliminate its occurrence in the hardest-hit States. In anticipation of the achievement of this objective, the three States, with support from development partners have formulated a regional programme for the recovery of these States from the ravages of the epidemic, and building a resilient sub region.

The Recovery Plan has been developed after a series of consultations, each culminating in a Summit of the Heads of State where decisions were taken on the nature, content and structure of the programme. At the MRU Heads of State Meeting in Conakry on 15th February and the Brussels Conference on 3rd March, it was decided that a single Regional Recovery Program be formulated in preparation for the forthcoming World Bank Group-International Monetary Fund (IMF) Spring Meetings in DC (16-18 April 2015), and the UN Conference in New York (July 2015). To this end, the MRU Sub-regional Technical and Ministerial Meetings on Post Ebola Socio-Economic Recovery were held in Freetown from 16th to 18th March 2015 to draft the MRU sub-regional post-Ebola Socio-economic Recovery Programme. Thus, at the political level, there is the greatest demonstration of political will in the history of the MRU, as all Heads of States insist on a single programme with a pooled funding for financing the activities.

This plan commences with a summary of the background and evolution of the Ebola epidemic, a brief description of the level of infections and deaths followed by an overview of its impact at the sub-regional level. Next is the rationale for a regional programme, and its links with national post-recovery programmes as well as the methodology used to formulate the programme. This is then followed by an assessment of the social impact and priorities for immediate recovery grouped by themes and sectors. Next is an evaluation of the economic impact and priorities for addressing the issues raised. An Annex lists the programs in the full recovery strategy identifying the immediate priority programs and projects for reaching Zero new infections, and achieving the comprehensive objectives of the recovery programme.

Background of the Epidemic and Origins of the Regional Recovery Programme

The origins of the Ebola outbreak defined it as a regional phenomenon, having started at the confluence of the three States. The rapid spread beyond the rural areas confirmed the absence or ineffectiveness of sub-regional mechanisms to tackle problems that may arise in these zones. As a result, the Ebola Virus Disease (EVD) has caused immense damage to the three Mano River Union States of Guinea, Liberia and Sierra Leone. As at March 31, 2015, the three affected States had recorded about 25,213 cumulative cases with total fatality rate of about 42 per cent or about 10,460 deaths. The number of death among health-care workers in the three States amounted to 495 out of 861 cumulative cases. Guinea has recorded the highest fatality rate (66 percent) with 2,314 deaths from 3,492 reported cases followed by Liberia with 4,332 deaths out of 9,712 cases (45 percent) and Sierra Leone with cumulative case of 11,974 and 3,799 deaths (32 percent).

The EVD epidemic has just not been simply a public health problem. It has continued to cause the most severe socioeconomic crisis for the leaderships, governments, and citizens of the three affected States. Outbreak of the disease fuelled fears among companies and contractors working in the sub-region, leading many to close their operations and depart, thus placing the economies of these nations into a serious downturn. At end December, 2014, growth rates declined to 0.5 percent, 0.7 percent, and 6.4 percent, respectively for Guinea, Liberia and Sierra Leone¹. The deceleration of growth resulted from declines in activities in key economic sectors such as agriculture, forestry, mining, manufacturing, construction, trade and commerce, transport, tourism and hospitality.

Women and children are among the direct victims of the EVD with women being most affected. Gender distribution of the cumulative cases indicates 51 per cent infection rate among women, while about 20 per cent of those infected were among children. The alarming number of death among adults has left a large number of orphans and single parents in the three States as well as a segment of the population, including survivors, traumatized as a direct result of the outbreak.

While the sub-region is concerned about the significant number of persons who were infected and lost their lives, it is especially alarmed by the number of doctors, nurses and medical workers among the victims, considering that these personnel were already in limited supply. In addition to the human and social cost, the impact of the EVD on the economies of the Mano River Union States also threatens the implementation of the development agenda of the region. Prior to the outbreak, the growth indicators of the three States were impressive. In early 2014, Guinea, Liberia and Sierra Leone were expected to respectively grow at 4.5 per cent, 5.9 per cent and 11.3 per cent. However, at end December 2014, estimates of growth rates had declined to 0.5 per cent, 0.7 per cent, and 6.4 per cent, respectively. The deceleration of growth resulted from a slowdown in activities in key economic sectors such as agriculture, forestry, mining, manufacturing,

¹ IMF estimates

construction, trade and commerce, transport, tourism and hospitality. The decline in cross-border trade, restrictions on movement of people, goods and services, and rising insurance costs further led to acute food shortages across the region, which in turn had severe implications for poverty and vulnerability in the region. In the circumstances, a regional approach to address the problems identified is a necessary complement to the national recovery plans for the three States.

Undoubtedly, the outbreak has been and continues to test the capacity of the public health infrastructure of the affected states. The course of the epidemic has also raised crucial questions about the capacity and dynamics of the international humanitarian systems, and their ability to address outbreaks of such an unprecedented proportion.

MRU Socio-Economic Recovery Programme

Recognizing that cross-border transmission of the disease has been a major factor in its spread and control. The three Governments and their development partners agreed on the formulation of a single sub-regional recovery programme that would be integrated with their national programmes. They also emphasized the importance of maintaining international engagement with the recovery and development processes of the Ebola affected States.

The strategic objectives of the program are to:

- Harmonize the approaches for tackling Ebola-type threats especially emanating from the border zones or of a cross-border nature, in achieving the state of zero new infections;
- Institute policies, actions and programmes to correct weaknesses at the sub regional level that have been revealed by the outbreak, essential for rebuilding a more resilient sub region;
- Highlight current or planned initiatives within the MRU that could be re-prioritised to buttress the regional recovery efforts;
- Accelerate implementation of programs that will support the sub-region to deal more effectively with future shocks of the Ebola type;
- Implement programs that mitigate the impacts of the EVD Crisis on the affected population in the sub-region;
- Enable MRU States to restore their economic growth potentials, and exploit available opportunities to enhance inclusive economic growth and development within the sub-region;
- Strengthen the achievement of economic development agendas of the affected States;
- Ensure restoration of basic education service delivery system and build resilience in post-EVD MRU States; and

- Strengthen regional integration and build on national experiences in the fight against the EVD to develop a more proactive regional system that responds appropriately to future occurrences.

The preparation of this MRU Sub-Regional Ebola Recovery Strategy draws from the various country and sector-specific EVD impact assessments undertaken by the Governments and other stakeholders; the multi-agency Ebola Recovery Assessment undertaken in January 2015; and the national Ebola Recovery Strategies of Guinea, Liberia and Sierra Leone. This Programme thus leverages scale and the cross fertilization of experiences and skills among the three States, to address the social and economic impact of the epidemic.

The projects/programmes formulated in this plan constitute the top priority of the sub-region and are estimated to take not more than two years from mid 2015. Cross cutting issues such as gender and vulnerable groups, the private sector, environment and nutrition to name a few, permeate the entire Strategy. Country-specific strategies will retain their local character but be part of and linked to the Regional Programme. At the end of the priority programmes all activities will be fused into the respective national medium term plans and the MRU Strategic Plan.

Assumptions and Principles Guiding the Programme

This Strategy is guided by the assumption that, the disease will continue its downward trend towards zero.

The existing national development strategies of the three States are expected to remain the guiding framework to provide the medium to long term direction of development.

The principles outlined in the New Deal for Engagement in Fragile States will be used to ensure national and regional ownership and alignment to one plan. It will also be guided by a Mutual Accountability Framework, which will hold governments and their implementing partners equally accountable for programmatic success.

Assets from the Ebola response (trained and semi-trained personnel and volunteers, contact tracers, vehicles, medical and laboratory equipment and supplies and facilities) are to be rapidly integrated into the regular social services and governance systems, particularly at the community level after appropriate studies on the most effective approach to integrating these assets are completed. Building confidence in health services will remain critical after Ebola.

II Social Effects and Recovery Priorities

The disease has taken a heavy toll not only on human lives but also affected social relations among populations as well as relations between governments and societies of the MRU States. Below are sectoral highlights of the impacts of the EVD and the corresponding Recovery priorities.

Healthcare, water and sanitation systems

In the sub-region, these systems were relatively weak before the outbreak of the disease; for example health expenditure per capita remained among the lowest in the world (Guinea \$32, Liberia \$65, and Sierra Leone \$96 in 2012)². Before the disease struck in Guinea, there were 633 trained and practicing midwives, recording a ratio of 0.28 midwives per 10,000 births annually; 1,582 trained nurses at a ratio of 0.69 per 10,000 populations; and a doctor-to-patient ratio of 1.7 to 10,000 people. The situation in Liberia was 659 trained and practicing midwives or 3 midwives to deliver 1,000 births annually; 2,137 trained nurses to serve about 3.9 million populations; and a doctor-to-patient ratio of 1 per 22,000 people. And the situation in Sierra Leone was less than 100 trained and practicing midwives to deliver thousands of births annually; 1,000 trained nurses to serve a population of six million; and a doctor-to-patient ratio of 2 per 100,000 people.

With the onset of the disease, a number of public and private health facilities were closed down while the available bed capacity needed for the treatment at existing health facilities was overwhelmed and health-care delivery services paralyzed. As a result responses to non-Ebola related diseases were crowded out by the epidemic and sometimes left to traditional healers thereby increasing the total death toll across the sub-region. The situation also compounded perennial problems encountered by governments in the water and sanitation sector. This sector already suffered inadequate and ageing infrastructure, while our populations continued to rise.

The circumstance presented above will inhibit the three MRU states from achieving the Millennium Development Goals (MDGs), by end 2015, especially as the States were already lagging behind on some of the eight MDGs as at 2014. In particular, achieving the MDG goals related to the reduction of child and maternal mortality, and eradication of HIV/AIDS, malaria and tuberculosis are unlikely to be met.

Recovery priorities. These are:

- Get to and maintain zero infections in the sub region by adopting and standardizing the following throughout the sub-region:
 - a. Supervision and monitoring of adherence to Infection, Prevention and Control Protocols in every hospital;
 - b. Reinforcing community engagement and ownership;
 - c. Ensuring that development partners work through government in line with the principles of mutual accountability including following up on commitments made;

² World Bank – WDI tables

- d. Better sharing of high quality information and coordinated rapid response particularly in the border zones for the purpose of:
 - i. Surveillance, ii) Contact Tracing iii) Risk monitoring or controls - for example high risk groups, and iv) Sharing of Best Practices; and
 - e. Extending the MRU initiatives on border zones to include health and cross border community engagement to improve Port & Border Health Procedures.
- Establish an integrated sub-regional Centre for Disease Control (CDC), and surveillance and health management information systems to increase sub-regional capacity to respond swiftly and effectively to any health emergency;
 - Set up joint planning mechanisms for use of strategic health assets especially in border districts to improve health logistics capacity and efficient use of health resources;
 - Establish centres of excellence for training health professionals to increase their number in the MRU; and
 - Provide safe drinking water and sanitation facilities (WASH) at border districts – Guinea, seven (7) districts; Sierra Leone, six (6); and Liberia, seven (7).

Education and Recovery Priorities

Educational institutions in the region remained closed during the period of the outbreak with some facilities being used as holding or Ebola treatment centers, while governments continued to underwrite wages and salaries of teachers. The impact of prolonged school closures in a region with some of the lowest education indicators further exacerbates an already deplorable situation. Prior to the EVD outbreak, only 58 percent of children attended primary school in Guinea, 34 per cent in Liberia and 74 per cent in Sierra Leone.³ The outbreak further worsened the situation as many school-age girls became teenage parents due to the extended school closure. The EVD situation also negatively affected the availability of teachers due to death, safety of school premises, and increased the level of vulnerability of girls and women.

Recovery priorities. These priorities are intended to ensure the restoration of basic education services delivery system and build resilience in post-EVD MRU States. The key action is to have MRU school curricula revisited to incorporate public health and hygiene education, and the teaching of basic French and English, especially at the border zones.

³Recovering from the Ebola Crisis: A study report by the United Nations, World Bank, European Union, and African Development Bank.

Gender, Youth and Social Protection

Ebola is exacerbating existing problems of child labour, gender-based violence and exploitation of, and violence against women and children. The elderly, people with disabilities, chronically ill persons and people living with HIV and other groups were already vulnerable and are now facing additional hardships and social exclusion. Recovery efforts should prioritize support to these vulnerable groups, including provision of psychosocial support services to affected populations. To address this situation, it is important to strengthen child protection, psychosocial support and welfare services for children and families in communities heavily affected by EVD, including children that have lost one or two parents or a primary caregiver, child survivors and their families. While caring for these vulnerable groups, it will be important to create resilient systems of social protection and livelihoods to minimize the risk of aggravating vulnerability in case of future outbreaks.

Recovery priorities. These priorities focus on the implementation of programs that mitigate the impacts of the EVD crisis on the affected and vulnerable population in the sub-region:

- Support youth enterprise development and improve the livelihood of youth affected by EVD and other unemployed youth;
- Enhance livelihood of women affected by EVD and other vulnerable women.
- Coordinate and harmonize existing national child, youth and women's policies into MRU sub-regional policy;
- Conduct comprehensive assessment of existing youth and women enterprises and institutions to determine gaps for support across the region;
- Provide access to loans and micro-credit facilities for youths and women involved in cross border trade within the MRU;
- Support MRU First Ladies initiatives to facilitate gender and children empowerment;
- Increase engagement with international communities for more support to women, children and other vulnerable groups; and
- Establish financial stability trust fund to recapitalize and capitalize MRU women entrepreneurs and youths.

III Effects on Key Economic Sectors and Recovery Priorities

Agriculture, Fisheries, Nutrition and Food Security

Agriculture is the main source of livelihoods and employment in the sub- region. However,as Ebola struck and stalled agricultural activities, about 230,000 people were exposed to severe food insecurity in Guinea; 170,000 people in Liberia; and 120,000 people in Sierra Leone at the end of January 2015.⁴ The total production of food crops is estimated to decline by 3 percent in Guinea; negative 2.9 percent in Liberia; and 5 percent for Sierra Leone. Rice accounts for 17 percent of this decline.

Recovery priorities.These are:

- Support the intensification and diversification of the West Africa Agriculture Productivity Program;
- Support MRU food security initiative and grain reserve establishment;
- Provide support to fisheries and livestock sector in the MRU; and
- Support the regional nutrition promotion programme.

Mining

This primary source of foreign exchange earnings by the affected States was also severely hit by the EVD epidemic. Ebola critically affected the artisanal and small-scale mining sector, which provides employment opportunities for most women. This sector has been a remarkable source of start-up capital for low-income populations who use income as investment capital for small and medium scale enterprises to sustain livelihoods. With the outbreak of the disease, this source of livelihood has been badly affected across the sub-region.

Recovery priorities. These are:

- Encourage the private sector to support the re-launch of small scale mining enterprises that collapsed during the epidemic; and

⁴ Economic Commission of Africa regional survey report

- Evaluate the effects on artisanal and small-scale mining and design programs that will enjoy a regional approach and reduce the vulnerability of the sector.

Trade and Private Sector

This sector remains crucial for inclusive economic growth and development within the sub-region. Prior to the outbreak, cross-border trade was a major source of income for a great proportion of low-income households. There were emerging opportunities for boosting private sector penetration in rural and border settlements, with service expansion opportunities through the MRU Growth Triangle initiative. Most importantly, women constitute about 70 percent of all cross-border trade in the MRU sub-region, which foster backward and forward linkages and bring together small scale business operators, rural farmers and large businesses within value-added supply chains. The closure of borders suspended cross-border activities and upended this vital source of income generation.

Recovery priorities. These are:

- Support rebranding of the affected MRU States;
- Encourage public private partnerships in pursuit of sub-regional integration programmes, including the facilitation of easier flow of capital and goods, and supporting product development, certification and market access;
- Ensure resumption of cross-border trade and establishment of sub-regional market facilities;
- Promote development of small and medium enterprises (SMEs) for job creation and enhancement of livelihood opportunities at sub-regional level;
- Establish mechanisms to recapitalise MRU women entrepreneurs accentuating sub-regional activities;
- Encourage the elements in the ReGrow West Africa strategy that prioritize sub regional private sector activities; and
- Revitalize the preparatory work on Growth Triangles by the private sector.

Tourism and Hospitality

This sector was among the most affected economic activities during the onset of the epidemic. Many experts working on development and investment projects in the region evacuated the region for fear of their lives. This resulted in reduced occupancy at most hotels leading to lay-offs and increased unemployment among service providers, thus negatively affecting the livelihoods of dependent households. Tax revenue from the services sector was also hit. The combined effects of revenue loss and heightened unemployment contribute to the reversal of the growth prospects with deleterious implications for social stability in the fragile MRU sub-region.

Recovery priorities. These are:

- Support de-stigmatisation campaigns through:
 - a. education and sensitization across the MRU, Africa and beyond; and
 - b. developing and disseminating counter-narratives on the image of MRU States.

Air and Sea Transport

This sector, which has been instrumental in supporting tourism and trade, was also negatively affected despite the Standard Operating Procedures (SOPs) effectively implemented at airports and seaports across the sub-region. Most continental and international airlines suspended operations in the three most affected States. This resulted in increased costs of insurance and travel, and negatively affected trade, manufacturing, and the general economy of the sub-region.

Recovery priorities. These are:

- Undertake urgent global de-stigmatisation campaign to ensure speedy resumption and revitalization of air and sea transport; and
- Work towards launching the Air Mano to cover the wider MRU space in the medium term.

Construction and Public Infrastructure Projects

The Ebola outbreak disrupted and suspended the effective implementation of vital public infrastructure projects, such as energy road works and a range of construction activities. Without a minimum level of infrastructure, MRU States will remain unattractive for investment, with high energy and transport costs thus reducing competitiveness for businesses. At the MRU level, the MRU initiative on funded a programme by African Development Bank (AfDB) as well as West African Power Pool (WAPP) project came to a standstill due to the Ebola crisis. Resuming these projects, which are important for alleviating constraints to economic growth in the region and for employment creation is therefore of top priority and should be a part of the recovery programme even though partial financing may have already been secured.

Recovery priorities. The role of the private sector is paramount in stimulating the construction and infrastructure sector in the sub-region. Private sector groups committed to supporting post-Ebola recovery efforts should be encouraged to be part of the forum for defining realistic proposals on what should be reprioritized to support the recovery. A number of private and public sector initiatives are ongoing and are critical in the following areas:

- a. solidifying the foundation for potential sub regional development in border zones, as with Growth Triangles;
- b. coordinating a harmonised approach in trade discussions within the common trade area;

- c. bringing the scale of sub-regional action to reduce costs and improve efficiency of actions and programmes that may be common in the three country plans.

The following are specific priority areas for restoring effective operations in the roads, energy, and ICT sectors.

Roads

- Ensure resumption of road interconnectivity development programmes for rapid regional public health response and access to remote areas; and
- Improve transport facilities in the MRU in order to reduce transport costs and facilitate the free movement of persons and goods and services.

Energy

- Ensure resumption of MRU Energy Access Programs;
- Enhance rural electrification in the MRU; and
- Fast track the implementation of the Cote d'Ivoire – Liberia – Sierra Leone – Guinea (CLSG) WAPP line to enhance rural electrification

ICT

- Strengthen information and communications technology (ICT) development in the sub-region to enhance intra-regional connectivity and socioeconomic activities.

IV Effects on Government Fiscal Positions, Financial and External Sectors, and Public Debt

The fiscal positions of the MRU States faced tremendous pressure as a result of revenue shortfalls and increased unexpected spending. The total fiscal impact of the outbreak on the sub-region amounted to about US\$328 million (2.4 percent of sub-regional GDP). For the individual States, the short-term impacts were estimated US\$113 million (5.6 percent of GDP) for Liberia; US\$95 million (2.1 percent of GDP) for Sierra Leone; and US\$120 million (1.8 percent of GDP) for Guinea. These fiscal gaps are expected to remain high unless significant assistance from the international community is made available to the MRU States.

Financial and external sectors: Access to financial services is important for enhancing trade and promoting activities, and is especially important in the context of the MRU regional integration. However, the region experienced a slowdown in banking activities, especially at the rural level due to the Ebola crisis. The urban banking system reduced its hours of operation, while financial

services provided through village saving loan schemes in affected rural communities were adversely impacted by the crisis. The current account position of the MRU States also generally deteriorated during the outbreak due to fall in foreign exchange inflow from export, and increase in the importation of essential commodities.

Public debt: The MRU remains ridden by debt burden. Today, the total debt stock amounts to US\$8.7 billion (64 percent of the combined GDP of the three affected States. Guinea's total public debt stands at about US\$6.5 billion (98 percent of GDP). External commitments constitute about 24percent (US\$1.6 billion). Liberia's public debt amounts to US\$ 815 million (about 40 percent of GDP) with external debt accounting for about 65.18percent (US\$ 531 million)) of the debt stock; Sierra Leone's obligations amount to US\$1.49 billion (about 33 percent of GDP US\$749.26 million) with an external component of US\$1.1 billion (about 74 percent of total public debt) (Table 1). With the current fragile economic environment and dwindling revenues as well as GDP performance, debt servicing remains a major challenge in the three countries. Indeed, servicing of huge debt falling due in the coming years will imply the three most affected MRU States of Guinea, Liberia and Sierra Leone will be deprived of needed recovery resources to restore basic services in the health, water and sanitation, education, and other vital sectors including provision of social protection for women, children and other vulnerable. Certainly, this will pose recovery lags in the economic sectors and local revenue mobilization capacity of the sub-region, thereby undermining economic growth in years to come.

Table 1: Size of Public Debt of Guinea, Liberia and Sierra Leone 2014

| | Public Debt | External Commitment | Percentage of GDP |
|--------------|------------------------|----------------------------|--------------------------|
| Guinea | US\$6.5 billion | US\$1.6 billion | 98 % |
| Liberia | US\$815 million | US\$531.42 million | 40% |
| Sierra Leone | US\$1.49 billion | US\$1.1 billion | 33 % |
| Total | US\$8.7 billion | US\$ 3.16 billion | 64 % |

Source: Figures obtained from the Ministries of Finance in the three countries.

As the revenue position of the MRU economies continues to worsen and GDP growth plunges further, while public spending pressure mounts, debt levels can be expected to rise thereby leading to threat of debt overhang and more difficulties in meeting debt servicing obligations.

Recovery priorities. These are:

- Advocate for more debt relief: It is compelling from above that the MRU should mount serious advocacy to ensure that the three countries are considered for increased debt relief

in addition to the IMF support under the New Catastrophe Containment and Relief (CCR) Trust Fund;

- Advocate for increased budget support to increase alignment of development assistance to recovery priorities; and

For other donors, consider hybrid basket fund—with pooled, sector, and trust fund resources—to attract external assistance from all sources.

V Governance, Peace and Security

The EVD epidemic has exposed the limited capacity of national and sub-national systems in general. Recovery strategies must deal with these constraints and help build robust and resilient national and local-level systems and capacities to sustainably reinstate public trust and social cohesion. It is also important to establish mechanisms to monitor real-time responses in the midst of future crises in order to adapt responses, support analysis and enhance accountability especially where mistrust of state institutions is generating resistance to response efforts.

Recovery priorities. These are:

- Strengthen disaster risk management capabilities in the MRU states;
- Improve cross-border security intelligence sharing in the MRU sub-region;
- Establish and strengthen people's security region wide; and
- Manage revenue and build capacity of health, security and governance structures for accountable and fair service delivery.

VI. Building Sub-Regional Resilience to deal with Future Threats

This section deals with the lessons learned by the three most affected fragile states of the MRU, and whose application form part of the recovery programme. Maintaining zero will also require the leverage of joint action to build resilience for future emergences and ensuring sustainable development.

Furthermore, the three Ebola-affected States are fragile states that are highly interconnected, through cross-border trade, shared kinship and culture, and other factors including the history of civil wars that engulfed two of them in the late 1980s to early 2000s — Guinea suffered from spillover effects and there were deadly political upheavals in Liberia and Sierra Leone. The protracted difficulty to contain the Ebola disease in the sub-region clearly confirms that one country cannot progress sustainably leaving the others behind.

An important component of the regional programme is the provision of surge capacity to deal with the high inflow of resources anticipated to ensure effective, efficient and timely use for meeting the objectives set.

Key Lessons and Opportunities to Leverage a Regional Approach in Building Resilience

- **Need for institutional re-engineering in getting to and maintaining zero infections.** The inability of the three States to mobilize joint measures rapidly to deal with the multiple challenges of the rapidly expanding disease has underscored the necessity for re-examining the current social, economic and political institutional arrangements in the sub-region.
- **Social cohesion.** MRU citizens demonstrated capacity for social cohesion to the disease through social mobilization as occurred during the civil wars in Sierra Leone and Liberia, spilling over to Guinea, building on the socioeconomic, ethnic, cultural and political creeds among the populations. This phenomenon constitutes a critical factor for resilience and sustainable development across the sub-region. Thus every effort should be deployed, going forward to build on what has been achieved, and to support the population in the border zones to withstand future shocks and eliminate fragility in the sub-region.
- **Fragility of existing institutions and governance arrangement prior to the epidemic.** The systems, institutional structures, and governance arrangements in place were (and are) still fragile to support successful drive to prosperity. As noted earlier, despite apparent impressive performance the epidemic showed that they are among the most vulnerable in the region as new infections persisted.
- **Diversification as a leading strategy for resilience.** The crisis revealed sharply the vulnerability of the MRU's development trajectory, but at the same time presents an opportunity to revisit and make changes as necessary. At the time the epidemic raged and was depressing GDP growth in the sub-region, prices of principal exports, such as iron ore, were coincidentally falling in the international market, adding further pressure on economic performance. To manage that better in the future will demand the recalibration of development strategy for all three States to promote diversification.
- The application of the lessons learnt would ensure the three states emerge stronger after the recovery program. Strengthening existing institutions, public sector reforms, improved financial and economic management, and building on the strong political support will generate the needed resilience at both the national and sub regional levels.

VII Cost of the Recovery Programme

A range of needs has been identified for full recovery of the Mano River Union States from the Ebola crisis and economic shocks. The budget presented here reflects programmes (cross-border in nature) whose implementation shall be coordinated through the MRU Secretariat. These are

further categorized into two broad priority areas. **Priority Area I** comprises programmes that are most urgently needed for cross-border recovery interventions: 1) health, water and sanitation; 2) gender, youth and social protection; 3) agriculture, fisheries and food security; 4) governance, peace and security; 5) programme management and monitoring; and 5) private sector support programme. **Priority Area II** comprises recovery needs supporting building resilience and robust cross-border infrastructural system to respond to future emergencies: 1) roads programme; 2) energy access; and 3) information and communication technology. Table 1 present the respective cost required for the two areas for a period of two years spanning June 2015 to May 2017. Priority Area I has a total of **US\$1.76 billion**, and II has a cost of **US\$2.24 billion**. Thus, the total cost in new money for the full recovery is US\$4 billion.

VIII Fund Management

The MRU Member States will advocate for regional pool of resources in the form of a Basket Fund hybrid in nature to capture different donor preferences. The Fund will be managed by an external agency designated by the Member States. The choice of the agency will be based on competence and experience in fund management, donor confidence, and readiness to establish a fund management model rapidly. The Fund Manager will design procedures for accessing funds for projects within the Ebola recovery programmes at the sub-regional and national level. The procedures for accessing funds will include reporting and financial accountability measures. An Oversight body to the Fund will be set up and co-chaired by the Secretary General, Government Representatives and Development Partners.

The MRU Member States, who are also signatories to the New Deal for Engagement in Fragile States, commit to using country systems and Mutual Accountability Frameworks in the implementation, reporting and financial accountability of the post-Ebola Recovery programme. The New Deal's Peacebuilding and State building Goals (PSGs) will be reference in order to ensure that the regional programme is inclusive, and creates resiliency in the areas of security and justice, establishing sound economic foundations that serve as the linchpin of job creation and for the establishment of strong government systems that meet the needs of citizens.

IX Implementation and Institutional Arrangements

The coordination of the implementation of the sub-regional recovery programme shall be anchored on the Mano River Union Secretariat. This requires increasing the capacity and functionality of the Secretariat by setting up a special unit within the Secretariat reporting directly to the Secretary General. The existing institutional arrangements for implementing normal national development plans (such as the poverty reduction strategy papers, PRSPs) in the MRU States will be reviewed with a view to increasing their capacities to coordinate with MRU Secretariat in the implementation of the sub-regional recovery programme. The diagnostic and functional review studies on the MRU Secretariat undertaken recently must be reviewed and key issues addressed to

strengthen the Secretariat's capacity. The specific arrangements and needs are discussed as follows.

Coordination and Oversight of Project Implementation

A Special Delivery Unit will be set up to coordinate project implementation within the MRU Secretariat and shall be directly supervised by the Secretary General. Personnel within the Unit will include senior experts seconded by Member States. The Secretariat will take over these activities at the end of the two year recovery period. The Delivery Unit will be supervised directly by the Secretary General and shall provide period progress reports on the programme implementation for the attention of the SG, Union Ministerial Council, and Development Partners.

X SUMMARY BUDGET

| SECTOR | | Estimated Cost (US\$ 000) | Yearly Allocations (US\$ 000) | | |
|----------------------------|--|---------------------------|-------------------------------|-----------|-----------|
| | | | 2015 | 2016 | 2017 |
| PRIORITY LEVEL 1 | | | | | |
| 1 | HEALTH, WATER, SANITATION AND HYGEINE | 500,380 | 75,057 | 250,190 | 175,133 |
| 2 | GOVERNANCE, PEACE AND SECURITY | 139,850 | 20,978 | 69,925 | 48,948 |
| 3 | AGRICULTURE, FISHERIES AND FOOD SECURITY | 800,482 | 120,072 | 400,241 | 280,169 |
| 4 | GENDER, YOUTH AND SOCIAL PROTECTION | 231,000 | 34,650 | 115,500 | 80,850 |
| 5 | PROGRAMME MANAGEMENT AND MONITORING | 20,600 | 3,090 | 10,300 | 7,210 |
| 6 | PRIVATE SECTOR SUPPORT PROGRAMME | 65,150 | 9,773 | 32,575 | 22,803 |
| Priority Level 1 Sub-Total | | 1,757,462 | 263,619 | 878,731 | 615,112 |
| PRIORITY LEVEL 2 | | | | | |
| 7 | ROADS PROGRAMME | 574,638 | 86,196 | 287,319 | 201,123 |
| 8 | ENERGY ACCESS PROGRAMME | 1,321,262 | 198,189 | 660,631 | 462,442 |
| 9 | INFORMATION & COMMUNICATIONS TECHNOLOGY(ICT) | 346,640 | 51,996 | 173,320 | 121,324 |
| Priority Level 2 Sub-Total | | 2,242,540 | 336,381 | 1,121,270 | 784,889 |
| PROGRAMME TOTAL | | 4,000,002 | 600,000 | 2,000,001 | 1,400,001 |

ANNEX 1 MANO RIVER UNION POST EBOLA SOCIO-ECONOMIC RECOVERY COST MATRIX

| SECTOR 1: HEALTH, WATER, SANITATION AND HYGIENE | | | | | | | | | | |
|---|---|--|--|---|------------------|------------|------------------------|-----------------------------|---------|-------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 1.1 | Getting EBOLA to ZERO and Maintaining Zero Infection in the MRU »»» To break the Chain of Transmission by Strengthening Regional Public Health Systems | | | | | | | | | |
| | Sustained Zero New Infections in the MRU Member States | IPC and IHR adherence in 40 border towns | No of hospitals & HC compliant/ total no of hosp & Health Centers in border districts; Number of sub-regional training &planning exercises/total meeting planned | Procure IPC equipments for 40 cross-border health centers | 100,000 | 40 | 4,000 | 600 | - 2,000 | 1,400 |
| | | | | Conduct sub-regional training for IPC for all health worker border districts including burial teams | 10,000 | 40 | 400 | 60 | - 200 | 140 |
| | | | | Conduct sub-regional training for safe burials for burial teams in 40 border towns | 5,000 | 40 | 200 | 30 | - 100 | 70 |
| | | | | Set up joint planning mechanisms for strategic health response assets and risk management in border towns | 20,000 | 80 | 1,600 | 240 | - 800 | 560 |
| | | | | Sub-Regional training for Supervision and control of IPC/IHR in 40 border towns; | 750 | 400 | 300 | 45 | - 150 | 105 |
| Sub-Total | | | | | | | 6,500 | 975 | (3,250) | 2,275 |

| SECTOR 1: HEALTH, WATER, SANITATION AND HYGIENE | | | | | | | | | | |
|---|---|---|--|--|------------------|------------|------------------------|-----------------------------|---------|--------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 1.2 | Getting EBOLA to ZERO and Maintaining Zero Infection in the MRU »»» To break the Chain of Transmission by Strengthening Regional Public Health Systems | | | | | | | | | |
| | Functional Cross-Border Health Service Infrastructure In Selected Border Districts | 40 border Towns with selected health facilities refurbished, equipped and operating | No HF operational/total facilities planned | Cross-border Health Facilities Master Plan for the 3 Countries | 500,000 | 1 | 500 | 75 | 250 | 175 |
| | | | | Functional design and modular blue prints | 100,000 | 3 | 300 | 45 | 150 | 105 |
| | | | | 12 Municipal hospitals | 10,000,000 | 12 | 120,000 | 18,000 | 60,000 | 42,000 |
| | | | | Health Center Construction/ Rehab contracting and execution | 1,200,000 | 20 | 24,000 | 3,600 | 12,000 | 8,400 |
| | | | | Rehabilitation of peripheral health units | 150,000 | 400 | 60,000 | 9,000 | 30,000 | 21,000 |
| | | | | Procurement of ambulance for each district | 50,000 | 80 | 4,000 | 600 | 2,000 | 1,400 |
| | | | | Procurement of supervision/surveillance vehicles | 40,000 | 80 | 3,200 | 480 | 1,600 | 1,120 |
| | | | | Procurement of 20 motor bikes per district | 5,000 | 800 | 4,000 | 600 | 2,000 | 1,400 |
| | | | | Procurement of other equipment: generators; solar light; refrigerators; incinrators; etc | - | - | 30,000 | 4,500 | 15,000 | 10,500 |
| | | | | Health Center in-service Staff Training | 1,500 | 200 | 300 | 45 | 150 | 105 |
| | | | | procure communication equipment, Vsat + radios and training for usage | 25,000 | 40 | 1,000 | 150 | 500 | 350 |
| | | | | Sub-Total | | | | | 247,300 | |

| SECTOR 1: HEALTH, WATER, SANITATION AND HYGIENE | | | | | | | | | | |
|---|--|--|---|--|------------|------------------------------|-----------------------------|--------|---------|--------|
| RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | | |
| | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 | |
| 1.3 | Integrated MRU, CDC, Surveillance, Response and Health Management Information System »»» To Strengthen the Human Resources Capacity for Infectious Diseese in the MRU Countries | | | | | | | | | |
| | Establish Sub-Regional CDCs and Centres of Excellence for Training Health Professionals in Guinea, Liberia and Sierra Leone | 1 Sub-regional CDC Center and 3 certified centers of excellence (1 per country) | Total number of centers of excellence equipped, staffed and operational/total planned | Sub-regional CDC including IPC Training and Sub-regional Monitoring Center | 90,000,000 | 1 | 90,000 | 13,500 | 45,000 | 31,500 |
| | | | | Equipment: Sub-regional CDC (incl. IPC Center) | 7,000,000 | 1 | 7,000 | 1,050 | 3,500 | 2,450 |
| | | | | Rehabilitate National Centers of Excellence - Training Center | 10,000,000 | 3 | 30,000 | 4,500 | 15,000 | 10,500 |
| | | | | Equipment: National Center of Excellence Training Center | 5,000,000 | 3 | 15,000 | 2,250 | 7,500 | 5,250 |
| | | | | training on usage and maintenance for specialised equipment | | 18 | 80,000 | 12,000 | 40,000 | 28,000 |
| | | | | Staffing and recurrent costs to be budgeted in Country Programmes | 3,000,000 | 3 | 9,000 | 1,350 | 4,500 | 3,150 |
| Sub-Total | | | | | | | 231,000 | 34,650 | 115,500 | 80,850 |

| SECTOR 1: HEALTH, WATER, SANITATION AND HYGIENE | | | | | | | | | | |
|---|---|---|---|---|------------------|------------|------------------------|-----------------------------|-------|-------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 1.4 | To Enhance Community Cohesiveness in Border Communities | | | | | | | | | |
| | Health Commitees and Rapid Response Teams Established | Sub-regional MRU initiatives on border zones implemented with health Centers, cross border community and Partners engagement to improve rapid response and Port & Border Health Procedures. | No of cross-border rapid response teams established/40cro ss-border towns planned | Develop cross-border contact Tracing protocols | 50,000 | 1 | 50 | 8 | 25 | 18 |
| | | | | Conduct contact tracing protocol training and establish cross-border coordinated rapid response teams in 40 districts | 20,000 | 40 | 800 | 120 | 400 | 280 |
| | | | | Organise 12 annual community meetings | 80,000 | 12 | 960 | 144 | 480 | 336 |
| | | | No of Rapid Response Teams IPS-Transport ready/40 cross-border Districts | Undertake cross-border district emergency planning and tabletop exercises to test the ability of rapid response teams and their readiness (including IPC equipment and transport) and communities to respond to an outbreak | 70,000 | 40 | 2,800 | 420 | 1,400 | 980 |
| | | | No of MRU supported Country coordination mechanisms/No of MRU Member Countries | Establish coordination and cooperation mechanism between MRU and partner organizations at community, district, national and Sub-regional levels. | 10,000 | 40 | 400 | 60 | 200 | 140 |
| Sub-Total | | | | | | | 5,010 | 752 | 2,505 | 1,754 |

| SECTOR 1: HEALTH, WATER, SANITATION AND HYGIENE | | | | | | | | | | |
|--|---|---|--|---|------------------|------------|------------------------|-----------------------------|-----------|-----------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 1.5 | Provision of Safe Water and Sanitation Facilities at Border Districts »»» To Increase Access to Safe Water and Sustatinable Sanitation and the Reduction of Infection from Waterborne Diseases | | | | | | | | | |
| | Handpump wells, gravity water points, community latrines and waste disposal facilities in 40 main border towns | All 40 cross-border towns Health Facilities provided with effective Water, Sanitation & Hygiene (WASH) facilities | No of Health Facilities with WASH services in 40 cross-border towns/ total number of health facilities in the cross-border towns | Construct Water Pump & Latrine in Health Facilities | 17,500 | 40 | 700 | 105 | 350 | 245 |
| | | | | Construct Water Pump & Latrine in each cross border settlement | 17,500 | 400 | 7,000 | 1,050 | 3,500 | 2,450 |
| | | | | Procure incinerator (waste) equipment for District Health Centers | 40,000 | 40 | 1,600 | 240 | 800 | 560 |
| Sub-Total | | | | | | | 9,300 | 1,395 | 4,650 | 3,255 |
| HEALTH, WATER, SANITATION AND HYGIENE SECTOR TOTAL | | | | | | | \$500,380 | \$75,057 | \$243,690 | \$175,133 |

GOVERNANCE, PEACE AND SECURITY

| SECTOR 2 GOVERNANCE, PEACE AND SECURITY | | | | | | | | | | |
|---|---|--|---|--|------------------|------------|------------------------|-----------------------------|--------|--------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 8.1 | MRU Cross-Border Peace and Security Programme»»» To Strengthen Disaster Risk Management Capabilities in MRU Countries | | | | | | | | | |
| | Effective Security Operations in All Cross Border Towns | All Cross Boder Security Apparatus are made Functional | level of Effectiveness of MRU Cross Border Security Systems | Strengthen disaster risk management including early warning systems in Mano river states | 40,000,000 | 1 | 40,000 | 6,000 | 20,000 | 14,000 |
| | | | | Establish & operationalise 10 Bilingual Schools at strategic borders towns | 2,000,000 | 10 | 20,000 | 3,000 | 10,000 | 7,000 |
| | | | | Establish & strengthen conflict prevention & resolution mechanism at border crossing towns | 1,500,000 | 40 | 60,000 | 9,000 | 30,000 | 21,000 |
| | | | | Facilitate post Ebola reintegration in all 40 cross border towns | 125,000 | 40 | 5,000 | 750 | 2,500 | 1,750 |
| | | | | Assessment of peer educators | 100,000 | 1 | 100 | 15 | 50 | 35 |
| | | | | Follow -up and strengthen of peer educators (50 per community) along 40 border communities | 60,000 | 40 | 2,400 | 360 | 1,200 | 840 |
| | | | | Sub-Total | | | | | | |

| | | | | | | | | | | |
|---|------------------------------------|--|--|---|---------|---|-----------|----------|----------|----------|
| 8.2 | Democracy and Governance Framework | | | | | | | | | |
| | Democracy Framework/ Governance | All Cross Boder communities doted with Functional governance structure | Number of observers trained, level of Effectiveness of MRU Cross Border decentralized governance Systems, number of communities with functional governance arrangement | Election monitoring observers, | 30,000 | 9 | 270 | 103 | 113 | 54 |
| | | | | To enhance the practice of effective governance in the Community | 150,000 | 1 | 150 | 57 | 63 | 30 |
| | | | | To improve the efficiency of Community organizations | 100,000 | 1 | 100 | 38 | 42 | 20 |
| | | | | To improve the rate of implementation of Community decisions and the MRU agenda | 100,000 | 1 | 100 | 38 | 42 | 20 |
| | | | | Develop and Agree on the Desired Governance Arrangements for the Future | 100,000 | 1 | 100 | 38 | 42 | 20 |
| | | | | Sub-Total | | | | | | 720 |
| GOVERNANCE, PEACE AND SECURITY SECTOR TOTAL | | | | | | | \$139,850 | \$21,694 | \$69,817 | \$48,339 |

AGRICULTURE FISHERIES AND FOOD SECURIT

| SECTOR 3: AGRICULTURE, FISHERIES AND FOOD SECURITY | | | | | | | | | | |
|--|--|---|---|---|------------------|------------|------------------------|-----------------------------|--------|--------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 3.1 | Support to Intensification and Diversification of the West African Agricultural Productivity Programme »»» To Promote Agricultural Value Chain Activities in the Production of Rice, Cassava, Palm Oil Livestock and Vegetables | | | | | | | | | |
| | Innovative Mechanisms and Funding | Improved technologies in the areas of vegetable production,livestock rearing and acquaculture disseminated to 250,000 farmers (50% women) | No of farmers supported | Strengthen of the national extension services | 5,000,000 | 3 | 15,000 | 2,250 | 7,500 | 5,250 |
| | | | Land area covered by reduced technologies | Technologies obtained from regional centres of specialization | 7,000,000 | 3 | 21,000 | 3,150 | 10,500 | 7,350 |
| | | | Head of Livestock covered | Disseminate technologies to farmers | 10,000,000 | 3 | 30,000 | 4,500 | 15,000 | 10,500 |
| | | | Amount of fish produced | Support to the vegetable, livestock,aquqculture value chains | 4,000,000 | 3 | 12,000 | 1,800 | 6,000 | 4,200 |
| | | | - | WAAPP-Programme Coordination | 1,000,000 | 3 | 3,000 | 450 | 1,500 | 1,050 |
| Sub-Total | | | | | | | 81,000 | 12,150 | 40,500 | 28,350 |

SECTOR 3: AGRICULTURE, FISHERIES AND FOOD SECURITY

| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
|-----|--|---|--|--|------------------|------------|------------------------|-----------------------------|---------|--------|
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 3.2 | Support to the MRU Food Security and Grain Reserve Establishment »»» To Strengthen Food Security Services for MRU Countries Affected by Ebola | | | | | | | | | |
| | Enhanced food security in the sub-region | Strengthen food security services of MRU countries affected by Ebola | Number of grain reserves established | Establish & operationalise 3 sub-regional grain reserves | 7,500,000 | 3 | 22,500 | 3,375 | 11,250 | 7,875 |
| | | | Number of hectares of acquired | Secure (lease)5000 hectares of land per country within the Growth Triangle Clusters | 150,000 | 100 | 15,000 | 2,250 | 7,500 | 5,250 |
| | | | Number of hectares irrigated | Improve the 5000 hectares in Liberia and Sierra Leone and 7500 ha in Guinea through irrigation | 17,500 | 4500 | 78,750 | 11,813 | 39,375 | 27,563 |
| | | The Growth Triangle Initiative is advanced with mechanised and improved commercial farming within identified clusters | Number of hectares mechanised | Heavy Machinery and equipment for land clearing | 3,750,000 | 3 | 11,250 | 1,688 | 5,625 | 3,938 |
| | | | | Apply mechanised methods through procurement of 30 tractors/accompanying implement | 36,000 | 120 | 4,320 | 648 | 2,160 | 1,512 |
| | | | | procurement of irrigation equipment | 1,000,000 | 3 | 3,000 | 450 | 1,500 | 1,050 |
| | | | Number of combined harvesters procured per country | Procurement of 6 combined harvestersfor each country | 350,000 | 24 | 8,400 | 1,260 | 4,200 | 2,940 |
| | | | Number of milling machines procured per country | Procure 30 milling machines per country | 50,000 | 90 | 4,500 | 675 | 2,250 | 1,575 |
| | | | | Procurement of machinery spare parts | - | - | 21,570 | 3,236 | 10,785 | 7,550 |
| | | Sub-Total | | | | | | | 169,290 | 25,394 |

SECTOR 3: AGRICULTURE, FISHERIES AND FOOD SECURITY

| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
|-----|---|--|--|---|--------------------------|------------|------------------------|-----------------------------|---------|--------|
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 3.3 | Support to the Fisheries and Livestock Sector in the MRU »»» Sub-Regional Fisheries and Livestock Policies Harmonised and Revitalised Sectors | | | | | | | | | |
| | Effectiveness of livestock & fisheries activities enhanced in the sub-region | livestock policies harmonized | Harmonisation of Policy documents | Harmonise livestock policy document | 80,000 | 1 | 80 | 80 | - | - |
| | | Poultry activity enhanced in the sub-region | Number of birds bred | Procure 250,000 birds as a starting stock | 250,000 | 2 | 500 | 250 | 250 | - |
| | | | Number of small ruminants | Procure small ruminants stock 1,000,000 | 1,000,000 | 50 | 50,000 | 25,000 | 25,000 | - |
| | | Fisheries activities including aquaculture developed in the sub-region | Number of boats delivered to cooperatives at cross | Provide 60 boats for artisanal fisheries for cooperatives at cross border settlements | 26,000 | 60 | 1,560 | 234 | 780 | 546 |
| | | | Number of fish ponds & nurseries established | Establish 60 ponds at cross border settlements | 150,000 | 60 | 9,000 | 1,350 | 4,500 | 3,150 |
| | | Functional feed mills established at cross border points | Number of feed mills established | Establish 6 feed mills | 250,000 | 6 | 1,500 | 225 | 750 | 525 |
| | | Produce training manuals for farmers on variuos crops | No of manuals produced | Production of training manuals | 4,000,000 | 2 | 8,000 | 1,200 | 4,000 | 2,800 |
| | | Train Farmers | No of farmers trained | Training of trainers | 10,000 | 250 | 2,500 | 375 | 1,250 | 875 |
| | | | | Training of farmers | 2,700,000 | 100 | 270,000 | 40,500 | 135,000 | 94,500 |
| | | | | | Procure Feed mill inputs | 450,000 | 6 | 2,700 | 405 | 1,350 |

| | | | | | | | | | | |
|------------------|--|--|--|---|------------|---|----------------|---------------|----------------|----------------|
| | | | No of reseach and higher learning institutions part of the network | Creation of a research and development alliance | 20,000,000 | 3 | 60,000 | 9,000 | 30,000 | 21,000 |
| Sub-Total | | | | | | | 405,840 | 78,619 | 202,880 | 124,341 |

| SECTOR 3: AGRICULTURE, FISHERIES AND FOOD SECURITY | | | | | | | | | | |
|---|---|--------------------------------|--|--|---------------------|------------|------------------------------|-----------------------------|-----------|-----------|
| N o | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 3.4 | Support to Improved Nutrition of Women and Children | | | | | | | | | |
| | Improved nutrition through supplementar y feeding for Pregnant women, lactating mothers and children | 600 Schools in border towns | No of pregnant and lactating mother supported | Survey on nutrition and school feeding interventions | 150,000 | 3 | 450 | 68 | 225 | 158 |
| | | | No of malnourished children under five treated | Nutrition Education and Sensitization | 1,252,350 | 3 | 3,757 | 564 | 1,879 | 1,315 |
| | | 2,400 school children | No of malnourished children under five treated | Nutrition Education and Sensitization | 3,563,420 | 3 | 10,690 | 1,604 | 5,345 | 3,742 |
| | | 15,000 households | No of school children fed | Support to weaning food income generating activities | 33,352,220 | 3 | 100,057 | 15,008 | 50,028 | 35,020 |
| | | | No of school nutrition activities undertaken | Support to therapeutic feeding interventions | 3,000,000 | 3 | 9,000 | 1,350 | 4,500 | 3,150 |
| | | | No of industries supported | Support to industries for food fortification | 5,000,000 | 3 | 15,000 | 2,250 | 7,500 | 5,250 |
| | | Project Coordination | | | | | 1,799,500 | 3 | 5,399 | 810 |
| Sub-Total | | | | | | | 144,352 | 21,653 | 72,176 | 50,523 |
| AGRICULTURE, FISHERIES AND FOOD SECURITY SECTOR TOTAL | | | | | | | \$800,482 | \$137,815 | \$400,201 | \$262,466 |

GENDER ,YOUTH AND SOCIAL PROTECTION

| SECTOR 5: GENDER, YOUTH AND SOCIAL PROTECTION | | | | | | | | | | |
|---|---|---|---|---|------------------|------------|------------------------|-----------------------------|--------|--------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 2.1 | Youth Empowerment Programme in Border Communities »»» To Support Youth Enterprise Development and Improve the Livelihood of Youth Affected by EVD and Other Unemployed Youth | | | | | | | | | |
| | Youth Entrepreneurship Fund | Support to youth in all 40 cross border towns | Number of youth trained and supported with basic livelihoods skills and proved with funding to establish businesses | Conduct youth livelihood mapping in the 40 border towns | 200,000 | 1 | 200 | 76 | 84 | 40 |
| | | | | Provide training and other livelihood support for youth | 30,000 | 2000 | 60,000 | 22,800 | 25,200 | 12,000 |
| | | | | Provide them with start-up kits | 30,000 | 500 | 15,000 | 5,700 | 6,300 | 3,000 |
| | | | | Provide loanable funds | - | - | 30,000 | 11,400 | 12,600 | 6,000 |
| Sub-Total | | | | | | | 105,200 | 39,976 | 44,184 | 21,040 |
| 2.2 | To Enhance the Livelihood of Women Affected by EVD and Other Vulnerable Women | | | | | | | | | |
| | Women's Empowerment Fund | Support to women in all 40 cross border towns | Number of women trained and supported with basic livelihoods skills | Conduct women livelihood mapping in the 40 border towns | 200,000 | 1 | 200 | 200 | - | - |
| | | | | Advocacy for policy review enactment and impementation | - | - | 10,000 | 1,500 | 5,000 | 3,500 |

| | | | | | | | | | | |
|---|--------------------------|---|---|---|------------|------|------------------|-----------------|------------------|-----------------|
| | | | | Provide training and ther livelihood support for women | 8,000 | 400 | 3,200 | 480 | 1,600 | 1,120 |
| | | | | Provide them with start-up kits | 800 | 100 | 30,000 | 4,500 | 15,000 | 10,500 |
| | | | | Provide loanable funds | - | - | 40,000 | 6,000 | 20,000 | 14,000 |
| Sub-Total | | | | | | | 83,400 | 12,680 | 41,600 | 29,120 |
| | Social Protection | Support to vulnerable groups in all 40 cross border towns | Number of vulnerable - children, orphans; widows; EVD survivors/related persons; & elderly -- supported | Conduct vulnerability assessment in the 40 border towns | 200,000 | 1 | 200 | 200 | - | - |
| | | | | Provide cash transfers & other livelihood support for children/orphans, widows and elders | 30,000,000 | - | 30,000 | 4,500 | 15,000 | 10,500 |
| | | | | Specialist training | 40,000 | 80 | 3,200 | 480 | 1,600 | 1,120 |
| | | | | Training of psycho- social workers | 1,000 | 5000 | 5,000 | 750 | 2,500 | 1,750 |
| | | | | Provide psycho-social support to EVD survivors & related persons at the 40 cross border towns | 2,000,000 | - | 2,000 | 300 | 1,000 | 700 |
| | | | | Provide clinical support for post-Ebola complications | 2,000,000 | - | 2,000 | 300 | 1,000 | 700 |
| Sub-Total | | | | | | | 42,400 | 6,530 | 21,100 | 14,770 |
| GENDER, YOUTH AND SOCIAL PROTECTION SECTOR TOTAL | | | | | | | \$231,000 | \$59,186 | \$106,884 | \$64,930 |

| SECTOR 9: PROJECT MANAGEMENT & MONITORING SECTOR | | | | | | | | | | |
|--|---|-------------------------------|---|---|------------------|------------|------------------------|-----------------------------|----------|---------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 5.1 | Sub-Regional Implementation Arrangement »»» To Strengthen MRU Managerial, Fudiciary, Monitoring and Evaluation Capacity | | | | | | | | | |
| | Strengthened MRU Managerial, Fudiciary, Monitoring and Evaluation Capacity to Enhance Project Delivery | Opeational by the end of 2016 | Project Implementation Documents and Progress Reports | Strenthening MRU Capacity by Seconding Eight Senior Programme Officers from the Member States | 1,200,000 | 8 | 9,600 | 1,440 | 4,800 | 3,360 |
| | | | | Capacity Building and Transfer of Knowledge to MRU and National Project Officers | - | 2,000,000 | 2,000 | 300 | 1,000 | 700 |
| | | | | Monitoring and Evaluation of On-going programmes | - | - | 3,000 | 450 | 1,500 | 1,050 |
| | | | | Programme Operating Costs | - | - | 6,000 | 900 | 3,000 | 2,100 |
| PROJECT MANAGEMENT AND MONITORING SECTOR TOTAL | | | | | | | \$20,600 | \$3,090 | \$10,300 | \$7,210 |

PRIVATE SECTOR SUPPORT

| SECTOR 4: PRIVATE SECTOR SUPPORT PROGRAMME | | | | | | | | | | |
|--|---|---|--|--|------------------|------------|------------------------|-----------------------------|-------|-------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 4.1 | To Re-brand the Ebola Hit Image of Affected MRU States and thereby Boost Confidence for Private Sector Investment | | | | | | | | | |
| | De-stigmatisation Campaigns to Boost Investment, Tourism and Resumption of Flights in the Sub-Region | 15 joint ventures established within the sub-region | Numbers of media campaigns and roadshows conducted | Facilitate image rebranding of the MRU States through national and international media | 1 | - | 10,000 | 1,500 | 5,000 | 3,500 |
| | | | Number of joint ventures implemented with Ebola Private Sector Mobilisation Groups | Collaborate with Ebola Private Sector Mobilisation Groups in destigmatising the sub-region | 500,000 | 3 | 1,500 | 225 | 750 | 525 |
| Sub-Total | | | | | | | 11,500 | 1,725 | 5,750 | 4,025 |
| 4.2 | Resumption of Cross Border Trade and Establishment of Sub-Regional Market Facilities | | | | | | | | | |
| | Sub-Regional Markets Established and Fully Operational | 20 Markets constructed including WASH facilities | Number of cross border markets constructed | Construct market in all 20 cross border districts | 600,000 | 20 | 12,000 | 1,800 | 6,000 | 4,200 |
| | | | Type and number of WASH facilities provided in the markets | Provide WASH facilities in each of the 20 cross border markets | 17,500 | 20 | 350 | 53 | 175 | 123 |

| | | | | | | | | | | |
|---|---|------------------------------|--|---|------------|---|----------|----------|----------|----------|
| | Cross Border Trade Survey | One Trade corridor framework | Number of cross border survey conducted | (Guinea-Sierra Leone-Liberia 5; Sierra Leone-Liberia 3) | 100,000 | 8 | 800 | 120 | 400 | 280 |
| | Establish a Corridor Wash Framework | | Number of corridor monitored | Monitor the major trading corridors between member states | 500,000 | 1 | 500 | 75 | 250 | 175 |
| | Sub-Total | | | | | | | 13,650 | 2,048 | 6,825 |
| 4.3 | To Promote SME Development in the Context of the MRU Growth Triangle Initiative | | | | | | | | | |
| | Access to finance by SMEs in the Growth Triangle Clusters enhanced | 5,000 SMEs supported | number of loans provided, amount of loans, rate of utilization | Provide Loans to SMEs within the Growth Triangle Clusters | 40,000,000 | 1 | 40,000 | 15,200 | 16,800 | 8,000 |
| Sub-Total | | | | | | | | 15,200 | 16,800 | 8,000 |
| PRIVATE SECTOR SUPPORT PROGRAMME SECTOR TOTAL | | | | | | | \$65,150 | \$18,973 | \$29,375 | \$16,803 |

ROADS PROGRAMME

| SECTOR 5: ROADS PROGRAMME | | | | | | | | | | |
|---|--|---|--|---|------------------|------------|------------------------|-----------------------------|--------|--------|
| No | RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| 5.1 | Sub-Regional Roads Development and Transport Facilitation Programme in the MRU»»» To Facilitate Rapid Regional Public Health Response and Access to Remote Areas Thereby Enhancing Resiliency and Inter-Regional Trade | | | | | | | | | |
| | 11 Inter-Connectivity Roads Developed Creating Access to Cross-Border Health Centres and Border Towns and Markets | 196 Km of paved cross-border roads between Sierra Leone - Cote d'Ivoire; Guinea-Sierra Leone; Sierra Leone - Guinea - Liberia | Total Km of paved roads constructed per country/target | Guinea-Cote d'Ivoire: Mandiana-Saladou-Mirignan:57km | 700,000 | 57 | 39,900 | 5,985 | 19,950 | 13,965 |
| Guinea-Sierra Leone: Guekedou-Nongoua-Koindu: 65kmm | | | | 700,000 | 65 | 45,500 | 6,825 | 22,750 | 15,925 | |
| Bokaria-Madina-Oula Kamakewei 38km | | | | 700,000 | 38 | 26,600 | 3,990 | 13,300 | 9,310 | |
| Koindu-Mendikoma | | | | 700,000 | 9 | 6,300 | 945 | 3,150 | 2,205 | |
| Danane-Gbenta-Lugaluo 27km | | | | 700,000 | 27 | 18,900 | 2,835 | 9,450 | 6,615 | |
| | 11 Inter-Connectivity Roads Developed Creating Access to Cross-Border Health Centres and Border Towns and | 592 Km of paved cross-border roads between Sierra Leone - Cote d'Ivoire; Guinea-Sierra Leone; Sierra | Total Km of paved roads constructed per country/target | Guinée – Libéria: N’Zérékoré – Yomou /Gbarnga 85 km | 700,000 | 85 | 59,500 | 8,925 | 29,750 | 20,825 |
| | | | | Libéria – Sierra Léone : Gbarnga – Zorzor – Voinjama – Mendikoma/Koindu 284 | 700,000 | 284 | 198,800 | 29,820 | 99,400 | 69,580 |
| | Towns and | Leone - Guinea | | km | | | | | | |

| | | | | | | | | | |
|---|-------------------------------------|--|--|-----------|----|-----------|---------|----------|----------|
| Markets | - Liberia | | Sierra Leone-Guinea : Kamakwei- Madina Oula/ Bokaria 62 km | 700,000 | 62 | 43,400 | 6,510 | 21,700 | 15,190 |
| | | | Sierra Leone-Guinea : Kailahun - Koindu/ Nongoa 65 km | 700,000 | 65 | 45,500 | 6,825 | 22,750 | 15,925 |
| | | | Côte d’Ivoire - Guinée : Odienné – Minignan/Saladou 88 km | 700,000 | 88 | 61,600 | 9,240 | 30,800 | 21,560 |
| | | | Construction of 5 Joint Border Posts facilities | 2,000,000 | 5 | 10,000 | 1,500 | 5,000 | 3,500 |
| | | | Construction of 3 main bridges (1 bridge on Makona River/ Koindu- Nongoa, 2 (steel brigdes on Coyah-Formoriyah) 100m per bridge | 4,000,000 | 3 | 12,000 | 1,800 | 6,000 | 4,200 |
| Sub-Total | | | | | | 568,000 | 3,300 | 11,000 | 7,700 |
| Fully Operational Roads Monitoring and evaluation System | Opeational by the end of 2016 | Roads Programme Implementation Documents and Progress Reports | Monitoring and Evaluation of On-going Infrasture project | - | - | 6,638 | 996 | 3,319 | 2,323 |
| Sub-Total | | | | | | 6,638 | 996 | 3,319 | 2,323 |
| ROADS PROGRAMME SECTOR TOTAL | | | | | | \$574,638 | \$4,296 | \$14,319 | \$10,023 |

| INFORMATION AND COMMUNICATIONS TECHNOLOGY | | | | | | | | | |
|---|--|---------------------------------|-------------------------------------|------------------|------------|------------------------|-----------------------------|-----------|-----------|
| RESULTS | TARGETS | INDICATORS (KPI) | ACTIVITIES | Estimated Costs | | Funding Gap (US\$ 000) | Yearly Allocation(US\$ 000) | | |
| | | | | Unit Cost (US\$) | Quantities | | 2015 | 2016 | 2017 |
| To Increase Access to Electricity Supplies and Lower Energy Costs for Households and Communities in the MRU | | | | | | | | | |
| To Strengthen Basic ICT Technologies and Infrastructures | ICT physical interconnection within the MRU established within two years | Project implementation document | Interconnection physique (\$343.54) | 343,540,000 | 1 | 343,540 | 51,531 | 171,770 | 120,239 |
| | | | Capacity building ICT (\$ 2.6M) | 2,600,000 | 1 | 2,600 | 390 | 1,300 | 910 |
| | | | CIBER Security framework (\$0.5M) | 500,000 | 1 | 500 | 75 | 250 | 175 |
| ICT SECTOR TOTAL | | | | | | \$346,640 | \$51,996 | \$173,320 | \$121,324 |