SECRETARY-GENERAL'S
UN EBOLA RESPONSE MULTI-PARTNER TRUST FUND

INTERIM REPORT

for the Period October 2014 to January 2015

Pre-publication version

The Office of the UN Secretary-General's Special Envoy on Ebola and
Multi-Partner Trust Fund Office, UNDP
http://mptf.undp.org/ebola

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UNICEF Campaign "PROTECT YOURSELF - PROTECT YOUR FAMILY - PROTECT YOUR COMMUNITY"

Photo: UNICEF Liberia

FOREWORD

Over recent months, the numbers of people in the affected countries of West Africa who have been diagnosed each week with Ebola, has fallen rapidly, from nearly 1,000 per week in September 2014 to around 150 per week most recently.

However, the outbreak is not under control. Its continued presence is a cause for concern, especially as the incidence of people with the disease has started to rise again in the last three weeks. Schools, markets and health centres are reopening; people are beginning to re-establish their livelihoods. However, with Ebola still present, this must be done safely.

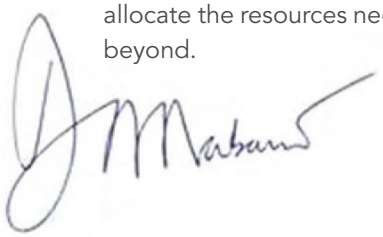
The target is to reduce Ebola transmission to zero. To achieve this will require intense efforts to scale-up capacity for case finding, contact tracing and surveillance, especially before the rainy season commences. In areas where transmission is zero, or close to zero, the task is to sustain surveillance, as it takes just one case to precipitate a flare-up of new cases of Ebola.

Even once the goal of zero new cases is achieved, much more remains to be done. The first task is to sustain the revival of basic services. Then significant investment is needed to re-establish both functioning economies and developing societies – and to overcome the damage caused by the outbreak.

The need now is for healthcare systems, infrastructure and institutional capacities that promote and maintain people's health security. This means that the future is about redefining what is needed and investing in the capacities for people to be resilient in the face of threats to health and to livelihoods.

The UN Ebola Response Multi-Partner Trust Fund (Ebola MPTF) has provided an important funding source for the UN system entities, working closely with national Governments, to enable: a rapid end to the outbreak; better preparation for future shocks; and a process that ensures greater resilience in the face of threats. This Fund offers a means for the strategic, flexible and rapid deployment of finance to underpin the UN system's contribution to the Global Ebola Response. This report documents some of the early achievements of the resources committed to the Fund, and considers how further support can make an important contribution in the future.

Two new funding windows are now being established within the UN Ebola MPTF: one to offer financial support for preparedness and another to aid recovery. This will enable the Fund to integrate humanitarian and development efforts within a single financing instrument that helps prioritize and allocate the resources necessary for health security and sustainable development in the region -- and beyond.



David Nabarro

The UN Secretary-General's Special Envoy on Ebola

REPORT STRUCTURE

The overall purpose of this interim report is to update on progress of the UN Ebola Response MPTF since its inception in September 2014. The report will provide a summary of early achievements, describe how the UN Ebola Response MPTF is structured and governed, and give an accurate and current financial analysis, detailing Fund disbursements to date. It will present the benefits that this flexible and rapid finance mechanism has extended to the Ebola response. It will discuss the specific needs and gaps funded projects are meeting.

The report will describe how the Ebola Response MPTF, which has attracted contributions from 38 Member States, one business and many individuals, has offered a transparent and strategic tool to support the Ebola response. As of 31 January 2015, the Fund had total pledges amounting to US$142 million, out of which US$132 million have been deposited. Between 1 November 2014 and 6 February 2015, the Fund disbursed over US$118 million to close critical unfunded gaps in the three most Ebola-affected countries.

Projects have addressed an array of critical needs that have supported many of the strategic objectives and priority areas in the UN system response strategy. Funded projects have ranged from a large disbursement, of US$40 million to fund logistics operations under the World Food Programme (WFP), which supported UNMEER operations, to smaller endeavors focused on, inter alia, protection for children, detention centers, Rapid Response Stabilization Teams (RRSTs) and capacity-building in Sierra Leone's National Ebola Response Center (NERC).

In Kagbantama, a chiefdom with intense Ebola transmission, community members raced to build a community care centre, the first to open in Sierra Leone. Here Wesner Toussaint, a WHO logistician works with community members to build their community care centre. Working closely with the community and engaging them in the effort to stop Ebola is essential to build trust and provide sustainable health care for the future.

Photo: WHO/C. Black — in Sierra Leone.

SYNOPSIS

Since March 2014, there have been over 23,000 reported cases of Ebola in Guinea, Liberia and Sierra Leone, and over 9,200 deaths. However, the toll of the virus in the affected countries has gone much further than this: on economies and societies and on people and communities.

The overall trend we have seen in recent months has been positive; with case numbers falling week by week in the affected countries. Nevertheless, the last three weeks have seen new case numbers increasing again. This indicates clearly that we do not have the outbreak under control yet and that an intensification of effort is needed if we are to reach our goal of zero new cases.

The Ebola Response MPTF is a critical part of the financing compact for the Ebola response. The Trust Fund was established to provide: i) a mechanism for a coordinated, flexible and rapid UN response, through a common financing mechanism, which supplements the existing financing mechanisms of the Agencies, Funds and Programmes; ii) a cross-UN perspective, which enables the identification of the areas of greatest needs and highest priority for funding, so facilitating a coherent UN System contribution to the overall Ebola outbreak response through strategic use of resources; iii) a vehicle for the mobilization of funding from Member States, regional legislative bodies, inter-governmental or nongovernmental organizations, businesses and individuals and establishment of an accountable, transparent and cost-effective financial instrument; iv) a results-based management system to enable monitoring of the impact of the Fund's contribution to the Ebola response; and v) support for the UN's efforts in establishing a global platform that facilitates the work of the other partners and stakeholders in the fulfillment of the STEPP strategy.[1]

The Ebola Response MPTF is delivering critical results, quickly. It is magnifying the effectiveness of the overall Ebola response. Funded projects have enhanced the capacity for surveillance, contact tracing, monitoring, and logistics management.

As we move into 2015, the Global Ebola Response will continue to evolve in line with the progression of the outbreak and the needs on the ground. As we have seen the overall numbers of people affected reduce, our efforts have turned to enhancing the collective capacity for case finding, contact tracing and surveillance and deploying these assets at the district level. Effective social mobilization activities will be critical to engender strong community engagement and ensure their willing participation in the response.

There is also recognition that in support of the response, there needs to be consideration of the longer term needs of the countries, in terms of both health systems and wider development investments. This is necessary both to put these countries in a stronger position in the future to manage such shocks and so the positive legacy of the Ebola response can be strong and ensuring.

The Ebola epidemic has put a spotlight on the importance of preparedness, both with regard to this outbreak, but also others that may occur in the future. The example of Mali, where the rapid and effective response prevented what might have seenan impact on the scale seen in the three most affected countries, shows the importance of sound preparedness. Strengthened preparedness in countries that are not currently experiencing Ebola cases is of paramount importance, given the easy movement of people with the virus and its disregard for borders.

1. STEPP strategy consists of: 1) Stop the Outbreak; 2) Treat the Infected; 3) Ensure Essential Services; 4) Preserve Stability; and 5) Prevent Outbreaks.

ACHIEVEMENTS OF THE EBOLA RESPONSE MPTF

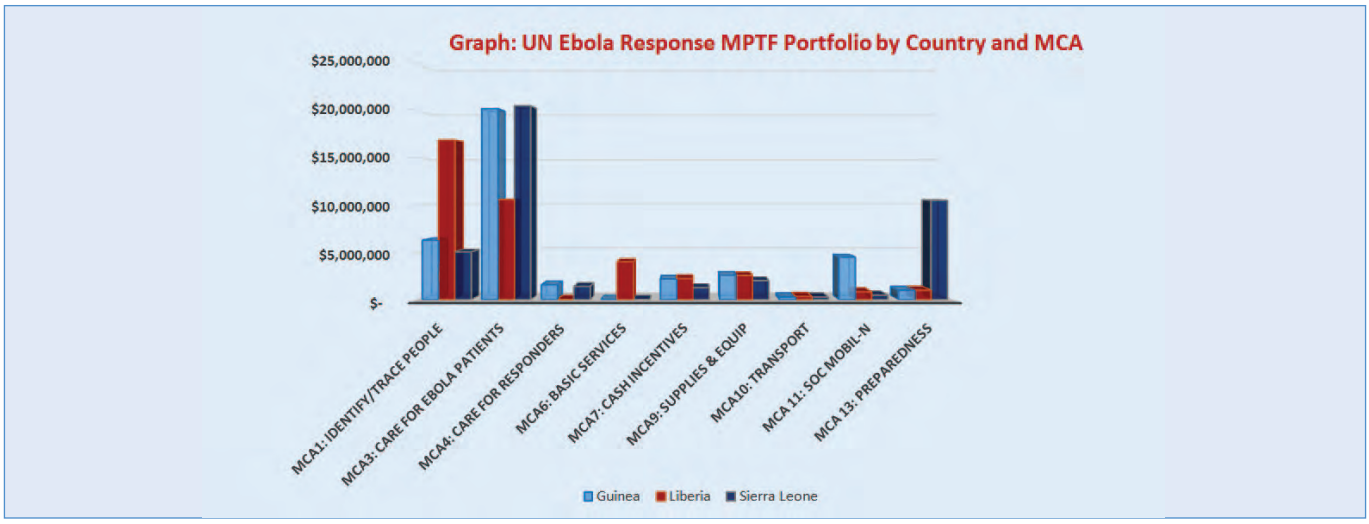
The Ebola Response MPTF was established by the Secretary-General to support the UN Response to the Ebola epidemic. It was established in September 2014, and took only 3 days to become operative. As of 31 January, it had total deposits amounting to US$132 million. The Fund has drawn contributions from 38 Member States, one business and individuals around the world.

As of 6 February 2015, the Fund had disbursed over US$118 million and programmed an additional US$10 million to address critical unfunded gaps in the response for the three most Ebola-affected countries. Funded projects have supported the achievement of 9 of the 13 Mission Critical Actions (MCAs).

The funds provided to the UN Ebola Response MPTF have been deployed quickly and effectively. They have been allocated in a way that looks to maximize the strategic impact of the Trust Fund.

The funding priorities for the Trust Fund are defined by three variables: i) the latest assessment of the evolving epidemiology of the outbreak (from WHO and other sources); ii) priority needs in the Ebola response, as assessed by regular interaction with all stakeholders in the response, including from the work of the Global Ebola Response Coalition; and iii) the comparative advantage of the UN System, as assessed by the Special Envoy and his interactions with the UN Agencies, Funds and Programmes.

To date, approximately 95% of funds have been allocated to activities that focus on identifying chains of transmission, tracing contacts, and ensuring that all new Ebola cases are from known contacts. Approximately 2% of funds have been allocated to regional preparedness and 3% to basic services, both of which were accorded a lower level of priority at the time. Overall, 67% of allocated funding went to MCAs under STEPP objectives for 'Stop the Outbreak' and 'Treat the Infected,' namely MCA1 (Identify and Trace People with Ebola) and MCA 3 (Care for persons with Ebola and Infection Control).



The graph above also shows how allocations were made between the three most affected countries. The three biggest allocations in Guinea were for MCA 3 'Care for Patients' (52%), followed by MCA 1 'Identify/Trace People with Ebola' (16%) and MCA 11 'Social Mobilization' (12%). In Liberia, the main focus was on MCA 1 'Identify/Trace People with Ebola' (44%), followed by MCA 3 'Care for Patients with Ebola' (28%) and MCA 6 'Basic Services,' covering a children's protection programme (10%). In Sierra Leone, the largest allocation was for MCA 3 'Care for Patients' (49%) followed by MCA 13 'Preparedness' (25%) and MCA1 'Identify/trace people with Ebola' (12%).

Conclusions and Results

The Ebola Response MPTF is achieving quick and critical results, magnifying the effectiveness of the overall Ebola response. Funded projects have upgraded human capacity for surveillance, contact tracing, monitoring, and logistics management. Overall, some 278 epidemiologists, 80 infection prevention and control experts, and 43 medical logisticians have been recruited to support operations on the ground. In Guinea six Community Care Centers have been established, and in Liberia over 6,000 contact tracers and district monitors were recruited for surveillance.

With regard to logistics, the Fund has supported the WFP in the construction of two staging areas and five forward logistical bases. It has also facilitated the transport of 28,069 m^3 of cargo on behalf of 43 organizations and provided 25 strategic airlifts and air transport for up to 1,950 passengers per month in Guinea, Liberia and Sierra Leone. Additionally, UNICEF, supported by the fund, has transported 183 metric tonnes of personal protective equipment, tents, hygiene gloves and medicine to the three most affected countries.

The Fund has also bolstered communications and social mobilization. In Guinea, with Fund support, UNICEF has established 1,400 community watch committees (CWCs) and trained 200 young leaders with regard to community outreach. Traditional palaver on Ebola has been facilitated with some 3,500 people and approximately 30,000 households have been reached by door-to-door sensitization. Some 5,400 community volunteers have been trained in Ebola-related health issues and incorporated in the CWCs.

Taking a closer look at the social mobilization work at the operating level

In Montserrado County, Liberia, a UNICEF partnership with local authorities has trained and equipped 733 commissioners and leaders with message dissemination tools. The agency has distributed a total of 239 megaphones and 563 brochures to community leaders from eight wards covering 169 target communities in Paynesville and Monrovia City Corporation. A total of 10,000 flyers, 100 banners, and 10,000 Ebola awareness flipbooks have been printed. To date, 20 ward leaders within these two cities have been issued motorbikes (11 bikes for Monrovia city and 9 for Paynesville) to facilitate monitoring of ongoing community engagement activities within these communities. 400 kits were given to the Paynesville City Corporation for distribution to households in that community. UNICEF and partners are also supporting 22 FM radio stations that are estimated to reach a total population of over 400,000 individuals. Every day, a total of 264 radio spots and jingles are aired throughout the 22 FM stations within Montserrado.

The payment of Ebola Response Workers (ERWs) has also progressed. With Ebola Response MPTF funding, UNDP has ensured that 100% of Ebola Response Workers are registered on the Information Management System which facilitates ensuring appropriate payment of ERWs on time in Guinea and Liberia, and in Sierra Leone. In Guinea, UNDP paid hazard pay to 791 ERWs in NGOs, while in Liberia, some 539 ERWs were paid through UNDP contingency plan.

National response capacities are also being strengthened, especially in Sierra Leone where the Fund has supported Rapid Response and Stabilization Teams (RRSTs) and helped build capacity within the National Ebola Response Center (NERC). Two RRSTs deployed in Kono and the Western Area led to two full surges and one medium surge, all of which helped prevent Ebola transmission. Funds also provided for 23 vehicles that support rapid response and fill critical gaps in surveillance and contact tracing. The project has also paid 12 NERC personnel salaries.

Overall, results are being achieved. The Fund has supported campaigns to initiate behavior change, boosted capacity to trace and treat cases, and provided critical staff and supplies. It has met urgent needs and filled essential gaps, enabling a more robust Ebola response that is helping to slow the outbreak in the three most affected countries.

THE EBOLA RESPONSE MPTF OPERATIONS

The Ebola Response Multi-Partner Trust Fund ensures: a coherent UN System contribution to the overall Ebola outbreak response through a common financing mechanism; fast, coordinated, and rapid UN action; mobilization of funding from a diversity of stakeholders; and a results-based management system. The benefits of the Fund are outlined in Box 1.

The Ebola Response MPTF is guided by the five strategic objectives of the UN Response STEPP strategy and its 13 Mission Critical Actions. The Fund will operate for a period of two years, through 30 September 2016.

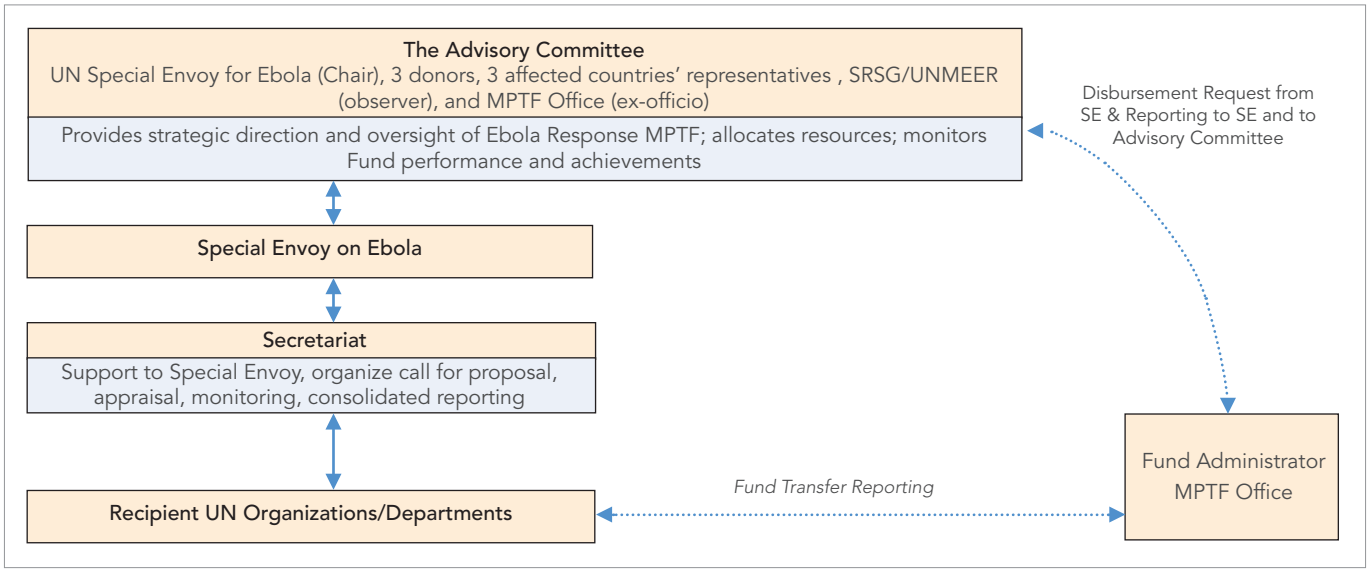
Box 1. Benefits of the MPTF

- Prioritization of activities, based on a robust needs analysis;
- Common theory of change and single Results-Based Framework;
- Utilization of comparative advantages of the entire UN System;
- Consolidated reporting of the entire Fund's operation;
- Rapid resource allocation, within 7 days of receipt;
- Greater coherence and coordination among a large number of actors (UNMEER, 12 UN entities, Governments, and NGOs) which will avoid fragmentation and duplication;
- Minimal transaction costs for donors
- Collectively identifies and relatively assesses gaps and ways they can be overcome;
- Greater flexibility – including the facility to return funds not used quickly back to donors;
- Transparency
- Implementation will be according to each UN Entity own operating procedures for procurement and financial management;
- Standard low overhead costs;
- A transparent and accountable pooling of resources reduces the political, fiduciary and corruption risks to all stakeholders;
- Funding through the SG's Ebola MPTF provides greater visibility to donors;
- Clear division of responsibilities between fund administration, operation and implementation, which promotes transparency and accountability of a Trust Fund mechanism

Governance Structure and Procedures

The Ebola Response MPTF has a transparent governance structure, which includes the Special Envoy and an Advisory Committee, a Fund Secretariat, Recipient Organizations and a Fund Administrator.

Governance Structure of the Ebola Response MPTF



The Ebola Response MPTF is designed to support and allocate resources to Recipient Organizations in undertaking specific activities and functions, aligned with the 5 Strategic Objectives and 13 Mission Critical Actions. Recipient Organizations include UNMEER, UN organizations and departments, the International Organization for Migration (IOM) and NGO Implementing Partners. In all decisions about resource allocation, the Special Envoy is advised by the Advisory Committee.

Proposal development and approval

The Ebola Response MPTF has a streamlined process to support the rapid consideration and approval of proposals and funds that address critical, urgent and under-served needs. It allocates funds to Recipient Organizations based on submission by them of detailed proposals. The Fund Secretariat reviews proposals which have been first assessed by UNMEER, and submits all proposals to the Special Envoy and Advisory Committee. The Special Envoy, in consultation with the Advisory Committee, reviews the proposals and either approves, requests further review or rejects them. Upon approval of a proposal, the Special Envoy advises the Ebola Response MPTF Fund Administrator to disburse the authorized amount to the Recipient Organization within 48 hours of receiving all the required documentation and instructions from the Special Envoy.

In circumstances where immediate emergency funding is required in order to respond to an urgent requirement, the Special Envoy in consultation with the Advisory Committee can approve proposals electronically within 24 hours, on a "no-objection" basis.

Advisory Committee

The Advisory Committee provides guidance to the Special Envoy in the management of the Fund and its views are sought on the allocation of donor resources. The Committee also serves as a forum for discussing strategic issues and sharing information on key issues.

The Advisory Committee consists of the Special Envoy on Ebola (as Chair), up to three representatives of contributing donors, one representatives from each of the three most affected countries, and the Special Representative of the Secretary General for UNMEER or his designated representative in the status of observer. The UN Ebola Crisis Managers from each affected country serve as Resource Persons to the Advisory Committee, while the MPTF Office serves as an ex-officio member. The Special Envoy invites other participants (such as UN Entities) to the Advisory Committee meetings. The Special Envoy articulates the Ebola MPTF funding priorities and makes fund allocation decisions, in consultation with the Advisory Committee.

The Advisory Committee meets when there is an operational need to do so, generally every two to three weeks. It has met five times since the inception of the Fund and in that time has allocated over US$127 million.

Secretariat

The Special Envoy is supported by a small Fund secretariat based in the MPTF Office. The Fund secretariat provides support to the Advisory Committee; supports the fund mobilization efforts led by the Special Envoy; organizes calls for and appraisal of proposals; and monitors and reports on the Fund's programmatic performance to the Special Envoy and Advisory Committee.

Trust Fund Administrator

The UNDP Multi-Partner Trust Fund Office acts as the Trust Fund Administrator of the Ebola Response MPTF. The UNDP Multi-Partner Trust Fund Office is a UN Facility that administers over 100 UN common funding instruments (http://mptf.undp.org). The UNDP MPTF Office is 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 instructions from the Special Envoy, and provision of periodic consolidated narrative and financial reports to the Special Envoy, donors, Advisory Committee and UN Entities.

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

CONTRIBUTIONS TO THE EBOLA RESPONSE MPTF

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 the outpouring of international solidarity, which came not only from governments and the private sector, but also from private citizens, children and schools – all wishing to help those affected by this terrible crisis.

The Ebola Response MPTF is now the second biggest Trust Fund in terms of the number of donors financially supporting it, after the Secretary-General's Peacebuilding Trust Fund. But 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 has elicited support from a wide range of other donors, including the Governments of Bolivia, China, India, Israel and Malta. The Royal Charity Organization of the Kingdom of Bahrain also generously supported the cause. In December 2014, the Volvo Group, a private company, made a generous donation. In addition, the UN Foundation's Ebola Response Fund, the funds from which are held in the Ebola Response MPTF, has enabled many individuals to contribute to UN Ebola efforts.

The spirit of the Fund has drawn from the words and actions expressed by those seeking to make a difference under its auspices. For instance, in a letter detailing Israel's wish to contribute, Ambassador Ron Prosor wrote that "global cooperation is more than a moral obligation to provide assistance to people in need – it is an investment in the long-term prosperity of all people." Even more moving were the fundraising drives undertaken by children. A US high school called Indian Creek collected US$50 to "help those suffering with Ebola in West Africa," while another group of US students raised a US$1000, knowing they had to do more than just "follow the latest news."

The Ebola Response MPTF has graciously accepted this support, and is working to assure that the donations, through its funded-projects, are reaching those most in need.

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.

The signing ceremony of contribution agreement with Royal Charity Organization of the Kingdom of Bahrain, Manama, Bahrain

The signing ceremony of contribution agreement with Israel, United Nations, New York, USA

The signing ceremony of contribution agreement with India, United Nations, New York, USA

Indian Creek Students and Faculty, Crownsville, Maryland, USA

UN Ebola Response MPTF Commitments and Pledges

	Current Pledges	Amount
1	Algeria	$1,000,000
2	Australia	$8,755,000
3	Bahrain (Royal Charity)	$999,975
4	Bolivia	$1,000,000
5	Brazil	$602,845
6	Canada	$3,568,879
7	Chile	$300,000
8	Colombia	$100,000
9	China	$6,000,000
10	Cyprus	$6,350
11	Denmark	$5,042,695
12	Estonia	$50,216
13	Finland	$8,824,590
14	Georgia	$25,000
15	Germany	$11,606,933
16	Guyana	$50,363
17	India	$10,000,000
18	Ireland	$1,233,100
19	Israel	$8,750,000
20	Japan	$5,940,000
21	Kazakhstan	$50,000
22	Republic of Korea	$5,000,000
23	Latvia	$48,876
24	Luxembourg	$248,940
25	Malta	$62,295
26	Malaysia	$100,000
27	Montenegro	$5,000
28	New Zealand	$1,169,400
29	Norway	$2,061,147
30	Portugal	$30,293
31	Phillippines	$2,000,000
32	Private Sector	$3,350
33	Romania	$40,000
34	Russian Federation	$1,000,000
35	Sweden	$13,217,001
36	Switzerland	$4,927,079
37	UK	$31,884,000
38	UN Foundation	$130,000
39	Venezuela	$5,000,000
40	Volvo	$1,307,360
	Total pledged:	$142,140,687

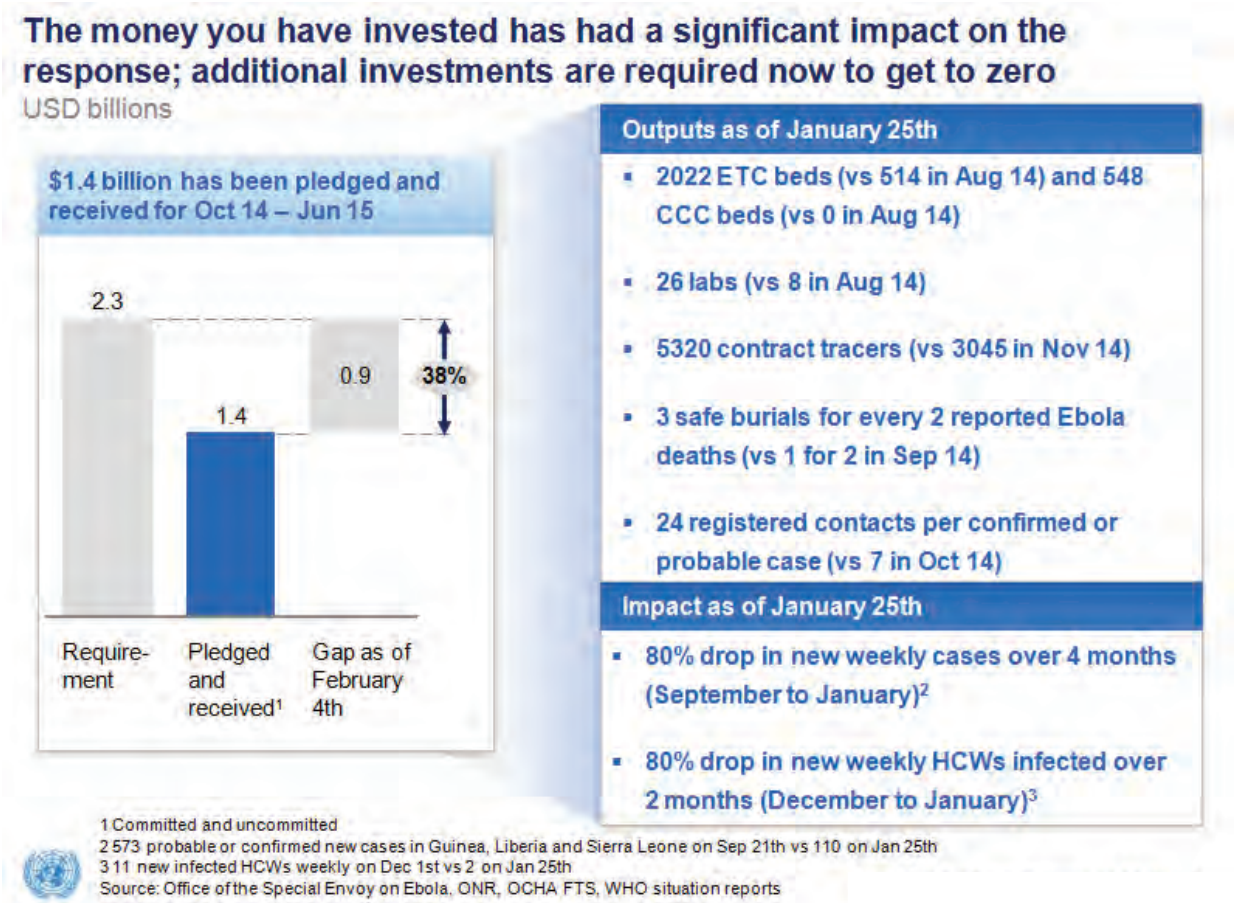
THE WAY FORWARD

As the numbers of new cases of Ebola reduces in some areas, they emerge, or re-emerge, in others. The 'Global Ebola Response Outlook 2015' describes the epidemic as "a shifting group of multiple local crises that have to be addressed." Human and financial resources must therefore be nimble, to be able to follow a moving target – tracking every last Ebola contact and treating every last case – until there are none.

The challenge remains of ensuring that affected countries, communities and people everywhere can access the necessary resources to stop outbreaks quickly and maintain zero transmission once it has been achieved.

The Ebola Response MPTF will continue to draw on the information on the actual status of the outbreak in each country to inform allocations, adjust to changing priorities and to meet needs as they arise. It will continue supporting strong and appropriate capacity at the district level.

The fight is not over: it will take significant additionaleffort and resources to achieve our target of zero Ebola cases. While some US$1.4 billion has been pledged and received, to get to and maintain zero transmission, it is estimated that US$2.3 billion is required. There is thus a 38% gap, or a gap of US$0.9 billion, in the funding for a UN Ebola Response through to June 2015.



While these investments are needed to achieve and maintain zero, they will also help lay the foundation for an additional phase of response in West Africa -- one that focuses on recovery, resilience and preparedness. To inform this new phase of response, the UN, the European Union, and the World Bank, in collaboration with a range of partners including the African Development Bank, the Mano River Union, the Economic Community of West African States and the African Union are undertaking a complementary Ebola Recovery Assessment (ERA) with a view to building the foundations for short, medium and long-term recovery.

Going forward, response (ending the outbreak), preparedness and recovery will be pursued in parallel, ensuring that synergies and complementarities are optimized. The overall goal will be to stop the outbreak

while also reviving essential services, promoting long term recovery and bolstering countries' preparedness. This strategy will enable the most affected countries to rebuild critical health and basic service infrastructure, to put in place measures to advance emergency preparedness and to become more resilient to future crises.

The Ebola Response MPTF is uniquely positioned to support this comprehensive approach. To maximize synergies across critical response, preparedness and recovery efforts, the UN Ebola Response MPTF Advisory Committee agreed to open two new financing windows to which donors can contribute earmarked contributions. One window will fund preparedness and the other will fund recovery. The three windows of the UN Ebola Response MPTF (Response, Preparedness and Recovery) will be complementary and will rely on the Fund's flexibility to prioritize resources and assess and fill gaps quickly and efficiently.

The expanded UN Ebola MPTF will be the first Trust Fund to integrate humanitarian and development efforts within a single financing instrument. This integration will promote agility and coherence in the response going forward, and its results will have global implications. While the gains made with the support of the Fund will matter profoundly to millions of West Africans, they will also help protect the health and security of billions of people living elsewhere.

The future funding response and preparedness priorities for the Trust Fund will continue to be defined by three variables namely: i) the latest assessment of the evolving epidemiology of the outbreak; ii) priority needs in the Ebola response; and iii) the comparative advantage of the UN System. Current expectations are that the following will be the areas of priority for the use of funds channeled through the Ebola MPTF. These are presented in priority order, highest priority first:

1. Priority Category A: Getting to zero. Activities that support the strategic objective of getting to zero new cases of Ebola in the affected countries. This is sometimes known as the Phase 2 response, which aims to identify all chains of transmission, to ensure all new Ebola cases are from known contacts, with a result that flare-ups of Ebola cases in areas where transmission had stopped are minimized or prevented. Interventions will include:

    a. **Strengthened epidemiology and contact tracing functions at district level:** proposals to support adjustable, district-focused response, including **people and facilities for Ebola diagnosis and treatment,** for finding cases, tracing contacts and maintaining surveillance, and for assuring that people affected by Ebola can access essential services. Districts have access to the right services, provided when and where needed;

    b. **Logistical capacity:** proposals that directly support the UN system's ability to implement the STOP and TREAT elements of the response;

    c. **Incentives for workers to actively participate in the Ebola Response:** examples of proposals supporting this element would be those that fund cash and food incentives for Ebola Workers.

2. Priority Category B: Improving Regional Preparedness, in countries that are currently Ebola-free. Investments that mitigate the risks to those countries of getting Ebola, due to proximity to the borders of the three most affected countries. Activities include planning, institutional strengthening and knowledge sharing.

3. Priority Category C: Revival and Remodeling of Essential Services. Activities that strengthen the systems, processes and institutions that will play important roles in the process of recovery and strengthening of public systems. A special Window dealing with Recovery will be activated and call for proposals for Recovery will be specifically managed.

As time passes, and as we start to see steady progress to zero with all of the necessary capacities in place to maintain that direction of travel, expectations are that allocations will start shifting towards funding Category B and C activities. For example, as the current epidemiological picture in Liberia is improving, the country will require less and less resources allocated to Category A activities. In Guinea and Sierra Leone on the other hand, the Trust Fund could continue supporting activities of Category A in the relevant districts/prefectures, while gradually shifting towards Category C activities.

COUNTRY DATA

GUINEA

Mission Critical Actions

Photo: UNICEF

GUINEA

Mission Critical Action 1

MCA1
Identify and trace people with Ebola

$6.3 million allocated

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

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093251	Epidemiology District Management	$ 6,308,640	19-Dec-2014 6-Feb-2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Epidemiologists deployed	25	185[i] National and International Staff	WHO
Vehicles	25	25	WHO

Background

The key interventions required to stop the EVD epidemic are surveillance and knowledge. Armed with the correct information on how to assess, treat and prevent the virus, communities can be empowered to stop transmission in hotspots and rapidly respond to new outbreaks. To prevent infections, those people who are suspected cases must be quickly investigated, monitored and referred to clinics where they can be treated and can be kept from spreading the virus to others. The dead must be properly attended to so as to minimize transmission to caregivers and mourners. Those who have had contact with the sick must be located, informed and supported until every last case has been resolved.

It remains imperative to bolster local capacity to fight the virus through communications, surveillance and case management. As the epidemic evolves, it is now characterized by widely dispersed, smaller outbreaks throughout the country including on the borders with other currently unaffected countries such as Senegal. This means capacities must be strengthened at the district level. Communities everywhere and in all stages of an outbreak, must be able to arm themselves with life-saving information on how to prevent transmission, assess and help the sick, and keep one another safe.

Number of days since last case

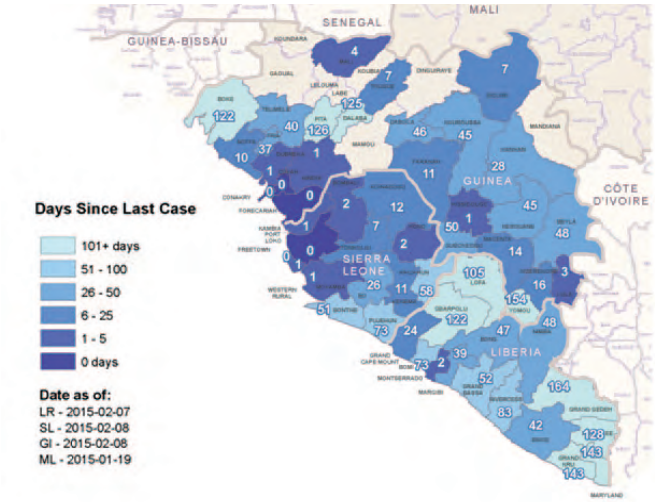


Table from WHO Situation Report dated 28 January 2015

Source: http://apps.who.int/ebola/en/ebola-situation-report/situationreports/ebola-situation-report-28-january-2015

i Further to the original MPTF proposal to hire a limited number of international epidemiologists, WHO and the government decided it would be more effective and sustainable to hire local staff in larger numbers to cover all the target prefectures. This resulted in the hiring of over 180 compared to 25 planned.

Enabling the Response

To reinforce the ability of districts to find, investigate, monitor and refer new cases, as well as to assuage fear and assure accurate communications on Ebola, the WHO and government partners are working to strengthen district-level capacities. Under the Ebola Response MPTF project the partners are recruiting experts to be part and parcel of the district level emergency committees, focusing especially on the high case load districts.

Overall in Guinea, partners are working to increase total staffing in the country. WHO has already increased its numbers considerably and, at the request of the Government, hired and trained large numbers of national experts. Today over 300 people are deployed by WHO in Guinea (with funding from donors including the Ebola Response MPTF) to support the response, including over 180 staff working on epidemiology and surveillance.

Teams are working in the high case load districts to ensure that all cases are investigated and referred appropriately, and that a listing of all contacts are made and provided to a team lead for contact tracing. Data consolidation, management, and analysis in real time are being provided to inform district level response strategies.

Undressing at 34 Military red zone

Photo: UNDP

GUINEA

Mission Critical Action 3

MCA3
Care for Persons with Ebola and Infection Control

$20.24million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093219	Community Care Centers (CCCs)	$9,813,619	19-Dec-2014
00093254	IPC District Management	$ 1,990,380	19-Dec-2014
00092644	Transportation of Essential Items	$3,780,000	26-Nov-2014
00092847	Storage Capacity	$ 658,902	23-Dec-2014
00092450	Air Services	$4,000,000	07-Nov-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
CCCs Community Care Centers	10	6	UNICEF
IPC Experts Infection & Prevention Control	10	5	WHO
Vehicles	10	10	WHO
FLBs Forwarding Logistics Bases	1	1	WFP
Transportation Essential Items	1,000m³	Nov 2014 3,845m³ Dec 2014 1,741m³ Jan 2015 2,745m³	WFP
Strategic Airlift[1]	12 covering all three countries	25 covering all three countries	WFP
Air Services[2]	1,300 Passengers/months covering all three countries	Nov 2014 1,433 passengers Dec 2014 1,520 passengers Jan 2015 1,950 passengers	WFP

Background

The UN strategy to address the Ebola outbreak hinges upon the logistics that assure the provision of all the supplies needed to mount a successful response. The needs are massive and they are urgent with regard to facilities that must be constructed, staffed and provisioned; basic medical supplies; food rations; communications, laboratory, surveillance and monitoring equipment; and transport vehicles -- and these are just the beginning of the list.

While logistics are the lifeblood of the response, in the past they were complicated by weak infrastructure and the remoteness of some areas of the outbreak. Care for patients was further hampered by a lack of treatment facilities and in some communities, suspicion and resistance to healthcare. Such realities enabled the spread of EVD to densely populated urban areas such as Conakry, Guéckédou, Nzérékoré, Macenta, Lola, Forécariah, Siguiri,

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

Dubréka and Coyah. As of 8 February 2015, the recent surge in cases is driven primarily by the western district of Forecariah (26 confirmed cases) and the capital, Conakry (21 confirmed cases) (source: WHO situation report, February 11, 2015).

At the outset of the Ebola MPTF projects there were only three treatment centers in the country, and based on experience and lessons from previous large scale outbreaks such as smallpox and SARS, it was understood that the hospital and health facility centered approach would have to be complemented by some sort of community and household quarantine approach. Community Care Centers (CCCs) were needed in the country, along with an information campaign to help households get the facts about the virus and to understand the role of CCCs and healthcare workers in preventing transmission and helping the sick.

Enabling the Response

Given these needs, the WFP is scaling-up its capacity and working to provides logistics, emergency telecommunications and increased supply chain capabilities to affected communities, enabling them to provide urgent assistance where needed. The agency is focusing on maintaining humanitarian air services as well as upgrading communications networks in several key operational areas across the Guinea, Liberia and Sierra Leone.

Overall, through its operations, WFP has finalized in-country staging areas in national airports to move cargo and ease congestion; establishing forwarding logistics bases and covered storage capacity; and supporting transport capacity and the provision of transport services, including strategic airlifts. It is also mobilizing additional staff across the region, including logisticians, operations support and telecommunications specialists.

Facilitation of transport and storage of cargo is regularly provided upon request, on behalf of NGOs, governments and UN agencies to and within the most affected countries. Thus far in Guinea, one staging area and one forward logistics base (FLB) have been established. The volume of essential items transported by trucks in Guinea was 8,331m3 between November 2014 and January 2015[3].

There have been 25 strategic airlifts across the three target countries. WFP has supported five ETUs in Guinea with internet connectivity.

Given serious needs in the country for more care centers, UNICEF with the Government as a partner, is working to build 41 CCCs with Community Watch Community (CWC) serving as main liaisons within and outside the CCCs. Ten of these CCCs are funded by the Ebola Response MPTF. Kindia, Mamou, Faranhah, Nzérékoré, and Kankan are target communities.

Through the CCCs, the agency is building community participation and ownership, helping to promote care seeking and contact tracing over stigmatization and hiding, and in some cases violence. It is doing so by employing Village Watch Committees inclusive of traditional and religious leaders, representatives of women and the youth, representatives of traditional brotherhoods (traditional hunters and healers) and other opinion leaders and groups of the village to liaise between the communities with CCCs and other stakeholders, including the national coordination committee.

Finally, the WHO has been recruiting district level infection prevention and control (IPC) experts to support the community care centers through training, on job-mentoring and day-to-day supervision. The goal is to stop transmission of Ebola to health care workers and support outbreak containment. The agency expects to reach all heath care workers caring for Ebola patients in respective districts; assuring that they are trained and mentored on IPC guidelines and standards; receive adequate supervision on the application of IPC practices; and remain free of Ebola.

Medevac in Guinea

Photo: WFP

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

GUINEA

Mission Critical Action 4

MCA4
Medical Care for Responders

$1.58 million
allocated

COVERAGE: Country, including districts areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093284	Responder Clinic	$1,577,030	23-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Rehabilitation of Responders Clinic (Level 1)	1	90%	WFP

Background

Healthcare workers are the foundation of the Ebola response. These individuals are making a courageous personal sacrifice to care for others, and they remain on the front lines of transmission. The more sick an Ebola patient is, the more infectious they become, meaning that caregivers are at the highest risk of contracting the virus. Health worker infection prevention and control (IPC) is complicated by the complexity and diversity of the working environment in Ebola facilities, as well as varying levels of experience and expertise among workers.

To date, some 816 healthcare workers have been infected, resulting in 488 reported deaths. Infection of healthcare workers remains unacceptably high and services for them inadequate, especially given the sacrifices they are making. This contingency should have immediate access to equitable, quality care and air transport from rural counties as needed. In addition, skills and capacity building for infection prevention and control (IPC) are urgently needed in all health facilities (including non-Ebola facilities).

It is believed that vaccines may help prevent health worker infections in the future, but they are under development and trial. It therefore remains critical that every step be taken to protect and treat caregivers on the frontline of the epidemic.

Enabling the Response

Through the Ebola Response MPTF, the WFP and partners are scaling up logistics networks to provide supplies, *inter alia*, needed for the protection of healthcare workers. The agency has rehabilitated one clinic in Guinea.

GUINEA

Mission Critical Action 7

MCA7
Cash Incentives for Workers

$2.2 million allocated

COVERAGE: Country, including districts areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00092904	Payment for Ebola Workers	$2,204,200	04-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
ERWs (Ebola Response Workers) Registered in an Information Management system	100%	100%	UNDP
ERWs paid through UNDP Contingency Plan	500 ERWs	791 ERWs	UNDP

Background

Ebola Response Workers (ERWs) are the cornerstone upon which EVD response strategies succeed or fail. They are 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. Many workers were hired at the height of the crisis and have been working doggedly without indemnity motivation payments, and some without pay at all for months as countries struggled to assure basic services and address the outbreak.

ERWs are a contingency making courageous sacrifices, facing higher risks of contracting EVD, and working often long and trying hours under severe duress. Not only is it critical to the response that ERWs be compensated for their work, but payments will also help avoid ERW strikes and maintain motivation to see caseloads and transmission down to zero.

Enabling the Response

The 'Payments for Ebola Response Workers (PPERW) – Guinea,' is the Guinea component of UNDP regional support for ensuring payment of Ebola response workers (ERW). The programme is establishing an information management system for those paying Ebola workers, strengthening existing payment systems, and arranging a contingency plan to ensure that payments can be made if current payment systems fail, and the medical response is not interrupted, by identifying a payment mechanism that can be used, as requested and when required, by any stakeholder to make payments within the Ebola response framework. It aims to assure that payments to Ebola workers are not a bottleneck to achieving an accelerated response in Guinea.

The project's target of 100% of ERWs receiving appropriate payment, on time, by 1 December 2014 was achieved despite technical and financial gaps caused by the registration of workers under different payment systems.

In addition, UNDP assisted the government in harmonizing the pay list for ERWs, and during December, the agency (under the contingency plan) paid 791 ERWs in the three main NGOs managing Ebola Treatment Centers that were not previously provided indemnity motivation payments (hazard pay). Application of the UN's contingency plan averted strikes due to non-payment amongst health personnel directly working in the Ebola Treatment Centers of Medecins Sans Frontières, Alima and Croix Rouge Française.

Going forward, UNDP will work closely with the government to strengthen its ERW registration system, as well as initiate a diagnostics study to provide recommendations on how to strengthen the system. UNDP Guinea will also assist the government in setting up a monitoring system; paying ERWs based on government recommendations; and providing hazard pay for from January to June 2015 to Ebola response administrators.

GUINEA

Mission Critical Action 9

MCA9
Reliable supplies of materials and equipment

$2.6 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093526	District Logistical Capacity	$2,618,660	22-Jan-2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Logisticians deployed	15	25	WHO

Background

Beyond the initial exponential rise in cases as the Ebola epidemic took hold, Guinea has multiple outbreaks in different locations to respond, agencies need a district-level focus and a more integrated response across communities to get to zero. Given this context, it is essential that logistics operations run smoothly across and within all districts, assuring the flow of essential materials and supplies to a more widely spread response. For example there are five operational laboratories spread across Guinea (see map). Without supply chain management and effective logistics operations these care centers could neither be established nor operated.

Enabling the Response

To address this need, the Ebola Response MPTF has funded a project being led by WHO in partnership with country governments to strengthen the district-level response. Under its auspices, WHO is recruiting one logistician per district that can oversee day-to-day disbursement of essential supplies required for case management and infection prevention and control. The logistician will manage logistics needs for epi-surveillance such as distribution of forms and tools for epi-surveillance, contact tracing and monitoring. The agency expects to assure the continuous availability of supplies and logistics for EVD public health interventions at district level; and proper and effective use of the supplies and logistics; and effective management of the supply chain at district level. To date WHO has hired 25 logisticians.

Location of Ebola treatment centers in Guinea, Liberia, and Sierra Leone

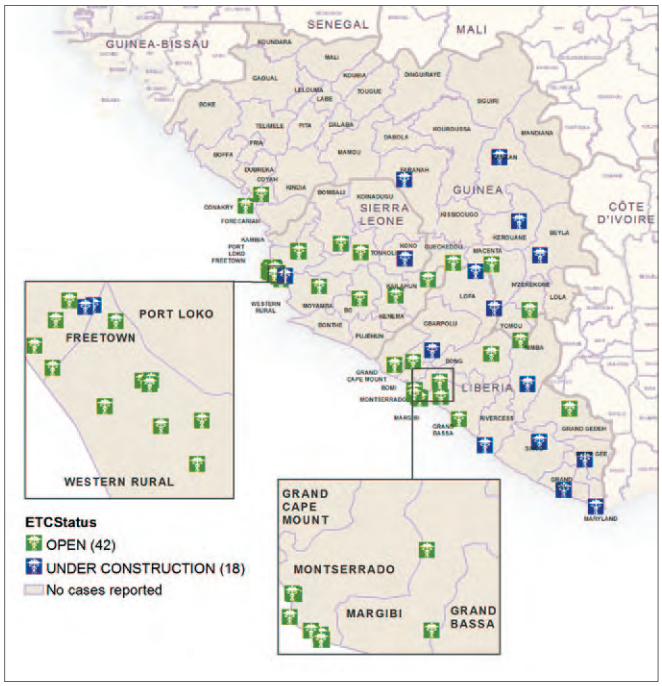


Table from WHO Situation Report dated 28 January 2015

http://apps.who.int/ebola/en/ebola-situation-report/situation-reports/ebola-situation-report-28-january-2015

GUINEA

Mission Critical Action 10

MCA10
Transport and Fuel

$0.28 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093226	Ebola Charters	$ 276,262	19-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Flight Cargo	56MT	100% delivered	UNICEF

Enabling the Response

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

Ebola Sensitization Campaign

Photo: UNICEF

GUINEA

Mission Critical Action 11

MCA11
Social Mobilization and Community Engagement

$4.52 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093105	Social Mobilization and Community Engagement	$3,948,364	12-Dec-2014
00093970	Social Mobilization	$ 570,788	6 Feb 2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Community Watch Committees (CWCs)	2,560	1,400	UNICEF
Vehicles	10 Ambulances 20 Motorbikes	10 Ambulances 20 Motorbikes	UNICEF
Training of volunteers on EVD	12,800	5,400	UNDP
Social Mobilization Experts	3	Recently Funded	WHO

Background

Bringing social mobilization closer to the population and getting community members directly involved in neighborhood sensitization and watch for behavior changes, early alert and referral of suspected Ebola cases has been identified as one of the most critical factors in fighting the spread of EVD. It is known that socio-cultural practices such as the ritual of washing the dead, coupled with misinformation and fear, which has kept those infected with EVD from seeking care and those exposed from coming forward for monitoring, have accelerated the spread of Ebola, throughout the country, including into densely populated urban areas such as Conakry, Guéckédou, Nzérékoré, Macenta and Lola.

In addition, children who are already vulnerable are now more at risk due to exposure to the epidemic and the loss of caregivers and family members. The lack of understanding of the disease and the role of health workers has led to the stigmatization and isolation of children, as they cannot return to their places of origin. These children are unable to access basic services, health care, education and protection, and are in need of psychosocial support and alternative care.

Enabling the Response

To address these needs, UNICEF and partners are focusing on 24 prefectures (districts) in the Boké, Kindia, Mamou, Faranah, Kankan, Nzérékoréand Conakry regions where they will establish community watch committees (CWCs), undertake door-to-door sensitization activities and support the referral of Ebola suspected and contact cases.

The agency is working to set up 2,560 establish community watch committees (CWCs), which will be linked to both the community care centers (CCCs) and community mechanisms for child protection. In addition, UNDP will help enhance community engagement, with a particular focus on vulnerable and at-risk groups such as women

and youth. The agency will target communities in the Forest Guinée districts and in Upper Guinée, training a network of youth leaders, opinion leaders, Ebola survivors, community-based organizations (CBOs) and non-governmental (NGOs) in Ebola treatment.

It is hoped that the combined approach, linking CWCs, CCCs and the community mechanisms of child protection will help urgently achieve full geographic coverage of messaging with regard to community based preparedness and response activities. The approach also aims to prevent avoidable maternal and child deaths and ensure that children's rights are protected during the EVD outbreak through provision of health, HIV, nutrition, WASH, education and child protection services.

To date, in the 24 prefectures affected by Ebola, most of the activities planned in the project have been launched. As of 31 December 2014, 200 young leaders were trained and mobilized to join community engagement and social mobilization efforts. One hundred and fifty police officers were trained and are now familiar with the quarantine procedures and have clearer protocol to engage communities affected by Ebola.

Joint security and confidence restoration units have been deployed in the forest region near the epicenter of the epidemic. Traditional palaver on Ebola has been facilitated with some 3,500 people. Approximately 2,000 women have been reached by social mobilization efforts in the forest region alone, and religious leaders have been engaged in urban areas such as Nzérékoré. Sixty percent of the beneficiaries of these outreach efforts are women.

Results are being achieved. UNICEF targeted districts that refused to cooperate, and these actions have helped resolve reticence in 20 communities. To prepare the ground for setup of the CWC, 29 Prefectures and 259 Districts meetings (100% delivery) were held. Some 1,400 Ebola-affected communities have adopted EVD response strategies, including the creation and roll out of CWCs. Approximately 30,000 households have been reached by door-to-door sensitization, while 5,400 community volunteers have been trained in Ebola related health issues and incorporated in the CWC.

In addition, WHO is deploying three social mobilization experts. The social mobilization experts will be responsible for adapting strategies for social mobilization to address gaps and needs at district level, including community resistance, and to ensure that the strategies are flexible and the interventions address emerging needs and challenges. The experts will also be responsible for ensuring appropriate community engagement.

Ebola Sensitization Campaign

Photo: UNICEF

Ebola Sensitization Campaign

Photo: UNICEF

GUINEA

Mission Critical Action 13

MCA13
Preventing Spread

$1.0 million
allocated

COVERAGE: Country, including district areas

RESPONDING AGENCY: UNMEER

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00092649	Quick Impact Project	$1,000,000	3-Dec-2014

PRIORITY INTERVENTION	PROJECT	AMOUNT FUNDED	ACHIEVED
QIP - Quick Impact	8000 liters of fuel UNMEER with National Coordination Cell	$ 11,232	100%
	Payment for health workers	$298, 296	100%
	Provision of Condolence Kit	$ 39,375	0
	Provision of Supply Kits	$ 44,666	0
TOTAL QIPs		$ 393,569	

Background

"A flexible response - adapted to the unique conditions of densely populated urban areas, remote rural locations, and towns and villages close to national borders - will characterize the response going forward," says the 'Global Ebola Response Outlook 2015' report. The emphasis will be on building district level capacity to assure that communities everywhere have the knowledge and support they need to prevent and stop EVD transmission.

Quick Impact Project (QIP) funding is meant to support these goals, enabling the Ebola Crisis Manager (ECM) in Guinea with a degree of flexibility to respond quickly to urgent, high priority needs not funded through other mechanisms. Through QIP funding the ECM received US$1,000,000 to support high impact, small-scale, relatively low cost, and implementable projects.

Enabling the Response

In Guinea, QIP funding is being used to address several urgent needs. Prompted by the spread of EVD to new Prefectures, the National Coordination Cell set up local coordination structures in all affected Prefectures throughout the country. In order to make sure the needs of the prefectural coordination cells are covered and for them to be able to deliver on expected results, the National Coordination team is undertaking field assessments.The first tour (December 2014) covered the eastern frontier provinces from the South up to the North, necessitating 8,000 Liters of jet A1 Fuel for a Guinean army Helicopter to fly over the 6 prefectures for swift assessments. This fuel was procured with QIP funding.

QIP funds are also being used to close gaps in the finance of Ebola Response Workers. While medical personnel have been covered, the salaries of other staff working with International NGOs in the treatment centers of Conakry, Nzérékore, Macenta and Guéckedou were not financed. Funds are thus being used to cover this gap, ensuring both proper equity and efficiency in the allocation of cash incentives to all response workers.

Finally, QIP funds are helping to close gaps with regard to the various support kits needed in the Ebola Response. To help overcome resistance to care and treatment in Guinea, as well as to support families that have lost someone to Ebola, QIP funds are being used to procure and provide condolence kits. The kits provide cash payments to families, helping to ease suffering and lower opposition to critical care. Funds are also providing for transfer kits, ambulance kits and solidarity kits. Transfer kits provide water and essential basic supplies to people transferred to a transit or treatment center. Ambulance kits supply water and food to people transported in an ambulance. The solidarity kit is intended for people that have been released from a treatment center, either upon confirmation of not having Ebola or when having recovered from Ebola. The kit provides essential supplies, such as clothes, hygiene articles and mosquito nets, to replace items that had to be given up in the treatment center and to ensure access to basic supplies.

COUNTRY DATA

LIBERIA

Mission Critical Actions

Photo: UNDP

LIBERIA

Mission Critical Action 1

MCA1
Identify and trace people with Ebola

$16.9 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093218	Interruption of Transmission	$11,603,212	23-Dec-2014
00093252	Epidemiologist District Management	$ 5,312,789	19-Dec-2014
			6-Feb 2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Staff Deployment	10,090 Contact Tracers 2,017 Supervisors 106 District Monitors 30 County Coordinators	At least 50% achieved	UNDP UNFPA WHO
Epidemiologists deployed	21	35	WHO
Vehicles	21	21	WHO

Background

EVD incidence is declining in Liberia and the Government has announced its determination to accelerate this decline, bringing transmission to zero. To reach this goal, contact tracing and active surveillance at the district level will be the single most important priority of this phase of the outbreak response. It is critical to build local capacity so communities can own and implement surveillance.

Enabling the Response

WHO and Government partners are working to build district-level capacity through the recruitment of 50 people across 15 districts. They are recruiting epidemiologists, infection prevention and control (IPC) experts, logisticians, social mobilization experts and reporting officers. Goals are to recruit two epidemiologists per each of the six districts in Liberia with high or increasing caseloads and one epidemiologist per district for districts with fewer caseloads. Driving up capacity with competent district-level, technical staff will help push Ebola transmission to zero. Going forward there will be an intense focus on strengthening surveillance in districts along the borders of Guinea, Sierra Leone and Cote d'Ivoire including cross border activities. This is to mitigate any cross border importation of EVD.

For fifteen counties in Liberia, UNDP, UNFPA and WHO are working to implement high quality active surveillance, case searching and contact tracing. UNDP is focusing on surveillance in Montserrado County, which accounts for close to 25% of Liberia's population, and at the time of the project's proposal, accounted for 50% of all confirmed EVD cases in Liberia. The agency is aiming to recruit and train 3,246 contact tracers, 649 supervisors, 22 district monitors and 2 county coordinators; provide incentives for contact tracers, supervisors, district monitors and county coordinators; provide data processing equipment for county and district surveillance in the county; and support

contact tracing and active surveillance.

Similarly, UNFPA is working to assure contact tracing and active surveillance in six counties, namely Bomi, Bong, Gbarpolu, Grand Cape Mount, Lofa and Nimba. Specifically, the agency is: supporting the recruitment and training of 3,967 contact tracers, 793 supervisors, 34 district monitors and 12 county coordinators; providing incentives for contact tracers, supervisors, district monitors and county coordinators; providing data processing equipment for county and district surveillance supervisors; and ensuring high quality monitoring and supportive supervision of contact tracing and active surveillance. UNFPA started in Bomi and Grand Cape Mount in October 2014 and trained and deployed contact tracers for 2 months. Beginning from December - January UNFPA started moving into the other counties. As of January 30, UNFPA has recruited, trained and deployed about 50% of the targeted 3,967 for Contact Tracers. Similarly, UNFPA has recruited, trained and deployed 9 of 12 County Coordinators, 20 Monitors and over 500 supervisors. UNFPA has also purchased computers, printers and other data processing equipment. UNFPA recently recruited County Coordinators to assist in supervision of the entire system.

Finally, WHO is targeting eight counties, namely Grand Bassa, Grand Gedeh, Grand Kru, Margibi, Maryland, Rivercess, River Gee and Sinoe. WHO is supporting the training of 2,877 contact tracers, 575 supervisors, 50 district monitors and 16 county coordinators; providing incentives for daily operations; providing data processing equipment for the county and district surveillance supervisors in the eight target counties; and ensure high standards in monitoring and supportive supervision of contact tracing and active surveillance. WHO is also assuming responsibility for overall compliance, coordination active surveillance and standard operating procedures (SOPs) in all the 15 counties.

Photo: UNMEER/Martine Perret

LIBERIA

Mission Critical Action 3

MCA3
Care for Persons with Ebola and Infection Control

$10.58 million allocated

COVERAGE: Country, including district areas

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

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
IPC Expert Infection & Prevention Control	6 International Staff	66[i] National and International Staff	WHO
Vehicles	10	10	WHO
FLBs Forwarding Logistics Bases	3	3	WFP
Transportation Essential Items	4,000m³	Nov 2014 5,865m³ Dec 2014 3,242m³ Jan 2015 3,055m³	WFP
Strategic Airlift[1]	12 Upon request by partners (all three countries)	25 covering all three countries	WFP
Air Services[2]	1,300 Passengers/months (all three countries)	Nov 2014 1,433 passengers Dec 2014 1,520 passengers Jan 2015 1,950 passengers	WFP

Background

In Liberia, surveillance, monitoring and behavior changes have been critical to the decline of transmission since mid-November. Thirty-one confirmed cases were reported in the week ending 31 December, in contrast with the rapid spread in mid-September, when more than 450 cases were recorded each week. On 31 December for the first time in months no new cases were recorded in Liberia.

International efforts have supported this decline in transmission, enabling treatment centers, ferrying supplies and protecting healthcare workers through an overall massive logistics operation to supply the response. Continued monitoring, along with a decentralized approach to surveillance will now be critical and is the main thrust of efforts to see transmission down to zero, assuring that every last Ebola patient is treated.

Enabling the Response

In this context, the WFP is working to assure a robust network,

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

providing logistics, emergency telecommunications and increased supply chain capabilities to affected communities, enabling them to provide urgent assistance where needed.

The agency is providing common services to support all actors responding to the health crisis. It has augmented storage capacity through the establishment of three forwarding logistics bases (FLBs), one staging area and a main hub for distribution. Three of the country's FLBs are equipped with wireless networks. Monrovia now has 1,760m^2 of storage capacity for supplies. The volume of essential items transported by trucks in Liberia was 12,162m^3 from October 2014 to January 2015. There have been 25 strategic airlifts across the three most affected countries.

In addition, WHO has recruited 66 district level infection prevention and control (IPC) experts to support community care centers through training, on job-mentoring and day-to-day supervision. The goal is to stop transmission of Ebola to health care workers and support outbreak containment. WHO expects that all heath care workers caring for Ebola patients in respective districts will be trained and mentored on IPC guidelines and standards, receive adequate supervision on the application of IPC practices, and remain free of Ebola.

Case management

Currently there are 19 Ebola treatment units (ETUs)(out of the projected 29) operational. With the bed occupancy rate of less then 10% some ETUs have been reprogrammed to provide other services – for example, Health Care Workers (HCWs) training and treatment of non-Ebola infections. WHO has being providing clinical care for Ebola patients in 3 of the MOHSW supported ETUs.

One of WHO's major achievements in collaboration with the MOHSW during the Ebola outbreak has been ETU training for HCWs. The objective of the training has been to keep HCWs safe while providing quality care to Ebola patients. The training provides an understanding of Ebola transmission, IPC measures, learning to use personal protective equipment (cold phase) and exposure to Ebola patients on the ETU wards (hot phase). As of end of January 1800 HCWs had gone through the cold phase of the training, and 450 though the hot phase. The HCWs cadre consisted of Liberians and Foreign medical teams (FMTs). Another capacity building component has been the training of Liberian facilitators, of which there have been over 30. These individuals can be called upon for early response to eventual future outbreaks. ETU assessments have included IPC and quality monitoring of clinical standards.

Other case management achievements during this period have been the development of the *Liberian Clinical Guidelines manual*, which standardizes treatment across the country for all Ebola patients and assuring minimum standards of care.The ETU operational manual is in final stages, which addresses all the issues related to commissioning, managing and decommissioning of an ETU.

The Liberian WHO case management team also participated in the WHO EVD Clinical standards meeting held in Geneva in January 2015.

Trucks enroute to Monrovia as part of the Logistics Special Operation – UN Ebola MPTF project number 00092643
Photo: WFP

i Further to the original proposal to hire a limited number of international IPC experts, WHO and the government decided it would be more effective and sustainable to hire local staff in larger numbers to cover all the target prefectures. This resulted in the hiring of over 60 IPC experts.

LIBERIA

Mission Critical Action 6

MCA6
Access to Basic Services

$2.0 million
allocated

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

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

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093136	Ebola Children Protection	$2,000,000	16-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
ICCs (Interim Care Centres)	3	2 1 ICC and 1 Transit Center[1]	UNICEF
Foster Care households	7,500	350[2]	UNICEF
Grants for Foster Care Households	7,500	641 'orphans' have received the one-off cash grant[3] 1,005 'orphans' are currently in process to received one-off cash grant across the country[4]	UNICEF

Background

Liberia has been hard hit by the Ebola outbreak and children remain among the most vulnerable. Death and grieving are all around them. In the initial stages of the EVD outbreak, many saw medical personnel in masks and protective gear taking away bodies and spraying unknown liquids. Schools are not yet open[5] and children are discouraged from playing with one another, and are often confined to their homes. For many children, particularly those in communities most heavily affected by EVD, life as they knew it has been turned upside down. Given the situation, critical services are required to ensure children are protected and safe. For children who have lost one or both parents or primary caregivers, placement with extended family or appropriate alternative care arrangements are required followed by regular assessments of their well-being. Their basic nutritional and physical needs have to be met as well as those for child survivors must be met. Those children who have been most directly affected need psychosocial support. Children who have been less directly affected also likely require psychological first aid, and communities as a whole need support, including to mitigate any fears or discrimination.

Enabling the Response

UNICEF, through a project 'Supporting the Well-being and protection of Ebola Affected Children in Liberia' will expand outreach to 12,600 EVD affected children[6], up from the current number of 3,571 in the ministry's

1 As elaborated in the narrative, fewer number of ICCs have been achieved because there have not been large numbers of EVD-affected children needing to access them. Moreover, a number of INGOs received funds to set up ICCs. Hence, in consultation with government and other partners, there was no need for UNICEF to create additional ones.
2 This is the current estimate from the Ministry of Gender, Children and Social Protection (MoGCSP). At the time of putting the proposal together, the projections were for very high rates of EVD-affected populations that would impact adversely on families leading to children losing their parents/caregivers due to EVD (thereby resulting in high number of foster care households). Fortunately, this has not been the case. Most children who have lost parents/primary caregivers due to EVD have been taken in by extended family. The priority from the perspective of addressing their immediate needs is about speeding up the identification and registration of all such children by government county-level social workers so that the government's core package of services (including the grant) gets to those children in these families.
3 These are children who lost one or both parents or primary caregivers due to EVD.
4 UNICEF is working closely with the MOGCSP to address the bottleneck in the disbursement of the funds.
5 The official opening date for those schools that meet the Ministry of Education's protocol for safe schools is 16th February 2015.
6 The current number of EVD affected children registered by the Ministry of Gender, Children and Social Protection is 3571. This number continues to be updated as new data comes in from the county-level social workers who are registering children who have lost one or both parents or primary caregivers due to EVD, child survivors of EVD and other EVD-affected children.

database. The agency is aiming to fill gaps with regard to several response interventions for children. Through this project, UNICEF aims to recruit and train 120 social workers and mental health clinicians that will provide case management, psychosocial care and support, placement in appropriate care and protection services for children who have lost parents or primary caregivers due to EVD and child survivors of EVD. This will also involve regular follow-up with these children and their caregivers for a period of six months. From the perspective of addressing the immediate needs of these children and their caregivers is expediting the identification and registration of all such children by government county-level social workers so that the government's core package of services (including the one-off grant) gets to them. In addition to the children who have been orphaned and the child survivors, there are many more children living in communities heavily impacted by EVD for whom psychological first and other social support will be essential for healing and coping, to encourage acceptance of survivors (both adults and children) and to support children who have lost their parents/caregivers to EVD.

UNICEF in collaboration with the Ministry of Youth and Sports is also recruiting, training and deploying 3007 national youth volunteers as contact tracers to identify and refer children affected by EVD, provide psychological first aid, community and social mobilization as well as messaging for EVD prevention. In addition, 1,200 survivors will be recruited to support a number of activities depending on their skills, capacities and suitability including care for EVD affected children, community mobilization activities, support to strengthening of child protection structures at community level.

Based on early projections for large numbers of EVD-affected children, the agency planned to support three additional Interim Care Centers (ICCs) for children on 21 day observation and who were separated from their primary caregivers. However, very few children accessed such facilitates as most remained under home-based observation. UNICEF did, however, provide technical support so that the facilities met the established standards for quality and care provided by staff and for provision of food and non-food items. Although there are currently no children in any of the existing ICCs (all 53 children that have stayed for observation have returned to families), UNICEF continues to monitor the quality of standards and are in the event there is a need for children to be placed in them. This experience has led to a need to revisit the ICC support model and put greater focus on family and community based care and support. The project is also considering transforming the transit center for children that survived Ebola, but who have no living relatives to care for them into a day care center for small children whose mothers will be involved in income generating activities as part of the EVD recovery plan.

7 The initial planned number of 350 contact tracers was not required as, from other sectors in UNICEF and other partners, many contact tracers were mobilised and recruited. Further, the number of cases was less than anticipated. Although the number of cases has come down, this important work at community level continues.

LIBERIA

Mission Critical Action 7

MCA7
Cash Incentives for Workers

$2.25 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00092903	Payment for Ebola Workers	$1,532,616 $ 713,216	04-Dec-2014 21-Jan-2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
ERWs (Ebola Response Workers) Registered in an Information Management system	100%	100%[1] of ERWs employed by the Government	UNDP
ERWs paid through UNDP Contingency Plan	449 Contact Tracers	539 (IMS Montserrado staff)	UNDP

Background

Ebola Response Workers (ERWs) are the cornerstone upon which EVD response strategies succeed or fail. They are 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. Many workers were hired at the height of the crisis and have been working with commitment and without pay for months as countries struggled to assure basic services and address the outbreak.

ERWs make courageous sacrifices and face significant risk of contracting EVD, and working often long hours under severe duress. Not only is it critical to the response that ERWs be compensated for their work, but payments will also help avoid ERW strikes and maintain motivation to see caseloads and transmission down to zero.

Enabling the Response

UNDP together with the Government of Liberiais working to ensure payment of ERWs through the establishment of an information management systemfor those paying Ebola workers and by strengthening existing payment systems. The agency is also arranging a contingency plan to cover payments where existing payment systems or resources cannot deliver salaries, hazard pay, and allowances to ERWs.

To date some 1,807 Ebola Response Workers (including ETU staff in four facilities managed by the Ministry of Health and Social Welfare) were registered in the information system with job titles, harmonized rates of pay identified, and bank information for payments, where applicable. A further 539 ERWs were registered separately at a later date when the Incident Management System (IMS), the branch of the Ministry of Health and Social Welfare leading the national Ebola Response, requested specific support for the Ebola Response Workers in Montserrado County, the county where the capital is located and the highest number of cases was recorded.

These workers were specifically recruited for the Ebola response outside of regular pay-rolled civil service health care workers (there are 10,300 of these).

The majority of the ERWs were owed four months back-pay, which meant just over US$2.5 million was paid to the above mentioned caseload for their service. This was

1 All ERWs that have been identified by the County Health Teams are registered. Occasional reports of additional workers are received, but this margin of error is approximately 1%.

accomplished in the first and second weeks of January, 2015. The hazard pay for these workers (they are only entitled to hazard pay contractually) was bank rolled by a World Bank grant, while UNDP supported the planning, logistics, and oversight of the payments. UNDP paid (UNDP funds) for the 539 'additional workers' identified by the IMS that were not covered by the World bank Grant. UNDP carried out an independent audit of the list of workers to verify its authenticity. The audit illustrated poor planning in the recruitment and resource management for these workers, but concluded the workers had been contracted and working officially in the county for the past four months. Ebola Response MPTF funds were used for this payment of just under US$ 400,000.

One month into its launch, this project has achieved approximately 50% of its goals. No ERWs have been reported as striking, although there were some demonstrations about non-payment in December and January, and 'word of mouth' reports that some workers had not been turning up for work. In addition, a diagnostic study and development of a monitoring system commenced in January 2015. This has been finalized but still requires bringing up to publishable standard.

UNDP is recruiting two individual staff to work inside the Ministry of Health and Social Welfare (MOHSW) in a liaison role with the Ministry of Finance and Development Planning (MOFDP) to help the planning process for salary and hazard payments (much of it still done off-site with cash), and improve communication between the Ministries and the workers. A telephone call centre and other feedback mechanisms will also be introduced the Ministry (Health) to support this communication and the employer-employee relationship. UNDP has committed to continue this service in the Ministry in the post-Ebola time period as well to support broader health care restructuring and capitalize on the positive response to the Ebola crisis.

LIBERIA

Mission Critical Action 9

MCA9
Reliable supplies of materials and equipment

$2.57 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093527	District Logistical Capacity	$2,574,893	22-Jan-2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Logisticians deployed	15	8	WHO

Background

A district-level focus and a more integrated response across communities will be critical to stamping out the virus. Given this context, it is essential that logistics operations run smoothly across and within all districts, assuring the flow of essential materials and supplies to a more widely spread response.

Enabling the Response

WHO has been working with partners to develop a network of logisticians and logistics capacity across the most affected areas of Liberia. WHO has recruited 8 international logisticians currently based in the country. This includes head of logistics and a supply chain manager. Recruitment of four more international logistics officers are planned in the coming weeks to boost field capacity and support to the critical area of Montserrado where cases are now concentrated. WHO has hired five national logistics assistants, one to be based at each Forward Logistics Base (FLB) and they will be deployed as of Monday 16th Feb 2015. These staff will also support the county health depots installed by WFP with support from international field logs and Monrovia-based colleagues.

Location of laboratories in Guinea, Liberia, and Sierra Leone

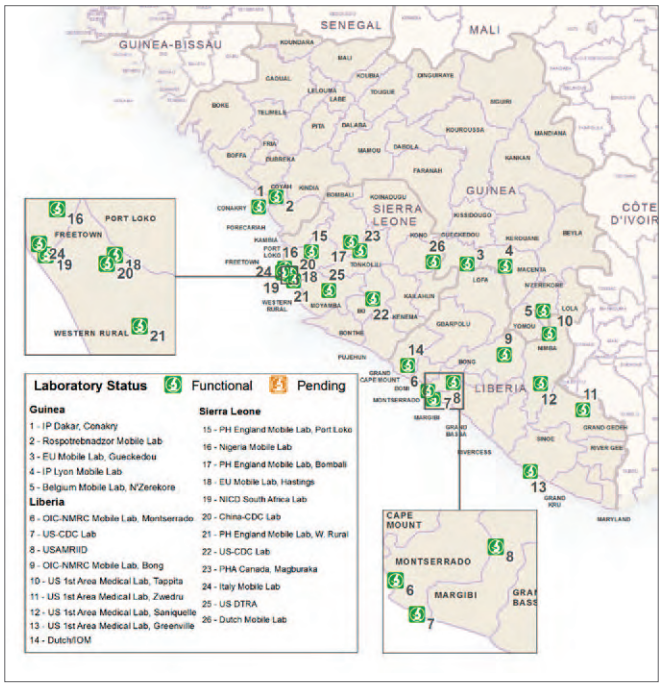


Table from WHO Situation Report dated 28 January 2015

http://apps.who.int/ebola/en/ebola-situation-report/situation-reports/ebola-situation-report-28-january-2015

LIBERIA

Mission Critical Action 10

MCA10
Transport and Fuel

$0.32 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093189	Ebola Charters	$ 322,898	19-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Flight Cargo	60MT	100% delivered	UNICEF

Background

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

LIBERIA

Mission Critical Action 11

MCA11
Social Mobilization and Community Engagement

$0.84 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093220	Outreach and Awareness Monrovia and Paynesville	$283,088	19-Dec-2014
00093971	Social Mobilization	$ 552,963	6 Feb 2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Volunteers for outreach activities	733 Commissioners, community, zonal and block leaders	733 Commissioners, community, zonal and block leaders	UNICEF
Training of community leaders	170	170	UNICEF
Meetings - Prevention and Protective	169 Communities 900,000 people	169	UNICEF
Social Mobilization Experts	3	Recently Funded	WHO

Background

The second outbreak of Ebola in Monrovia was traced to one woman returning to New Kru Town from a funeral in Sierra Leone. As the virus began spreading in the city, government and municipal authorities disseminated messages aimed at restricting contacts with symptomatic patients and with other disease vectors, like bush meat. Communications were less effective because few people in Monrovia and most of Liberia had never heard of the Ebola virus, its symptoms, treatment or management. Initial messages sent out to urban residents referred cases to facilities that were not equipped, ready or able to treat victims. The prevention of transmission during burial or funerals was not well understood and did not feature in early messages. This resulted in denial, a high number of infected persons and rejection of the messaging.

Community engagement has always been at the heart of the work of the Monrovia and Paynesville City Corporations. Both cities are organized with boroughs, townships and communities headed by Commissioners or Governors with formal administrative leadership structures as well as grass-roots leaders and influencers within each community. This blend of formal and informal organization structures are frequently used, for example, during Clean-Up Campaigns.

Once the scale of the Ebola outbreak became obvious, the need to mobilize the communities beyond public service messages and mass media publications also became clear. In early August, the Mayors and Municipal Authorities began mobilizing all levels of community leadership to share messages on Ebola. The main focus of messaging was to ensure that sick patients were taken to treatment centers and that the deceased were taken away for safe burials.

With the recent scale-up of patient care and case management, the increase in resources for safe burial means the focus can now be placed on directly engaging the communities to stop transmission. The behavior

change must begin at household (family) and community levels. To reach the required depth and scope necessary to achieve behavior change, outreach has to be led by the communities themselves, involving known leadership structures, and under the coordination of the City Corporations and their established authorities.

Enabling the Response

UNICEF in partnership with the Monrovia City Corporation and the Paynesville City Corporation have initiated a project with three central foci; stop Ebola transmission through community based awareness campaigns; a city-wide clean-up campaign with emphasis on slum communities; and initiation of the process for developing an Ebola memorial.

To achieve results, the project is based around three pillars of action, namely understanding, communication and empowerment, so that appropriate messages can be delivered through acceptable means and communities can embrace messaging that will keep them safe and informed.

The project is leveraging entire communities under the local leadership of the City Corporations to implement an 'Operation Stop Ebola Campaign.' It is focusing on ensuring consistent messaging, and engaging communities and families through interpersonal communication, led by community leadership, as well as mass media channels. These activities are targeting 1,090,000 people in two of Liberia's most populated cities, or about 80 percent of the population of Montserrado County.

The approach is community-centered, with localities "taking the lead." This partnership seeks to ensure that messages on EVD reach deep within communities through dialogue. The project is targeting 170 communities, comprised of approximately 1,090,000 people . Some 340 volunteers, two identified from each community, will cover the targeted geographical area. In communities where there are survivors that have returned, they will be encouraged to join community outreach activities as volunteers or to provide living testimonies during community meetings.

As of 29 January 2015, a total of 733 commissioners and community, zonal, and block leaders were trained and equipped with message dissemination tools (EVD flip books and megaphones) within Monrovia and Paynesville. These community leaders are now back home training other zonal and block leaders, and working with other community groups, in raising awareness on Ebola at household levels. Special focus was given to "hotspot" areas and a strategy to target the most at-risk communities.

With regard to supplies, UNICEF distributed a total of 239 megaphones and 563 brochures to community leaders from eight wards covering 169 target communities in Paynesville and Monrovia City Corporation. A total of 10,000 flyers, 100 banners, and 10,000 Ebola awareness flipbooks have been printed. To date, 20 ward leaders within these two cities have been issued motorbikes (11 bikes for Monrovia city and 9 for Paynesville) to facilitate monitoring of ongoing community engagement activities within these communities.

Additional support is also being provided with UNICEF-supported hygiene kits. In late December, a hotspot in Omega Town in Paynesville was identified, and 400 kits were given to the Paynesville City Corporation for distribution to households in that community.

Finally, along with 30 rural community radios stations in 15 counties, UNICEF and partners are supporting 22 FM stations in and around Monrovia and Paynesville that are estimated to reach a total population of over 400,000 individuals. Every day, a total of 264 radio spots and jingles are aired throughout the 22 FM stations within Montserrado. In addition, the City Corporations and UNICEF hosted a one day session during which the managers of these stations devised a media plan of action to support 'Operation Stop Ebola.'

In addition, WHO project is deploying at least three social mobilization experts. The social mobilization experts will be responsible for adapting strategies for social mobilization to address gaps and needs at district level, and to ensure that the strategies are flexible and the interventions address emerging needs and challenges. The experts will also be responsible for ensuring appropriate community engagement.

LIBERIA

Mission Critical Action 13 - QIP

MCA13
Preventing Spread

$1.0 million
allocated

COVERAGE: Country, including district areas

RESPONDING AGENCY: UNMEER

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00092649	Quick Impact Project	$1,000,000	3-Dec-2014

IMPLEMENTED PARTNERS: Ebola Task Force of Grand Cape Mount County; Local Organizations; Mano River Union

PRIORITY INTERVENTION	PROJECT	AMOUNT FUNDED	ACHIEVED[i]
QIP - Quick Impact	Strengthen local response capacity along the border with Sierra Leone	$ 39,000	Recently funded
	'Ebola Must Go' campaign within Sinoe County (3 awards of $26,000)	$ 78,000	Recently funded
	"Stopping Ebola is Everybody's Business" campaign	$ 11,000	Recently funded
	Monitoring in the Mano River Union (Guinea, Liberia and Sierra Leone)	$ 50,000	Recently funded
TOTAL QIPs		$178,000	

Background

As the 'Global Ebola Response Outlook 2015' notes, "The outbreak began with one case, and the threat it poses will only end when there are none." Ebola does not respect borders. Furthermore, as noted by the UN Security Council in September, it threatens well-being, development, peace and security, not only in the Western African region, but worldwide. It thus remains critical that EVD be prevented from spreading across borders, and that a fast and flexible response is mounted to stamp out outbreaks wherever and whenever they occur.

The Ebola Crisis Manager (ECM) in Liberia received US$1,000,000 for quick impact projects. The goal is to provide the ECM with a degree of flexibility to respond quickly to urgent, high priority needs not funded through other mechanisms. In addition to supporting the implementation of national plans within the operational framework, all quick impact projects will be small-scale, relatively low cost, and implementable. The ECM prioritizes, selects, manages and reports on this grant.

Enabling the Response

Under the project 'Ebola Response Quick Impact Project,' UNMEER Liberia is providing funding to the Ebola Task Force of Grand Cape Mount County to strengthen local response capacity along the border with Sierra Leone. With these funds, the task force is empowered to lead cross-border consultative forums with traditional leaders and local authorities living in border areas with Sierra Leone to improve EVD surveillance, response and ultimately control in the county. In addition to funding cross-border coordination activities, QIP funds are also being used to train community radio station personnel on effective messaging on important EVD related issues including transmission prevention, stigmatization, protection of survivors and orphans and better health practices.

In addition, funding has been given to support activities in Butaw, Dugbe, and Jedea Districts within Sinoe County. The funding is supporting the 'Ebola Must Go' campaign through Ebola communications taskforces that are targeting local leadership to boost contact tracing

and surveillance. The funds also provide logistics and administrative support for community meetings, door-to-door sensitization, Community Theater and local radio talk shows.

The launch of the 'Ebola Must Go' campaign is also being supported by an additional funding given to two local organizations. The campaign encourages people to wash hands, not touch sick people, keep sick people away from others, to call an emergency number if someone is sick and practice safe burials. The tag line to the campaign is "Stopping Ebola is Everybody's Business."

Quick Impact Project (QIP) funds are also being used to support monitoring in the Mano River Union (Guinea, Liberia and Sierra Leone). Funding is being awarded to cross-border surveillance to provide: a conceptual framework for counter-EVD cross-border activities and a plan of action; awareness raising; mapping and surveillance; and a cross-border white paper. Funds are also supporting three Manu River Union Cross Border technical meetings and three community meetings (one in each of the three countries; Liberia, Guinea, and Sierra Leone), and one high level meeting in one of the capitals to endorse the white paper and ensure local buy-in and roll out of the agreed upon EVD mitigation plan.

Training session MCC Community Leaders

Photo: UNICEF

COUNTRY DATA

SIERRA LEONE

Mission Critical Actions

Photo: UNDP Sierra Leone

SIERRA LEONE

Mission Critical Action 1

MCA1
Identify and trace people with Ebola

$5.07 million allocated

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

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093253	Epidemiology District Management	$ 5,065,084	19-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Epidemiologists deployed	21	58	WHO
Vehicles	21	21	WHO

Enabling the Response

WHO and government partners have been strengthening capacities at the district level to actively find, investigate and refer new Ebola cases. This includes registering all potential contacts and monitoring them for symptom development, strengthening data collection, reporting and analysis, and promoting appropriate messaging to support behavior change. The agency is recruiting experts to be part and parcel of the district-level emergency committees.

Overall, WHO has increased total staffing in the country to over 200 people across the country. Today the WHO work force deployed alongside the Government of Sierra Leone and partners includes 58 epidemiologists, 9 infection prevention and control (IPC) experts, 10 logisticians, 4 social mobilization experts and 21 reporting officers (reported later in MCAs 3, 9 and 11). In addition, one Occupational health and safety (national coordinator) are also deployed.

On-the-ground project goals include registering all potential contacts and monitoring them for symptom development, strengthening data collection, reporting and analysis, and promoting appropriate messaging to support behavior change.

Partners are also focused on strengthening capacities at the district level to support: prompt case investigation and appropriate referral of Ebola suspect cases; identification and registration of all potential contacts; effective routine monitoring of contacts, identification and referral of those who develop symptoms in real time; and effective data integration, consolidation and analysis to inform the response.

WHO leads on technical aspects, supporting training and supervision, and UNFPA continues to lead provision of operational support with partners. It has been agreed that one epidemiologist will be deployed/assigned to each district to coordinate contact tracing and local staff would also be engaged at chiefdom level to facilitate contact tracing.

Finding and treating all Ebola patients and then tracing and observing the close contacts of those people over a period of 21 days to ensure they have not been infected is a key to halt the chain of transmission. Here are Anja Wolz, emergency coordinator with Médecins Sans Frontières (MSF) and Jose Rovira, a logistics expert working with the WHO who trained volunteers from the National Red Cross and Ministry of Health in safe burials of deceased Ebola patients in Kailahun district.

Photo: WHO – in Sierra Leone

SIERRA LEONE

Mission Critical Action 3

MCA3
Care for Persons with Ebola and Infection Control

$20.54million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093256	IPC District Management	$1,302,584	19-Dec-2014
00093283	Storage Capacity	$ 658,902	23-Dec-2014
00092528	Transportation of Essential Items	$11,052,470	12-Nov-2014
00092527	Air Services	$4,675,724	12-Nov-2014
00092529	Establishment ETUs	$2,687,375	12-Nov-2014
00092530	Communication Equipment	$ 167,547	12-Nov-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
IPC Expert Infection & Prevention Control	7	9	WHO
FLBs Forwarding Logistics Bases	1	1	WFP
ETUs Ebola Treatment Units	2	No request to construct received yet[1]	WFP
Transportation Essential Items	2,000m³	Nov 2014 - 3,593m³ Dec 2014 - 1,457m³ Jan 2015 - 2,344m³	WFP
Strategic Airlift[2]	12 Upon request by partners (all three countries)	25 covering all three countries	WFP
Air Services[3]	1,300 Passengers/months (all three countries)	Nov 2014 1,433 passengers Dec 2014 1,520 passengers Jan 2015 1,950 passengers	WFP

Background

On 19 September the UN Secretary-General established the UNMEER with a main coordinating hub and office in Accra, Ghana, and operations in Guinea, Liberia and Sierra Leone. The Mission focuses on stopping the outbreak, treating the infected, ensuring essential services, preserving stability and preventing spread to unaffected countries. In this regard, regional and national logistics networks have been essential conduits supporting the broader international response.

Through transmission rates are on the decline, the virus is now more diffuse, affecting both rural communities and densely populated urban areas. There remains an urgent need to operationalize planned networks and scale-up

1The Funds will be reallocated to other priority activities
2 This was not exclusively funded by the UN Ebola Response MPTF
3 This was not exclusively funded by the UN Ebola Response MPTF

logistics so that communities in need can be reached and basic services put in place to stop transmission.

In addition, communities must be armed with accurate information on how to assess, treat and prevent the virus; knowledge that will empower them to arrest transmission in hotspots and rapidly respond to new outbreaks. It is imperative to bolster local capacity to contain the virus through communications, surveillance and case management, especially at the district level. As the epidemic evolves and becomes more widely spread, communities everywhere and in all stages of an outbreak must be able to prevent transmission, assess and help the sick, and keep one another safe.

Enabling the Response

In this context, the WFP is scaling up its network, providing logistics, emergency telecommunications and increased supply chain capabilities to affected communities, enabling them to provide urgent assistance where needed. The agency has completed in-country staging area in the national airport to move cargo and ease congestion; the establishment of forwarding logistics bases and covered storage capacity; and support for transport capacity and provision of transport services, including strategic airlifts. WFP is supporting health partners but has not been requested to build any ETUs in Sierra Leone (this funding is pending reallocation to other priority areas). The project is also mobilizing additional staff across the region, including logisticians, operations support and telecommunications specialists.

Thus far in Sierra Leone, WFP has augmented storage capacity at 100% of set goals for staging areas and 100% for forwarding logistics bases (FLBs), one of which is equipped with wireless communications.

WFP is committed to remaining flexible to cater to the needs of the humanitarian community, maximizing resources and ensuring an efficient and effective logistics response. An example of this operational flexibility is the relocation of one MSU in Sierra Leone, at Lungi Airport staging area, to the Main Hub in Porto Loko. The Forward Logistics Base at Kailahun has been reduced from 720m^2 to 480m^2, based on low activity.

The volume of essential items transported by trucks in Sierra Leone was 7,394m^3 between November 2014 and January 2015. In December, as part of the Western Area Surge, WFP supported the procurement and dispatch of essential equipment such as ambulances, motorbikes and hospital beds on behalf of the humanitarian community. There were 25 strategic airlifts across the three target countries. Connectivity has also been provided in two ETUs at the request by partners.

In addition, WHO and government partners have been strengthening capacities at the district level to actively find, investigate and refer new Ebola cases. This includes registering all potential contacts and monitoring them for symptom development, strengthening data collection, reporting and analysis, and promoting appropriate messaging to support behavior change. The agency has recruited 9 infection prevention and control (IPC) experts to be part of the district-level emergency committees.

The goal is to stop transmission of Ebola to health care workers and support outbreak containment. Partners expect that all heath care workers caring for Ebola patients in respective districts will be trained and mentored on IPC guidelines and standards; receive adequate supervision on the application of IPC practices; and remain free of Ebola.

Here Dr Kande-Bure O'bai Kamara, WHO Ebola response team, discusses structures needed for a community care centre with Bai BanthaNkenedie II, the Paramount Chief of BuyaRomende Chiefdom as community members level a field and dig pit latrines. Other structures being built are outdoor "rest areas" where people with Ebola virus disease can see and talk to their family and friends, at a safe distance, separated by a fence. Engaging the community in the treatment and care for their relatives is essential to building the longer term understanding and support of the community to ending the outbreak.

SIERRA LEONE

Mission Critical Action 4

MCA4
Medical Care for Responders

$1.39 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093285	Responder Clinic	$1,392,970	23-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Rehabilitation of Responders Clinic (Level 1)	1	1	WFP

Background

Healthcare workers are the foundation of the Ebola response. These individuals are making a courageous personal sacrifice to care for others, and they remain on the front lines of transmission. The more sick an Ebola patient is, the more infectious they become, meaning that caregivers are at the highest risk of contracting the virus. Health worker infection prevention and control (IPC) is complicated by the complexity and diversity of the working environment in Ebola facilities, as well as varying levels of experience and expertise among workers.

It is believed that vaccines may help prevent health worker infections in the future, but they are under development and trial. It therefore remains critical that every step be taken to protect and treat caregivers on the frontline of the epidemic.

Enabling the Response

Through the Ebola Response MPTF, the WFP and partners are scaling up logistics and networks to provide supplies, inter alia, needed for the protection of healthcare workers and providing common services to support all actors responding to the health crisis.

WPF rehabilitated a responder clinic in Freetown. In addition, in support of WHO, WFP recently rehabilitated hospital in Kambia, which will be used as a holding centre with a capacity of 40 beds. This Centre can also be extended into an ETU of 100 beds, by erecting an additional 10m x 24m MSU. Partners in Health (PiH) will manage the centre.

SIERRA LEONE

Mission Critical Action 7

MCA7
Cash Incentives for Workers

$1.26 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00092905	Payment for Ebola Workers	$1,261,625	04-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
ERWs (Ebola Response Workers) Registered on the Information management system	100%	100%	UNDP
ERWs paid	35,000	20,000	UNDP

Background

Ebola Response Workers (ERWs) are the cornerstone upon which EVD response strategies succeed or fail. They are the people at the frontlines, transporting the sick, caring for the infected, tracing and monitoring the exposed, attending to the deceased and providing security and coordination at all levels. Many workers were hired at the height of the crisis and have been working doggedly without indemnity motivation payments and some without pay at all for months as countries struggled to assure basic services and address the outbreak.

ERWs are a contingency making courageous sacrifices, facing higher risks of contracting EVD, and working often long and trying hours under severe duress. Not only is it critical to the response that ERWs be compensated for their work, but payments will also help avoid ERW strikes and maintain motivation to see caseloads and transmission down to zero.

Enabling the Response

The 'Payments for Ebola Response Workers (PPERW) – Sierra Leone,' is the Sierra Leone component of UNDP regional support for ensuring payment of Hazard Pay to Ebola Response Workers (ERWs). The programme established an Information Management Database System, which was developed in collaboration with a local software company, for capturing all eligible for Hazard Pay Ebola Response workers (including Photo ID) and strengthened existing payment systems. It aims to assure that payments to Ebola workers are not a bottleneck to achieving an accelerated response in Sierra Leone. Furthermore, the Database created allows for the transparency, audit trail and fiduciary compliance by the Government to account for the appropriation of funds over the Ebola Response period to World Bank, African Development Bank and MPTF.

The project's target of 100% of ERWs receiving appropriate payment, on time, by 1 December 2014 was achieved despite technical and financial gaps caused by the registration of workers under different payment systems, first through 'direct cash' payments.

In addition, UNDP assisted the government in harmonizing the pay list for ERWs, and during December, moved from 'direct cash' payments to Mobile Money payments.The approach adopted during November-December helped to avert strikes by ERWs. The Payroll of February will be paid through a dual channel mechanism: bank accounts and Mobile Money.

UNDP has also helped to establish a Help Desk at NERC where ERWs can address their problems and seek solutions.

Going forward, UNDP will work closely with the Government to strengthen its ERW registration system, and provide recommendations on how to improve the system further. All ERWs currently in the Information System Database have been verified and will be issued with unique ERW ID Cards with photo.

UNDP has also set up a Steering Committee that involves cooperation with other partners, such as DFID, UNFPA, World Bank, World Vision, IFRC and others to revise the Hazard Pay Policy and address issues relating to post Ebola transfer of knowledge and systems developed to NERC (National Ebola Response Committee). Sharing of information between the Agencies through the Information Management System has also enabled to avoid duplication of records, as well as 'double dipping' and 'ghost workers'

The Information Management System is currently being decentralized to enable regional / district update of ERW records in 'real time'. Support in training and use of this system will be provided to the regions on ongoing basis. There will be regional Help Desks also established because of decentralization of IMS (Information Management Database). It is also anticipated that the IMS will be developed further as part of an 'exit strategy', and will be used by various agencies in the country that will have access to it, including the Ministry of Health and Sanitation, as well as other sections of the Government of Sierra Leone.

SMS informing worker of hazard pay processed

Photo: UNDP

SIERRA LEONE

Mission Critical Action 9

MCA9
Reliable supplies of materials and equipment

$2.03 million allocated

COVERAGE: High Case Load districts 7 Other Districts 7

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093528	District Logistical Capacity	$ 2,026,848	22-Jan-2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Logisticians deployed	14	10	WHO

Background

Beyond the initial exponential rise in cases as the Ebola epidemic took hold, the West Africa region is now seeing, rather than one outbreak, an amalgam of many smaller outbreaks across the triumvirate of most affected countries. It is now clear that a district-level focus and a more integrated response across communities will be critical to stamping out transmission. Given this context, it is essential that logistics operations run smoothly across and within all districts, assuring the flow of essential materials and supplies to support a more widely spread response.

Enabling the Response

To address this need, the Ebola Response MPTF has funded a project being led by WHO in partnership with country governments to strengthen the district-level response. Under its auspices, WHO is recruiting one logistician per district that can oversee day-to-day disbursement of essential supplies required for case management and infection prevention and control. The logistician will manage logistics needs for epi-surveillance such as the distribution of forms and tools, contact tracing and monitoring. The agency expects the project to support the continuous availability of supplies and logistics for EVD public health interventions at the district level, as well as the proper and effective use of supplies.

SIERRA LEONE

Mission Critical Action 10

MCA10
Transport and Fuel

$0.28 million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093189	Ebola Charters	$ 278,558	19-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Flight Cargo	67MT	100% delivered	UNICEF

Enabling the Response

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

SIERRA LEONE

Mission Critical Action 11

MCA11
Social Mobilization and Community Engagement

$0.47 million allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093972	Social Mobilization and Community Engagement	$ 473,469	6-Feb-2015

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Social Mobilization Experts	3	Recently Funded	WHO

Background

The aim of this WHO project is to deploy at least three social mobilization experts. The social mobilization experts will be responsible for adapting strategies for social mobilization to address gaps and needs at district level, and to ensure that the strategies are flexible and the interventions address emerging needs and challenges. The experts will also be responsible for ensuring appropriate community engagement.

Handwashing station in Mabella.

Photo: UNDP Sierra Leone

SIERRA LEONE

Mission Critical Action 13

MCA13
Preventing Spread

$9.52million
allocated

COVERAGE: Country, including district areas

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00092907	RRSTs (Rapid Response) Establishment	$ 7,145,038	04-Dec-2014 21-Jan-2015
00092908	NERC (National Ebola Response Centre) Secretariat	$ 1,178,084	04-Dec-2014
00093086	SUPPORT DETENTION CENTRES	$ 1,201,725	04-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
RRST deployment after Surveillance Trigger	6 deployments	2[1] RRST deployments (Kono and Western Area)	UNMEER
Small , Medium, Full Surge Intervention	upon the result of the RRST deployment	2 Full 1 Medium	UNMEER
Vehicles	23	23	UNOPS
NERC Staff	15	5	UNOPS
NERC ICT Infrastructure	59 laptops 150 SatPhones 24 Mobiles	39 150 24	UNMEER
Ebola Holding Units for prisons	4	2[i]	UNDP

Background

The National Ebola Response Center (NERC) the Emergency Operations Center at the national level in Sierra Leone and is still in its early stages of formation. The NERC faces serious human, technical and financial challenges in responding swiftly and efficiently to the Ebola crisis, and there remains an urgent need for additional staff to man the NERC Secretariat and Plans Directorate and to provide support for NERP implementation, monitoring, coordination, information management, and advocacy and resource mobilization.

Upgrading NERC's capacity to rapidly contain new "hot spots," before they become major outbreaks is of great importance.The relatively slow progress (to enable a robust response) has presented a challenge at the district and national levels. The current approach to new outbreaks involves multiple assessment visits by multiple partners, followed by an effort to mobilize resources, both human and material, to respond to the outbreak. By the time the response is mounted, the situation has usually deteriorated considerably. A faster response is needed.

In addition, while it is imperative that the NERC Secretariat

1 As of 31 December 2014

pay close attention to current "hot" districts, it cannot lose sight of those districts that are controlling of the outbreak. The NERC needs to ensure that any recurring spikes in these areas are rapidly controlled before they result in an Ebola resurgence.

Another area of key importance is detention centers, which are historically over-crowded (600% overuse) and present an easy environment for Ebola transmission.

Enabling the Response

UNMEER is working with the Government to strengthen the (NERC) Secretariat's coordination and decision making-processes to successfully halt outbreaks of EVD. The goal is to ensure coherence between the six pillars that form the basis of the NERC's response plan. Currently, and due in part to the project, all the pillars are functional and reporting to the NERC on a weekly basis.

The project is also increasing information availability and flow. All documentation and pillar decisions have been made available and posted on the NERC Website. Performance indicators are being collected, and 12 out of 43 national key performance indicators (KPIs) are now reported. Three information management staff are fully operational. To strengthen information sharing, four personnel have been identified and integrated within the 'bed and lab coordination area of the situation room.' All 13 districts have established 'Command and Control Centers,' through only four are fully functional. Mobile data collection processes are defined and tested, and nine districts out of 14 are now reporting electronically.

A project is also being implemented by UNOPS and NERC, titled 'Establishing Rapid Response and Stabilization Teams (RRSTs) in the NERC Secretariat' to strengthen NERC's capacity to deploy RRSTs to ''hot" districts. The idea is to arrest transmission and contain the outbreak "at-location" at a very early stage, preventing a much bigger crisis.

The project draws on NERC resources on a temporary emergency basis (ambulances, staff and supplies) to provide a 'slow-down' effect on the epidemic as plans are made for medium to full surge interventions. Objectives include: a strengthened NERC Secretariat that successfully halts outbreaks; surveillance triggers set up based on epidemiological criteria for RRST deployment; reconnaissance and assessments; surge requirements determined; and surge capacity deployed to augment District Emergency Response Centers (DERCs).

The project is seeing results with assessments leading to surges in target locations that prevent EVD transmission. Within one month the project deployed 2 RRSTs in Kono and the Western Area, which led to two full surges and one medium surge. Main support is going to the teams of Medical and NERC personnel in the new outbreak sub-districts/Chiefdoms.

Complementary support is also offered through the provision of team leaders, work equipment, vehicles, and tented camps for team members. Twenty-three vehicles were procured to support rapid response and used to fill critical gaps in sub-districts/Chiefdoms. The vehicles are also being used for surveillance activities, especially contact tracing. With the support provided, assessments of hot spots are conducted efficiently and Infection Prevention and Control (IPC) activities are identified for a surge. The project has also supported 12 NERC personnel salaries.

With regard to detention centers, UNDP along with the government launched a project to adapt detention centers to EVD threats in Freetown and 12 other districts. The project is developing gender segregated holding units for new inmates in detention centers to detect and prevent Ebola transmission. If cases of EVD are identified or suspected amongst detainees, the project will ensure that they are quickly and effectively isolated in order to minimize the effect on fellow inmates and prison guards. The measures outlined will also help to maintain peace and stability within detention facilities, preventing any rioting, potential prison breaks and social unrest.

i There are currently 2 holding units (constructed by UNDP prior to this project) at Pademba Road male and female facilities in Freetown. The four additional units planned for Bo, Kenema, Port Loko and Makeni have now been designed by the UNDP-hired architect based on field visits to the sites and discussions with relevant authorities. Construction will take 6-8 weeks. The Ebola Response MPTF funds have been received by UNDP in December 2014 but all the preliminary work has been done.

SIERRA LEONE

Mission Critical Action 13 - QIP

MCA13
Preventing Spread

$1.0 million
allocated

COVERAGE: Country, including district areas

RESPONDING AGENCY: UNMEER

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00092649	Quick Impact Project	$1,000,000	3-Dec-2014

IMPLEMENTED PARTNERS
Government and State Institutions, Commercial Companies, NGOs, UN agencies and International agencies.

PRIORITY INTERVENTION	PROJECT	AMOUNT FUNDED	ACHIEVED
QIP - Quick Impact	Operationalization of the Police Training School 2 and ADRA Waterloo Ebola Treatment Centers	$ 181,043	100%
	Support to the Western Area Surge (WAS)	$ 3,850	100%
	Western Area Surge II (WAS II): Heightened Social Mobilization	$ 118,863	20%
	Refueling of water treatment facility in Kambia	$ 15,425	25%
	Social Mobilization Prompt Action Team, for villages with new infection outbreaks	$ 6,027	0
	EVD Survivors involvement in effective community mobilization in Ebola Hotspot chiefdom	$ 13,860	0
	Support to Cross-Border meeting between Gueckedou-Guinea, Lofa-Liberia, Kailahun-Sierra	$ 2,797	100%
	ICT Development and Transformation to support verification of Ebola Response Workers hazard pay	$ 11,200	25%
TOTAL QIPs		**$353,065**	

Background

"A flexible response—adapted to the unique conditions of densely populated urban areas, remote rural locations, and towns and villages close to national borders—will characterize the response going forward," says the 'Global Ebola Response Outlook 2015' report.

Quick Impact Project (QIP) funding is meant to address this need, providing ECMs with a degree of flexibility to respond quickly to urgent, high priority needs not funded through other mechanisms. Through QIP funding each ECM will receive US$1,000,000 to support high impact, small-scale, relatively low cost, and implementable projects. ECMs prioritize, select, manage and report on each of these projects.

Enabling the Response

In Sierra Leone, QIP funds are being used to support several high-impact projects. With funds, two new ETUs are being established in the Western Surge Area, and

fuel has been provisioned for the vehicles supporting the ETUs. In addition, clean water will be provided to four main Ebola response establishments for four hours a day through May 2015. QIP funding is securing the fuel to run this water treatment facility in Kambia, thereby providing sanitized water for the next four months. Funds were used to purchase cooling boxes to hold blood samples at treatment centers, thereby supporting greater accuracy in testing.

QIP funding is also augmenting outreach and communications. A 'Social Mobilization Implementing Partners Forum' was established and will focus on the next phase of Ebola messaging and communications. In this regard, EVD survivors are bolstering Ebola communications in hotspots in the Chiefdom. Funds are also supporting 'Real Women for Action', which provides active surveillance and is able to outreach to women.

With regard to hazard pay, QIP funding is supporting a revision of the pay system to assure that workers are compensated on time and appropriately for the risks they are taking.

Finally, to improve EVD control along borders, QIP funds are being used to support monitoring in the Mano River Union (Guinea, Liberia and Sierra Leone). A meeting took place on 24 January to discuss measures on cross-border transmission.

i Effective % Delivery Rate at Month 1

REGIONAL

Mission Critical Action 13

MCA13
Preventing Spread

$1.0 million
allocated

COVERAGE: Regional

MPTF Project No:	Title:	AMOUNT:	TRANSFER DATE:
00093085	Ebola Aviation Action Plan	$1,000,000	12-Dec-2014

PRIORITY INTERVENTION	PLANNED	ACHIEVED	RESPONDING AGENCIES
Training Events	4 in 2015 starting in March	0%	ICAO/WHO
State/ Airport Assistance Visits	2 in 2014	100%	ICAO/WHO
	25 in 2015	0%	

Background

In September 2014, the UN Security Council convened an emergency meeting and pronounced the Ebola epidemic a threat to peace and security.[1] In resolution S/RES/2177, it highlighted the "detrimental effect of the isolation of the affected countries as a result of trade and travel restrictions." It called on Member States, including of the region, to lift general travel and border restrictions imposed as a result of the Ebola outbreak, which were undermining efforts to respond to the epidemic. The Security Council also called on airlines and shipping companies to maintain trade and transport links with the affected countries and the wider region.

It is exigent that affected countries remain open to facilitate a response to the Ebola epidemic as well as to limit damage to their economies. States in the West Africa region must therefore be equipped to implement WHO recommendations with regard to Ebola and air travel, as well as to assure that accurate messaging and communications are reaching all stakeholders, especially those responsible for the aviation sector activities and travelers. Countries in the region must prepare their aviation sectors to operate in the face of Ebola, and ready them for other emergencies and contingencies that will impact and be impacted by air travel.

Enabling the Response

To meet these needs in West Africa, the International Civil Aviation Organization (ICAO) jointly with WHO, is implementing the 'Ebola Virus Disease Outbreak – Aviation Action Plan.' The plan will offer technical assistance to African States' aviation authorities and service providers to manage and contain the Ebola outbreak and prepare for other public health emergencies. The Plan will be implemented under the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) with input and guidance from the ICAO-WHO 5th CAPSCA Global Coordination Meeting, which was held in Cairo Egypt, 17-20 November 2014.

The Plan will enable harmonized implementation of WHO recommendations with regard to Ebola and relevant to the aviation sector, including inter alia: assisting States in the development of preparedness planning and response capacities in the aviation sector, with CAPSCA; support meetings, trainings and assistance visits to States and airports; assist States, airports and airlines with the implementation of emergency preparedness plans and containment measures; encourage airlines to continue operating or restart operations in affected States; and evaluate exit screening procedures.

1 http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2177%20(2014)

The project will also have an important communications element. It will aim to improve communications and awareness amongst key political players and give assurances on measures being put in place by States. The goal will be for ICAO Regional Directors (RDs) in Africa to establish lines of communication with Ministries of Transport, the African Union, the African Civil Aviation Commission, Sub-regional economic organizations and regional and country offices of UN organizations. Through these contacts, RDs will promote awareness of measures implemented in the most affected States and assure that the aviation sector is fully represented at future meetings on Ebola.

Finally, ICAO will assist States in the cancellation of restrictions on flights and passengers to and from Ebola-affected countries. The agency has already facilitated the lifting of restrictions on flights by some States and supported Ministerial-level meetings on Ebola that resulted in declarations for States to avoid imposing flight restrictions.

Training session in Abidjan

Photo: ICAO

FINANCIAL INFORMATION

This chapter presents financial data and analysis of the Ebola Response MPTF using the pass-through funding modality as of 31 January 2015. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: http://mptf.undp.org/ebola

1. SOURCES AND USES OF FUNDS

As of 31 January 2015, 30 contributors have deposited US$ 130,810,349 in contributions. Of this amount, US$ 110,530,922 has been transferred to 8 Participating Organizations. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US$ 1,308,103. Table 1 provides an overview of the overall sources, uses, and balance of the Ebola Response MPTF as of 31 January 2015.

Table 1: Financial Overview, as of 31 January 2015 (in US Dollars)*

	Annual 2014	Jan 2015	Cumulative
Sources of Funds			
Gross Contributions	125,852,927	4,957,422	130,810,349
Fund Earned Interest and Investment Income	-	-	-
Interest Income received from Participating Organizations	-	-	-
Refunds by Administrative Agent to Contributors	-	-	-
Fund balance transferred to another MDTF	-	-	-
Other Revenues	-	-	-
Total: Sources of Funds	125,852,927	4,957,422	130,810,349
Use of Funds			
Transfers to Participating Organizations	100,452,267	10,078,655	110,530,922
Refunds received from Participating Organizations	-	-	-
Net Funded Amount to Participating Organizations	100,452,267	10,078,655	110,530,922
Administrative Agent Fees	1,258,529	49,574	1,308,103
Direct Costs: (Secretariat...etc.)	-	-	-
Bank Charges	116	-	116
Other Expenditures	-	-	-
Total: Uses of Funds	101,710,912	10,128,229	111,839,141
Change in Fund cash balance with Administrative Agent	24,142,015	(5,170,807)	18,971,208
Opening Fund balance (1 January)	-	24,142,015	-
Closing Fund balance (31 December)	24,142,015	18,971,208	18,971,208
Net Funded Amount to Participating Organizations	100,452,267	10,078,655	110,530,922
Participating Organizations' Expenditure	-	-	-
Balance of Funds with Participating Organizations			110,530,922

** Due to rounding of numbers, totals may not add up. This applies to all numbers in this report.*

2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this Fund as of 31 January 2015. In addition to the listed contributions the Governments of Venezuela and the Royal Charity Organization of the Kingdom of Bahrain have made commitments to the Trust Fund. The Governments of Bolivia, Guyana and Kazakhstan have deposited the funds and the contributions will be reflected once the contribution agreements are signed. The Government of Russian Federation and Algeria have made pledges to the Trust Fund.

Table 2: Contributors' Deposits, as of 31 January 2015 (in US Dollars)*

Contributors	Prior Years as of 31-Dec-2014	Current Year Jan-2015	Total
AUSTRALIA, Government of	8,755,000	-	8,755,000
BRAZIL, Government of	602,845	-	602,845
CANADA, Government of	3,568,879	-	3,568,879
CHILE, Government of	300,000	-	300,000
CHINA, Government of	6,000,000	-	6,000,000
COLOMBIA, Government of	100,000	-	100,000
CYPRUS, Government of	6,350	-	6,350
DENMARK, Government of	5,042,695	-	5,042,695
ESTONIA, REPUBLIC OF, Government of	50,216	-	50,216
FINLAND, Government of	8,824,590	-	8,824,590
GEORGIA, REPUBLIC OF, Government of	25,000	-	25,000
GERMANY, Government of	11,606,933	-	11,606,933
INDIA, Government of	10,000,000	-	10,000,000
IRISH AID	1,233,100	-	1,233,100
ISRAEL, Government of	8,750,000	-	8,750,000
JAPAN, Government of	5,940,000	-	5,940,000
LATVIA, REPUBLIC OF, Government of	48,876	-	48,876
LUXEMBOURG, Government of	248,940	-	248,940
MALTA, Government of	62,295	-	62,295
MONTENEGRO, Government of	5,000	-	5,000
NEW ZEALAND, Government of	1,169,400	-	1,169,400
NORWAY, Government of	2,061,147	-	2,061,147
PORTUGAL, Government of	-	30,293	30,293
PRIVATE SECTOR	3,300	50	3,350
REPUBLIC of KOREA, Government of	5,000,000	-	5,000,000
ROMANIA, Government of	40,000	-	40,000
SWEDISH INT'L DEVELOPMENT COOPERATION	13,217,001	-	13,217,001
SWISS AGY FOR DEVELOPMENT & COOPERATION	-	4,927,079	4,927,079
UNITED KINGDOM, Government of	31,884,000	-	31,884,000
Volvo Group	1,307,360	-	1,307,360
Grand Total	125,852,927	4,957,422	130,810,349

Table 3. Earmarked Donor Deposits, as of 31 January 2015 (in US Dollars)

Donor	Commitments (Donor currency)	Net Deposits (in US Dollars)	Description of Earmarking
Finland	Euro 3,000,000	3,691,413	Earmarked to WHO and IFRC in Sierra Leone
Irish Aid	Euro 1,000,000	1,220,799	Earmarked to Sierra Leone and Liberia
Israel	USD 1,616,162	1,600,000	Earmarked $1.6 out of $8,75m deposited, as follows:
			$500,000 to WHO
			$500,000 to UNICEF
			$600,000 to operation of 3 medical clinics i.e. $200,000 each in LBR/SLE/GIN
Japan	USD 5,940,000	5,880,600	Earmarked to WFP
Swiss Agy for Development & Co	CHF 5,000,000	4,877,808	Earmarked to UN-MEEER
United Kingdom	GBP 20,000,000	31,565,160	Earmarked to Sierra Leone
Grand Total		48,835,780	

4. TRANSFER OF FUNDS

Allocations to Recipient Organizations are approved by the Special Envoy on Ebola in consultation with the Advisory Committee and disbursed by the Administrative Agent. As of 31 January 2015, the AA has transferred US$ 110,530,922 to 8 Participating Organizations (see list below). Table 4 provides additional information on the refunds received by the MPTF Office, and the net funded amount for each of the Participating Organizations.

Table 4: Transfer, Refund, and Net Funded Amount by Recipient Organization, as of 31 January 2015 (in US Dollars)*

Recipient Organization	Prior Years as of 31 Dec 2014			Current Year Jan 2015			Total		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
ICAO	1,000,000		1,000,000				1,000,000		1,000,000
UNDP	10,932,076		10,932,076	713,216		713,216	11,645,292		11,645,292
UNFPA	4,549,552		4,549,552				4,549,552		4,549,552
UNICEF	16,113,789		16,113,789				16,113,789		16,113,789
UNMEER	6,678,084		6,678,084	143,548		143,548	6,821,632		6,821,632
UNOPS	2,500,000		2,500,000	2,001,490		2,001,490	4,501,490		4,501,490
WFP	40,023,716		40,023,716				40,023,716		40,023,716
WHO	18,655,050		18,655,050	7,220,401		7,220,401	25,875,451		25,875,451
Grand Total	100,452,267		100,452,267	10,078,655		10,078,655	110,530,922		110,530,922

ANNEXES

Annex 1: Project Allocations by Strategic Objective

Project No.and Project Title		Recipient Organization	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
SO1 STOP the outbreak						
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNDP	3,398,610	3,398,610	-	0
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNFPA	4,549,552	4,549,552	-	0
00093218	MCA01 #10 LBR INTERRUPT TRANSM	WHO	3,655,050	3,655,050	-	0
00093251	MCA01 #16 GIN EPIDEM DIST MNGM	WHO	4,500,000	4,500,000	-	0
00093252	MCA01 #16 LBR EPIDEM DIST MNGM	WHO	3,500,000	3,500,000	-	0
00093253	MCA01 #16 SLE EPIDEM DIST MNGM	WHO	3,500,000	3,500,000	-	0
SO1 STOP the outbreak TOTAL			23,103,212	23,103,212	-	0
SO2 TREAT the infected						
00092448	MCA03 #1 LBR AIR SERVICES	WFP	4,000,000	4,000,000	-	0
00092450	MCA03 #1 GIN AIR SERVICES	WFP	4,000,000	4,000,000	-	0
00092527	MCA03 #1 SLE AIR SERVICES	WFP	4,675,724	4,675,724	-	0
00092528	MCA03 #1 SLE TRANSP ESS. ITEMS	WFP	11,052,470	11,052,470	-	0
00092529	MCA03 #1 SLE ESTABLSHMNT ETUs	WFP	2,687,375	2,687,375	-	0
00092530	MCA03 #1 SLE COMMUNCTN EQPMNT	WFP	167,547	167,547	-	0
00092643	MCA03 #1 LBR TRANSP ESS. ITEMS	WFP	3,780,000	3,780,000	-	0
00092644	MCA03 #1 GIN TRANSP ESS. ITEMS	WFP	3,780,000	3,780,000	-	0
00092847	MCA03 #1 GIN STORAGE CAPACITY	WFP	658,902	658,902	-	0
00093219	MCA03 #23 GIN CCCs	UNICEF	9,813,619	9,813,619	-	0
00093254	MCA03 #16 GIN IPC DISTRCT MNGM	WHO	1,500,000	1,500,000	-	0
00093255	MCA03 #16 LBR IPC DISTRCT MNGM	WHO	1,000,000	1,000,000	-	0
00093256	MCA03 #16 SLE IPC DISTRCT MNGM	WHO	1,000,000	1,000,000	-	0
00093282	MCA03 #1 LBR STORAGE CAPACITY	WFP	1,592,796	1,592,796	-	0
00093283	MCA03 #1 SLE STORAGE CAPACITY	WFP	658,902	658,902	-	0
00093284	MCA04 #1 GIN UN CLINICS	WFP	1,577,030	1,577,030	-	0
00093285	MCA04 #1 SLE UN CLINICS	WFP	1,392,970	1,392,970	-	0
SO2 TREAT the infected TOTAL			53,337,335	53,337,335	-	0
SO3 ENSURE essential services						
00092902	MCA07 #6 Payment for Ebola Workers	UNDP	524,300	524,300	-	0
00092903	MCA07 #8 LBR PAYMNT EBOLA WORK	UNDP	2,245,832	2,245,832	-	0
00092904	MCA07 #7 GIN PAYMNT EBOLA WORK	UNDP	2,204,200	2,204,200	-	0
00092905	MCA07 #9 SLE PAYMNT EBOLA WORK	UNDP	1,261,625	1,261,625	-	0
00093136	MCA06 #4 LBR CHILDREN PROTECTN	UNICEF	2,000,000	2,000,000	-	0
SO3 ENSURE essential services TOTAL			8,235,957	8,235,957	-	0

NOTE:

1. 2014 Expenditure will be reported in April 2015.
2. The delivery rate will be updated once the Recipient Organizations expenditures uploaded in April 2015.

Project No.and Project Title		Recipient Organization	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
SO4 PRESERVE stability						
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNDP	809,000	809,000		0
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNICEF	3,139,364	3,139,364		0
00093189	MCA10 #22 LBR Ebola Charters	UNICEF	322,898	322,898		0
00093220	MCA11 #25 LBR OUTRCH&AWARNESS	UNICEF	283,088	283,088		0
00093223	MCA10 #22 SLE Ebola Charters	UNICEF	278,558	278,558		0
00093226	MCA10 #22 GIN Ebola Charters	UNICEF	276,262	276,262		0
00093526	MCA09 #16 GIN DISTRICT LOGISTI	WHO	2,618,660	2,618,660		0
00093527	MCA09 #16 LBR DISTRICT LOGISTI	WHO	2,574,893	2,574,893		0
00093528	MCA09 #16 SLE DISTRICT LOGISTI	WHO	2,026,848	2,026,848		0
SO4 PRESERVE stability TOTAL			12,329,571	12,329,571		0
SO5 PREVENT unaffect countries						
00092648	MCA13 #11LBR QUICK IMPCT PRJCT	UNMEER	1,000,000	1,000,000		0
00092649	MCA13 #11GIN QUICK IMPCT PRJCT	UNMEER	1,000,000	1,000,000		0
00092650	MCA13 #11SLE QUICK IMPCT PRJCT	UNMEER	1,000,000	1,000,000		0
00092907	MCA13 #17 SLE RRSTs ESTABLISHM	UNMEER	2,643,548	2,643,548		0
00092907	MCA13 #17 SLE RRSTs ESTABLISHM	UNOPS	4,501,490	4,501,490		0
00092908	MCA13 #18 SLE NERC SECRETARIAT	UNMEER	1,178,084	1,178,084		0
00093085	MCA13 #2 AVIA EBOLA ACTN PLAN	ICAO	1,000,000	1,000,000		0
00093086	MCA13 #5 SLE DETENTION CENTERS	UNDP	1,201,725	1,201,725		0
SO5 PREVENT unaffect countries: TOTAL			13,524,847	13,524,847		0
GRAND TOTAL			110,530,922	110,530,922		0

Annex 2: Project Allocations by Project, grouped by Country

Project No.	and Project Title	Recipient Organization	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
GUINEA						
00092450	MCA03 #1 GIN AIR SERVICES	WFP	4,000,000	4,000,000	-	0
00092644	MCA03 #1 GIN TRANSP ESS. ITEMS	WFP	3,780,000	3,780,000	-	0
00092649	MCA13 #11GIN QUICK IMPCT PRJCT	UNMEER	1,000,000	1,000,000	-	0
00092847	MCA03 #1 GIN STORAGE CAPACITY	WFP	658,902	658,902	-	0
00092904	MCA07 #7 GIN PAYMNT EBOLA WORK	UNDP	2,204,200	2,204,200	-	0
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNDP	809,000	809,000	-	0
00093105	MCA11 #3 GIN SOCIAL MOB&COMMUN	UNICEF	3,139,364	3,139,364	-	0
00093219	MCA03 #23 GIN CCCs	UNICEF	9,813,619	9,813,619	-	0
00093226	MCA10 #22 GIN Ebola Charters	UNICEF	276,262	276,262	-	0
00093251	MCA01 #16 GIN EPIDEM DIST MNGM	WHO	4,500,000	4,500,000	-	0
00093254	MCA03 #16 GIN IPC DISTRCT MNGM	WHO	1,500,000	1,500,000	-	0
00093284	MCA04 #1 GIN UN CLINICS	WFP	1,577,030	1,577,030	-	0
00093526	MCA09 #16 GIN DISTRICT LOGISTI	WHO	2,618,660	2,618,660	-	0
GUINEA TOTAL			35,877,037	35,877,037	-	0
LIBERIA						
00092448	MCA03 #1 LBR AIR SERVICES	WFP	4,000,000	4,000,000	-	0
00092643	MCA03 #1 LBR TRANSP ESS. ITEMS	WFP	3,780,000	3,780,000	-	0
00092648	MCA13 #11LBR QUICK IMPCT PRJCT	UNMEER	1,000,000	1,000,000	-	0
00092903	MCA07 #8 LBR PAYMNT EBOLA WORK	UNDP	2,245,832	2,245,832	-	0
00093136	MCA06 #4 LBR CHILDREN PROTECTN	UNICEF	2,000,000	2,000,000	-	0
00093189	MCA10 #22 LBR Ebola Charters	UNICEF	322,898	322,898	-	0
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNDP	3,398,610	3,398,610	-	0
00093218	MCA01 #10 LBR INTERRUPT TRANSM	UNFPA	4,549,552	4,549,552	-	0
00093218	MCA01 #10 LBR INTERRUPT TRANSM	WHO	3,655,050	3,655,050	-	0
00093220	MCA11 #25 LBR OUTRCH&AWARNESS	UNICEF	283,088	283,088	-	0
00093252	MCA01 #16 LBR EPIDEM DIST MNGM	WHO	3,500,000	3,500,000	-	0
00093255	MCA03 #16 LBR IPC DISTRCT MNGM	WHO	1,000,000	1,000,000	-	0
00093282	MCA03 #1 LBR STORAGE CAPACITY	WFP	1,592,796	1,592,796	-	0
00093527	MCA09 #16 LBR DISTRICT LOGISTI	WHO	2,574,893	2,574,893	-	0
LIBERIA TOTAL			33,902,719	33,902,719	-	0

Project No.and Project Title		Recipient Organization	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate %
SIERRA LEONE						
00092527	MCA03 #1 SLE AIR SERVICES	WFP	4,675,724	4,675,724	-	0
00092528	MCA03 #1 SLE TRANSP ESS. ITEMS	WFP	11,052,470	11,052,470	-	0
00092529	MCA03 #1 SLE ESTABLSHMNT ETUs	WFP	2,687,375	2,687,375	-	0
00092530	MCA03 #1 SLE COMMUNCTN EQPMNT	WFP	167,547	167,547	-	0
00092650	MCA13 #11SLE QUICK IMPCT PRJCT	UNMEER	1,000,000	1,000,000	-	0
00092905	MCA07 #9 SLE PAYMNT EBOLA WORK	UNDP	1,261,625	1,261,625	-	0
00092907	MCA13 #17 SLE RRSTs ESTABLISHM	UNMEER	2,643,548	2,643,548	-	0
00092907	MCA13 #17 SLE RRSTs ESTABLISHM	UNOPS	4,501,490	4,501,490	-	0
00092908	MCA13 #18 SLE NERC SECRETARIAT	UNMEER	1,178,084	1,178,084	-	0
00093086	MCA13 #5 SLE DETENTION CENTERS	UNDP	1,201,725	1,201,725	-	0
00093223	MCA10 #22 SLE Ebola Charters	UNICEF	278,558	278,558	-	0
00093253	MCA01 #16 SLE EPIDEM DIST MNGM	WHO	3,500,000	3,500,000	-	0
00093256	MCA03 #16 SLE IPC DISTRCT MNGM	WHO	1,000,000	1,000,000	-	0
00093283	MCA03 #1 SLE STORAGE CAPACITY	WFP	658,902	658,902	-	0
00093285	MCA04 #1 SLE UN CLINICS	WFP	1,392,970	1,392,970	-	0
00093528	MCA09 #16 SLE DISTRICT LOGISTI	WHO	2,026,848	2,026,848	-	0
SIERRA LEONE TOTAL			39,226,866	39,226,866	-	
UNITED NATIONS						
00092902	MCA07 #6 Payment for Ebola Workers	UNDP	524,300	524,300		0
00093085	MCA13 #2 AVIA EBOLA ACTN PLAN	ICAO	1,000,000	1,000,000		0
UNITED NATIONS TOTAL			1,524,300	1,524,300		0
GRAND TOTAL			110,530,922	110,530,922		0

DEFINITIONS

Allocation

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

Approved Project/Programme

A project/programme including budget, etc., that is approved by the Special Envoy for fund allocation purposes.

Contributor Commitment

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

Contributor Deposit

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

Net Funded Amount

Amount transferred to a Recipient Organization less any refunds transferred back to the MPTF Office by a Participating 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 Start Date

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

Total Approved Budget

This represents the cumulative amount of allocations approved by the Special Envoy.

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Cover photo: A little girl after washing her hands in the neighborhood of Mabella, Sierra Leone.
(Photo: Lesley Wright/UNDP)

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