United Nations CERF Central Emergency Response Fund

GLOBAL
RAPID RESPONSE
EBOLA
2021

21-RR-GLB-47074
Multi-country Ebola Readiness

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:		
Please indicate when the After-Action Review (AAR) was conducted and who participated.	Not conducted	
Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☐	No ☒
Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒	No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Guinea declared the first case of Ebola Virus Disease (EVD) in February 2021. It was urgently needed to respond to the country's epidemic and strengthen preparedness and surveillance in neighbouring countries, which are at high risk of spread due to the exchange of goods and people between countries. This action by the United Nations and operational partners (national and international non-governmental organisations, the Red Cross movement, civil society organisations) has been possible under the leadership of the governments of Côte d'Ivoire, Mali, Guinea Bissau, Liberia, Sierra Leone and Senegal. The experience and lessons learned from the last epidemic in West Africa from 2013 to 2015 allowed for the rapid activation of coordination structures, the setting up surveillance systems, and training health, water, hygiene and sanitation (WASH) frontline aid workers. An inter-country exchange between Guinea and neighbouring countries as well as with the Democratic Republic of Congo, which experienced the second-largest epidemic in West and Central Africa, has strengthened accountability actions by integrating PSEA issues in a systematic way and building response and preparedness on community engagement, which is key to ensuring a successful response.

CERF's Added Value:

The CERF Rapid Response has concomitantly strengthened preparedness in neighbouring countries while supporting the EVD outbreak in Guinea. Among the lessons learned from recent episodes of EVD, the cross-border chain of transmission was identified as critical and should be considered from the outset of case management in the country affected by the disease. The CERF's innovative approach to addressing the epidemic in the affected countries and at-risk countries has resulted in no transmission across the Guinean border. In addition, the joint action in health and WASH and the increased emphasis on community engagement and PSEA, building on lessons learned from the Democratic Republic of Congo, have subsequently improved the quality of the response and prevention work and put the affected population at the centre of our action. For example, in Liberia, the CERF funds came when the country was overwhelmed with COVID-19 response and available emergency funds were shifted for the EVD response. As the COVID-19 pandemic spread faster than expected, Liberia was already struggling to mobilize funds to combat the pandemic. Many donor partners who usually provided funding for emergencies observed shrinking fiscal space. As a consequence, multilateral funds were focused on COVID-19. The provision of these funds supported the EVD preparedness response while ensuring reinforcement of COVID-19 messages and prevention activities. It was a promising practice for "multidemics[1]" prevention and management.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes ☒ Partially ☐ No ☐

While Guinea was able to mobilise funds for the response in Guinea, the neighbouring countries were facing difficulties to attract donors' interest to invest in preparedness. The CERF funds supported a fast deployment and prepositioning of supplies in at-risk areas and the training of frontline aid workers in Health and WASH Infection Prevention and Control (IPC). As an example, in Mali, the CERF funds permitted fast WASH supplies provision in Health Facilities and borders villages at-risk of EVD. In addition, the project included the preventive and curative package of community health worker, expending the coverage in the at-risk areas.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The CERF funds were disbursed to Guinea's six neighbouring countries at the beginning of the outbreak, enabling a timely-critical needs response. For example, in Sierra Leone, the CERF funds ensured the rapid and timely WASH IPC needs assessment in healthcare facilities in the eight prioritized border districts. The conclusion of the mission informed the prioritization of 50 healthcare facilities for EVD preparedness activities such as training healthcare workers on standard infection prevention and control (IPC) measures and the

[1] Multidemics: multi epidemics

procurement and distribution of WASH/IPC supplies. In addition, CERF funding supported accelerating preparedness and readiness of district social mobilization teams in coordinating actions and reaching out to stakeholders and people in high-risk communities to enhance awareness on EVD prevention measures through training and operational support. It also allowed renewing a partnership with key community platforms and networks (religious leaders network) to engage dialogue in communities on life-saving actions and roll-out of the Community-Led Action model to remobilize communities on EVD preparedness and response.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The CERF funds supported the re-activation of coordination structure in each targeted country. At COVID-19, the epidemics response was coordinated within the same structure, facilitating an efficient use of resources allocated to preparedness and prevention. It contributed to the "multidemics" reflection on addressing multiple outbreaks with the affected communities. For example, in Sierra Leone, the support provided to the weekly WASH Pillar meetings helped map active EVD actors/partners and available resources for EVD preparedness activities. The funds also helped prevent overlaps in the implementation of preparedness activities and increase coverage. For instance, the number of districts targeted for the training of healthcare workers reduced from eight to five (while the number of persons trained increased from 100 to 215). In addition, CERF funding helped enhanced district RCCE coordination and readiness through timely training of district social mobilization teams and development of plans. In Liberia, with the ongoing COVID-19 pandemic, the government reactivated the Incident Management System (IMS) where coordination meeting was held under the leadership of the Minister of Health and the co-ordination of the National Public Health Institute (NPHIL) with all stakeholders providing technical and financial support. With reports after an Ebola outbreak was declared in Guinea earlier this year, there was a need to increase epidemic surveillance and prepare for potential Ebola patients in neighboring areas of Liberia. In Mali, the CERF funds facilitated good synergies of action between UNICEF, WHO and international and national NGOs by clarifying roles and responsibilities. Finally, in Côte d'Ivoire, the CERF funds contributed to bring together partners from the health sector (UN Agencies, CDC/USAID, NGOs) to prepare and conduct a simulation exercise in a coordinated manner.
WHO coordinated the development of a training module and action plan. All health districts along the borders with Guinea and Liberia and those adjacent benefited from the simulation exercise. The CERF-funded WASH IPC in Health Centers assessment report was shared with the WASH IPC working group established for the COVID-19 response. Successful advocacy was conducted to harmonise the WASH IPC tools used by all partners, based on the tools used for the CERF-funded assessment.

Regarding the coordination of alerts, WHO and UNICEF set up a WhatsApp network facilitating the communication between the six neighbouring countries on daily notification of cases.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☒ No ☐

The CERF partially help to improve resource mobilization even if donors' interest in investing in EVD preparedness was limited. In Sierra Leone, CERF funding supported roll-out of Community Led Approach (CLA) approach in the eight (8) border districts, which demonstrated instrumental in increasing knowledge and engagement of communities to take action to prevent and contain EVD outbreak, including ensuring readiness for swift action in case of early detection. The approach demonstrated capacity not only for EVD but also for engagement of communities in other health emergencies response, with funds later mobilized for extending support to adapt and strengthen participation of communities in COVID-19 prevention and vaccination response. In Liberia, the CERF funded the pre-positioning of Personal Protection Equipment (PPE) supplies funded with other donors' contribution and facilitate the rapid deployment to the selected health facilities and port of entries while the purchase order funded via CERF was placed through sea shipment to Monrovia for replenishment. Finally, in Côte d'Ivoire, the simulation exercise financed by the CERF funds under the coordination of the WHO made it possible to involve more partners in the health sector not only to benefit from their technical expertise but also their financial resources to cover a large number of health districts. In addition, after the assessment of PCI/WASH in priority health facilities, it was found that the funds budgeted in the CERF for the procurement of WASH/IPC kits fell short of the needs. Sharing the report with other partners helped mobilize additional resources and fill some of the gaps.

Considerations of the ERC's Underfunded Priority Areas[2]:

The CERF funds contributed to reinforce the PSEA actions in the response. In conformity with UNICEF's internal reporting procedure on SEA, all allegations of SEA involving children are to be reported to UNICEF Country Representative. In Guinea and neighboring countries UNICEF COs have appointed PSEA Focal Points in each field office, who can receive complaints on sexual exploitation and abuse. In addition, the UNICEF EVD Team Leaders will also be PSEA focal points, to whom complaints can be made in project sites. All personnel working on EVD, including volunteers, have been trained on the UN PSEA Standards of Conduct. Community sensitization on PSEA was carried out, including consultations with beneficiaries to establish safe and accessible community reporting channels. Communication materials on PSEA and on reporting channels was disseminated in project sites. Interagency coordination on PSEA was strengthened to have in place agreed interagency information sharing/referrals procedures and to coordinate community sensitization and community reporting channels. A mapping of GBV services and GBV referral pathways was disseminated amongst humanitarian responders and beneficiaries, for GBV/SEA victims to access immediate assistance. In addition, the CERF funds supported age and gender specific child protection service delivery and interventions that aim to mitigate, prevent or respond to gender base violence. Finally, Neglect and abandonment of children during disease outbreaks may lead to secondary protection concerns, including sexual and gender-based violence. The training for para-social workers and district officials will incorporate these concerns. Current evidence suggests than the incidence of infection is higher among women given their role in caring for the sick. The proposed interventions will target particularly women for risk communication and in community engagement activities, as well as adolescents, including boys and girls. Adolescents account for a significant proportion of the infected people in the current outbreak and become the default caretakers of the sick in the event of loss of guardian or parent. Finally, CERF also supported the protection of health personnel in areas at risk of Ebola virus disease spread, given they are more exposed

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**10,813,389**
CERF	4,999,236
Country-Based Pooled Fund (if applicable)	NA
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	**4,999,236**

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US$)

Agency	Project Code	Sector/Cluster	Amount
UNICEF	21-RR-CEF-003	Water, Sanitation and Hygiene	1,375,007
UNICEF	21-RR-CEF-003	Health	1,050,005
UNICEF	21-RR-CEF-003	Protection - Gender-Based Violence	75,000
WHO	21-RR-WHO-003	Health	2,499,224
Total			**4,999,236**

[2] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas here.

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

Total funds implemented directly by UN agencies including procurement of relief goods	**3,091,598**
Funds sub-granted to government partners*	1,301,769
Funds sub-granted to international NGO partners*	219,484
Funds sub-granted to national NGO partners*	386,386
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**1,907,638**
Total	**4,999,236**

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

On 14 February 2021, Guinea officially declared a new outbreak of Ebola virus disease (EVD). The declaration of the outbreak came at a time when COVID-19 had already presented an challenge to public health, food systems and livelihoods. The six neighboring countries (Sierra Leone, Liberia, Côte d'Ivoire, Mali, Senegal and Guinea-Bissau) faced a risk of Ebola spreading across borders due to considerable cross-border movements.

Operational Use of the CERF Allocation and Results:

In response to this risk, CERF allocated $5 million on 4 March 2021 from its Rapid Response window for operational readiness. This funding enables UNICEF, WHO and partners to provide life-saving assistance by accelerating operational readiness activities in neighboring countries of Guinea. The CERF allocation serves as a critical injection of early funds, and focuses on epidemiological surveillance, risk communication on preventive measures and community engagement, water, sanitation and hygiene, infection prevention and control in public places, schools and health facilities, prevention of sexual exploitation, abuse and gender-based violence, laboratory capacity in Ebola virus disease confirmation, and potentially case management of patients with suspected and confirmed cases of Ebola virus disease. This funding enables UNICEF, WHO and partners to indirectly reach 37.4 million people, including 9.7 million women, 9 million men, 9.1 million boys, 9.5 million girls, and including 580,000 people with disabilities.

People Directly Reached:

The CERF funds contributed to reaching directly 31,323,431 people in the targeted districts in the six countries. UNICEF and WHO paid particular attention to avoiding double-counting between health and WASH beneficiaries, which resulted in the reduction of the total number of people reached by WASH actions in addition to those who received health support. The beneficiary of GBV and PSEA actions are included either in health or WASH programmes and were not reported as standalone beneficiaries.

People Indirectly Reached:

Apart from the direct beneficiaries targeted in areas at risk of the spread of the Ebola virus disease, the entire population of the at-risk district in the six targeted countries benefited indirectly from the coverage of the system for alerting suspected cases and risk awareness.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Health	8,410,699	7,889,392	8,514,593	8,324,490	33,139,174	7,401,579	6,986,334	7,441,670	7,319,695	**29,149,278**
Protection - Gender-Based Violence	2,923	3,103	1,644	2,862	10,532	-	-	-	-	**-**
Water, Sanitation and Hygiene	1,302,992	1,151,268	1,001,999	753,628	4,209,887	855,492	692,624	369,422	256,615	**2,174,153**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	41,397	24,174
Returnees	0	0
Internally displaced people	342,281	268,365
Host communities	35,361,830	29,988,830
Other affected people	1,614,085	1,042,062
Total	**37,359,593**	**31,323,431**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	9,716,614	8,249,462	150,596	225
Men	9,043,763	7,682,061	150,566	217
Girls	9,518,236	7,812,736	146,412	104
Boys	9,080,980	7,579,172	135,993	99
Total	**37,359,593**	**31,323,431**	**583,567**	**645**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-CEF-003

- **Project Information**

Agency:	UNICEF	**Country:**	Global
Sector/cluster:	Water, Sanitation and Hygiene Health Protection - Gender-Based Violence	**CERF project code:**	21-RR-CEF-003
Project title:	Multi-country Ebola readiness		
Start date:	01/03/2021	**End date:**	31/08/2021 (note: After amendment the end date was the 30 November 2021)
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency: **GUIDANCE**: Figure prepopulated from application document.	**US$ 3,400,004**
Total funding received for agency's sector response to current emergency: **GUIDANCE**: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	**US$ 900,000**
Amount received from CERF:	**US$ 2,500,012**
Total CERF funds sub-granted to implementing partners: **GUIDANCE**: Please make sure that the figures reported here are consistent with the ones reported in the annex.	**US$ 1,648,898**
Government Partners	US$ 1,043,029
International NGOs	US$ 219,484
National NGOs	US$ 364,886
Red Cross/Crescent Organisation	US$ 0

- **Project Results Summary/Overall Performance**

Through this CERF RR grant, UNICEF and its partners reached more than 6.3 million people with health, WASH/IPC activities in Côte d'Ivoire, Liberia, Guinea Bissau, Mali, Senegal, and Sierra Leone. More specifically, the project supported the Ministry of Health in the at-risk countries to scale up front line air workers training, supply prepositioning and accelerate community engagement activities to prevent further disease expansion. Below are presented the main results achieved with the CERF funds.

Côte d'Ivoire
The country office stepped up the preparedness at border districts to prevent, detect, and manage potential EVD cases. Health workers, administrative authorities at the regional and local levels, community and religious leaders, community workers, and communities have benefited from EVD prevention, IPC, and case management training. To this end, UNICEF provided technical capacity building, communication support and materials. The project is completed, with all planned activities implemented.

Guinea Bissau
- Health: UNICEF organised training of trainers for six (6) central level trainers (2 per target region) subsequently deployed to the three (3) priority regions (Gabú, Tomball and Bijagós) and organised local training. As a result, overall, 22 health trained staff in three regions (3 members of the regional health team plus one of the 13 target health areas) rolled training to 315 community health agents from the 13 target health areas in the methodology and techniques of interpersonal communication for EVD prevention, early detection and immediate referral of suspected cases. In addition, in 600 communities, the Community Health Workers disseminated messages of prevention of EVD that include identifying symptoms and suspected cases. Health structures received UNICEF technical support to boost their preparedness for an eventual EVD outbreak and maintain their capacity to continue to offer routine activity packages. In addition, each HCF discussed and adopted a standard flowchart to organise routine and emergency services. A central-level team composed of a sanitary hygienist, doctors assigned to the rapid response team, went to the three regions and trained 39 (40%) local technicians (3 per sanitary structure) out of 97 on the basic procedures and helped the structures understand and implement the flowchart for the circuit defining the areas of triage and isolation for suspected cases and the area for continuity of the provision of routine services.
- Wash: The MOH with the support of UNICEF provided an IPC refreshment training to health workers. Medical and PPE supplies were distributed and prepositioned in 13 health areas and regional hospitals and PPE was delivered also to CHWs in the target areas. Following the delivery of supplies, 87 HCF staff participated in training sessions on using PPE sanitation and hygiene cleaning protocols, waste management, triage and isolation set-up. Late in October 2021 rehabilitation of water and sanitation infrastructures in 5 health care facilities (Cassumba, Saltinho, Quebec, Sanconha and Cascine) were handed over to local authorities.
- Community mobilisation actions rolled out included hygiene promotion, surveillance measures and preparedness actions in 147 communities located neighbouring Guinea. A georeferenced mapping and community assessment was conducted and recommended the installation of at least two handwashing devices instead of one in large communities (with over 50 households) and borders crosspoints. A total of 63 community surveillance committees were created integrating 285 members tasked to surveil and report people crossing the border and illness with symptoms similar to EVD. The borders crossings were particularly targeted with 13 receiving delivery of supply (handwashing devices, gloves, alcohol, mask, soap, chlorine and thermometers) and training to 80 border patrol guards. 74 schools received handwashing devices, soap and chlorine for water treatment and 398 teachers were trained accordingly.
- C4D/RCCE: Regular awareness spots were broadcast for 3 months in 25 five radios booth at the community and national level widening the coverage for a larger audience. A total of 619 leaders of different profiles participated and, duly informed and made aware of the high risk that their communities represent to a possible introduction of the Ebola virus disease, mobilised and committed to respecting the prevention measures

Liberia
UNICEF supported the training of Health professional workers on the detection, management, and referral of Ebola Cases in the event of an outbreak. Additionally, it included providing psychosocial refresher training to professional health workers to support suspected EVD victims.
Key achievements are:
- Training of 500 Health Workers
- Supplies of drugs to 250 health facilities and 21 port of entry equipped with IPC materials
- Awareness creation using Ebola Virus Disease messages by Community Health Assistants (CHAs) in five counties with 985,762 community members reach with health education on EVD
- Radio jingles and messages on Ebola Virus Disease using community radio stations to educate community members of the signs and symptoms of EVD and COVID-19 reached 1,130,406

Mali
The project included three components: i) supply procurement in transit for the country; ii) training conducted in two regions (Kayes and Koulikoro) and iii) coordination mechanism put in place in 2 cordons (region of Kayes and Koulikoro). Under the leadership of the Regional Health Directorate, all WASH actors in the regions of Sikasso and Kayes joined forces to conduct an assessment of Health

Care Facilities (HCFs). 6 HCFs most at risk and with low IPC capacities received more support (Development and follow up of Environment Health Management Plan and construction of WASH infrastructures with other funds mobilised)

Senegal
UNICEF in collaboration with WHO supported the update of the health system standard operating procedures used at all levels of EVD case management. WASH/IPC supplies were purchased and prepositioned in 50 health districts, most at risk to ensure a minimum WASH package in these care facilities. In addition, 251 healthcare providers and 120 hygiene officers were trained on EVD disease prevention and control measures, and several weekly coordination meetings were organised under the chairmanship of the Incident Manager System.

Sierra Leone
Funding was used to support the development of the national EVD preparedness and response plan, develop the minimum package for WASH IPC supplies, support coordination of EVD preparedness activities, conduct WASH IPC needs assessment in healthcare facilities in all prioritised border districts, ensure the training of 215 healthcare workers on standard infection prevention and control procedures in five priority districts, and support the procurement and delivery of WASH IPC supplies to 50 selected healthcare facilities across the eight prioritised border districts.

CERF funding supported:

- Accelerating RCCE EVD preparedness through training, planning, and operational support to district social mobilisation coordination teams (engaging through their interventions 10,896 women and 13,225 men in high-risk communities), mobilisation and support to key platforms.
- 4,000 religious leaders and 59 district radio stations reaching to an estimated 3.5 million people across 16 districts for rapid dissemination of messages, including printing and distribution of IEC materials (50,000 awareness cards and flyers), and the deployment of 620 Community-led Action mobilisers in 2,480 communities who engage over 719,074 community members (M: 367,030; F: 352,044) to identify and implement actions to prevent and contain EVD outbreak and stop the chain of transmission.

• Changes and Amendments

A no cost extension and reprogramming request were submitted respectively in August 2021 and November 2021. The main reasons are presented below:

Sierra Leone:

Activities related to the training of Health Care Workers on WaSH IPC have been finalised by mid-July.

- Regarding the supply of WaSH IPC material to 50 Health Facilities in EVD priority districts, the procurement is being finalised. However, with the new Marburg VD outbreak in neighbouring Guinea in early August, the MoH is reviewing its WaSH IPC supply and distribution strategy in priority areas / Health facilities, now planned in September.
- The Country Office faced a month delay in deployment of Community-Led Activities (CLA) activity due to conflicting priorities of government partner (polio campaign, COVID-19 and EVD vaccination) in May/June. Consequently, the MOH delayed the refreshment training of CLA mobilisers and joint supervision between implementing partner and district government partner. CLA activity will be completed by the end of September and then strengthened and expanded through UNICEF core resources and other donor grants.

  There was an increase in the number of healthcare workers that were trained on standard WASH/IPC from 100 to 215. This increase was due to the savings from the reduction in the number of training days: UNICEF had proposed five days in the budget, however, to ensure consistency and compliance with the recommended standards of the Directorate of Health Security and Emergencies (DHSE), GOAL used the DHSE approved/recommended WASH/IPC training tools for the training of healthcare workers, which lasted for two days. Furthermore, the training only target five out of the eight prioritized border districts. This was based on the recommendations from both DHSE and the IPC Pillar. The objective was to prevent overlaps as the other three districts were covered by other donors.

Senegal:

Due to the third wave of COVID-19 in the country, the beginning of the rainy season in July, and the re-emergence of Ebola in the sub-region, the Senegal Country Office reviewed and increased its WASH/IPC supplies prepositioning in most Ebola at-risk regions/districts of the country. However, considering the high level of risk and the identified gaps in WASP/IPC inputs, it is essential to strengthening WASH/IPC supplies to maintain an acceptable level of preparedness in this area over the next two months (September-October). In addition, the Country Office still need to keep its internal coordination support between Health, WASH and C4D activities. After a discussion with the MOH, the RCCE activities have been cancelled and replaced by supply

prepositioning. This has been indicated in the reprogramming request. It conducted to the reduction of persons reached with RCCE activities (activities 20.4).

Liberia:

Since the beginning of 2021, several competing activities and priorities have been on the side of MOH, such as COVID-19 vaccination, novel OPV, Typhoid Conjugate Vaccine campaigns, and Long-Lasting Insecticide-treated Nets (LLINS) distributions. Consequently, the same MOH staff is being involved in multiple activities simultaneously due to the shortage of skilled human resources for health at the national and decentralised levels. These two factors contributed to the delayed implementation of the preparedness activities as scheduled.

Additional issues arose since the interim report:

- Delay in finalising the training material and package resulted in the late start of the training. The training in all targeted counties has begun and is currently ongoing in all the counties.
- Procurement of supplies and shipment by sea, which is more cost-efficient, has a long lead time for arrival. The supplies are yet to arrive.
- The outbreak of EVD in Côte D'Ivoire has posed a risk to Liberia, considering that the case originated from Guinea, which shares a border with Liberia. Additionally, there are two alerts in Liberia, which has led to the heightening of surveillance and community engagement activities and ensuring adherence to IPC measures in border communities of the counties sharing the borders and Montserrado County, where the alerts are being notified.

Guinea Bissau:

- The microplanning and disbursement of funds for strengthening infection prevention and control in a border area health facility were delayed due to multiple priorities at the MOH level.
- C4D/RCCE variance between number of people targeted and reached is due mostly to the involvement of public radio and TV that has a national coverage.

Mali:

Targeted people were estimated and reached people were counted with communities leaders support in border villages with Côte d'Ivoire and Guinea. Out of the 20 local and community radios in the 10 health districts bordering Guinea, we also partnered with 3TV stations including ORTM to broadcast messages and spots on EVD prevention measures.

Also, to reinforce messages with host communities and IDP camps around EVD, UNICEF partnered with the Cinema Numerique Ambulant to carry out 20 film and debate sessions with communities in the targeted areas. That helped at reaching much more people and helped community to ask questions and receive immediate feedback during sessions.

Côte d'Ivoire:

The number of people to be targeted was 180,000, but the total number of people reached was 510,802. The contribution of local radio stations to outreach activities in the same target areas increased the number of people reached with key prevention and control messages.

All PSEA and GBV prevention activities have been funded through UNICEF core resources. No specific results is to be reported under the CERF project.

- **Number of People Directly Assisted with CERF Funding***

Sector/cluster	Health									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	8,177	8,285	7,311	4,136	**27,909**	2,409	743	1,674	517	**5,343**
Returnees	0	0	0	0	**0**	-	-	-	-	**-**
Internally displaced people	77,819	54,078	116,728	81,116	**329,741**	54,085	77,819	73,113	50,808	**255,825**
Host communities	1,357,591	1,153,400	1,610,500	1,319,427	**5,440,918**	981,351	708,101	1,110,733	827,911	**3,628,096**
Other affected people	604,217	532,261	649,753	566,807	**2,353,038**	839	58,303	125,849	87,455	**272,446**
Total	**2,047,804**	**1,748,024**	**2,384,292**	**1,971,486**	**8,151,606**	**1,038,684**	**844,966**	**1,311,369**	**966,691**	**4,161,710**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**[Fill in]**	**[Fill in]**	**[Fill in]**	**[Fill in]**	**[Fill in]**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	2,409	743	1,674	517	**5,343**
Returnees	0	0	0	0	**0**	-	-	-	-	
Internally displaced people	7,197	5,343	0	0	**12,540**	-	-	-	-	
Host communities	614,976	444,539	896,120	638,159	**2,593,794**	479,765	304,358	355,882	244,189	**1,384,194**
Other affected people	680,819	701,386	105,879	115,469	**1,603,553**	373,318	387,523	11,866	11,909	**784,616**
Total	**1,302,992**	**1,151,268**	**1,001,999**	**753,628**	**4,209,887**	**855,492**	**692,624**	**369,422**	**256,615**	**2,174,153**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	225	217	104	99	**645**

Sector/cluster	Protection - Gender-Based Violence									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	[Fill in]	[Fill in]	[Fill in]	[Fill in]	**[Fill in]**
Returnees	0	0	0	0	**0**	[Fill in]	[Fill in]	[Fill in]	[Fill in]	**[Fill in]**
Internally displaced people	0	0	0	0	**0**	[Fill in]	[Fill in]	[Fill in]	[Fill in]	**[Fill in]**
Host communities	0	0	0	0	**0**	[Fill in]	[Fill in]	[Fill in]	[Fill in]	**[Fill in]**
Other affected people	2,923	3,103	1,644	2,862	**10,532**	[Fill in]	[Fill in]	[Fill in]	[Fill in]	**[Fill in]**
Total	**2,923**	**3,103**	**1,644**	**2,862**	**10,532**	**[Fill in]**	**[Fill in]**	**[Fill in]**	**[Fill in]**	**[Fill in]**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**[Fill in]**	**[Fill in]**	**[Fill in]**	**[Fill in]**	**[Fill in]**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

- **People Indirectly Targeted by the Project**

Find below the detail per country.

Country	People Indirectly Targeted by the Project	Description
Guinea Bissau	110,500	People living in intake area of targeted area of health care facilities, this includes referral HCF (upper level)
Liberia	2,116,168	These individuals had access to health education and awareness information on EVD and other hemorrhagic fevers through community radios and IEC materials and CHAS information dissemination
Senegal	15,000	Population in the selected areas of intervention
Sierra Leone	185	WaSH IPC material distribution in 50 Health Facilities benefited to 50 x 8 (average staff in rural health facilities): 400 health facilities staff in targeted 08 districts. As 215 staff have been trained the remaining 185 staff are considered as indirect beneficiaries.
	3,5 million	RCCE activities: estimated number of people reached through radio programs

- **CERF Results Framework**

GUIDANCE (delete when completed):

- The "Achieved" column should contain data only and use the same unit of measurement used for the "Target" value.
- Provide brief explanations for any variance (timeliness, under- or over-achievement) between "Target" and "Achieved" in the relevant field ("Explanation of output and indicators variance"). Specifically note where key targets were not met or were met but not within intended timeframe. More detailed explanation for deviations between planned and achieved outputs should be included in section 3 "Changes and Amendments".
- Please indicate the source of verification for each indicator in the column "Source of verification".
- The "Implemented by" column should indicate who (recipient agency, government partner, NGO etc.) actually implemented the activity (as opposed to who was planned to implement). Any change between planned and actual IPs should be explained in 3 "Changes and Amendments").

Project objective	To enhance Côte d'Ivoire, Guinea Bissau, Liberia, Mali, Senegal, Sierra Leone's capacity to prevent, detect, and effectively respond to Ebola Virus Disease spread from Guinea in neighbouring districts.

COUNTRY: Côte d'Ivoire

Output 1	Strengthened key health facilities to prevent, detect and effectively respond to Ebola Virus Disease spread from Guinea into neighboring Côte d'Ivoire
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of healthcare workers trained in EVD prevention, detection, contact tracing etc	80%	84 (100%)	Report

Indicator 1.2	# and % of health districts that have been performed simulation exercises for the management of suspected casesAt least 80% of Health districts of priority 1	80%	11 (157%)	report
Indicator 1.3	# and % of Health districts with transit centers installed	6	6 (100%)	report
Indicator 1.4	# and % of Health districts equipped with EPI	6	6 (100%)	shipment order form
Explanation of output and indicators variance:		The organization of simulation exercises for the benefit of priority health districts has attracted a lot of attention to cover others. In coordination with the government, UNICEF, WHO, and other Ministry of Health partners (CDC, IRC, NGO Aconda-VS) provided additional resources to meet the demand.		

Activities	**Description**	**Implemented by**
Activity 1.1	Reinforcement of health care workers' capacity on the case management in the 7 priority districts.	Implementing partners (IP): National Institute of Public Hygiene- UNICE, WHO and other partners of the Ministry of Health (CDC, IRC, NGO Aconda-VS A training module on the prevention, detection, and management of EVD cases was developed jointly by all health sector actors, including UNICEF, under the coordination of WHO. Based on this module, UNICEF financially supported the training of 84 health workers from the 7 priority districts along the borders with Guinea and Liberia. Other neighbouring districts also benefited from training with support from other partners
Activity 1.2	Conduction of simulation exercises for the management of suspected cases in the 7 priority districts.	IP: National Institute of Public Hygiene- UNICEF The simulation component was integrated into the training module for health workers in DHS case management. A practical training plan for all health districts has been developed under the coordination of WHO. UNICEF financed the conduction of 04 simulation exercises for the benefit of 11 health districts.
Activity 1.3	Support installation/revitalization of transit centers with tents for the reception of confirmed cases before transfer to the treatment center	IP: Regional Health direction 6 health districts have transit sites equipped with UNICEF support for the treatment of EVD cases. The transit sites ensure the treatment of cases while awaiting transfer to the single Ebola Treatment Center located in Man. 9 tents (3 tents of 24 m2, 4 of 42 m2, 2 of 72 m2) and hygiene equipment have been provided
Activity 1.4	Provision of EPI to HCF in targeted health districts	16 health districts received personal protective equipment for health centers along the Guinea and Liberia borders. 26,700 nitrite gloves were purchased by UNICEF to complement items provided by other partners.

Output 2	Healthcare facilities benefit from WASH/IPC preparedness activities and have strengthened WASH/IPC protocols

Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of Ebola Treatment Center connected to water supply distribution network	1	1	Proof of service delivery Joint field visit report
Indicator 2.2	# and % of HCF per targeted health districts that have been assessed on WASH/IPC standardsAt least 80% Health districts of priority 1	80%	87,5%	Evaluation report
Indicator 2.3	# and % of HCF per targeted health districts that have benefitted from WASH/IPC preparedness packages and staff training as per national standards.At least 80% Health districts of priority 1	80%	87,5%	Distribution report (Delivery order)
Explanation of output and indicators variance:		The assessment of WASH standards in relation to PCI in Priority 1 health facilities identified other needs for WASH/IPC preparedness package in addition to what had been planned, so UNICEF was led to fill these gaps		

Activities	**Description**	**Implemented by**
Activity 2.1	Connection of the Ebola treatment center to the water supply distribution network	The Ministry of Health requested the service from the water distribution company to connect the Ebola Treatment Center to the existing network. The company operated based on order from the Ministry of Health after receiving authorisation from UNICEF. UNICEF proceeded by Direct payment to the company after achievement of service reported by the Ministry of Health and certified by UNICEF staff
Activity 2.2	Assessment of WASH/IPC standards in priority HCF (IPC scorecard or WASH FIT tool)	UNICEF hired an Individual Consultant to conduct Assessment: Eighty-seven-point five percent of health care facilities in priority 1 health districts along the border with Liberia and Guinea were assessed on WASH/IPC standards. The assessment was done using the WASH FIT tool. The overall score ranges from 52.78% to 67.56% and an improvement plan was established for each centre to reach an overall score of at least 80%. The implementation of these improvement plans was launched with the provision of IPC/WASH products and equipment to the Regional Hospital Centre of Man, Odienne and the General Hospital of Biankouma, Danane, zouan hounien, Minignan and Ouaninou. Following the evaluation, recommendations were made in 4 categories: Categorie1: Action internal to each institution and without external inputs Category 2: Action that requires support and resources from the regional/district level

		Category 3: Action that requires support from the central/national level Category 4: Action that requires support from partners/donors.
Activity 2.3	Provision of WASH/IPC packages ensuring compliance with EVD national plan	Eighty-seven-point five percent of 8 health care facilities in priority 1 health districts received WASH/IPC preparedness packages. CERF funds were used to purchase 5 tents, 30 barril of 45 kg of HTH 70% chlorine, 30 sprayers, 6000 gloves (per box 100). The needs identified after the assessments was covered using UNICEF contingency stock to complement the WASH/IPC kits. These additional equipment and products are: 648 liters of liquid soap, 156 kilograms of soap powder, 73 pairs of boots, 425 brushes for cleaning, and 225 mops, 1600 garbage bags 100 liters,62 liters of disinfectant gel

Output 3	WASH/IPC strategy at household and community level is nationally adopted, WASH/IPC kits are prepositioned, and handwash station in most at-risk public places are functional			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# and % of at-risk health districts provided with WASH/IPC household kits propositioned	7	7	Programmatic visit report Final report local NGO
Indicator 3.2	# and % of handwashing station installed and functional in public places	70	70	Programmatic visit report Final report local NGO
Explanation of output and indicators variance:		was planned to purchase and pre-position 1,000 WASH/IPC kits for the 7 health districts, but the change in unit cost resulted in 1,120 kits being purchased.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement and preposition of Household WASH/IPC kits in most at-risk health districts	UNICEF signed a Humanitarian Program Cooperation Agreement (PCA) with a local NGO (Caritas Man) for the implementation of EVD prevention and response activities at the community level. The local NGO received authorization from UNICEF to directly purchase supplies and commodities for all PCAs signed with UNICEF, following an evaluation of its procurement policy and procedures. 1,120 WASH/IPC kits household were procured by the NGO and prepositioned in its warehouse for the 7 most at-risk health districts

Activity 3.2	Installation of handwashing station in at-risk public places, with locally owned operation and maintenance scheme	The installation of the handwashing station and all related operations were part of the activities to be conducted by the local NGO. The CERF budget was able to cover the purchase of 34 handwashing facilities out of the 70 planned in the project proposal. UNICEF funded the remaining 26 facilities with its own resources. A total of 70 handwashing facilities were installed in 23 locations in these 7 health districts, 20 of which involved the vigilance committees. Well before delivery and installation, identification of public places where handwashing stations should be installed was done in collaboration with communities, sub-prefects, and nurses in the targeted localities. In order to improve the use of handwashing facilities and their appropriation by the whole community (men, women, boys and girls) through the action of the vigilance committees, the latter were sensitized to handwashing techniques using soap and water. This enabled them to properly use the handwashing devices made available to them and to mobilize their respective communities to use them.

Output 4	Enhanced community awareness, knowledge and engagement on EVD prevention and control			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# of people reached with key prevention and control messages	180,000 population at risk along the border with Guinea	510,802	NGO Report / Audience measurement
Indicator 4.2	# of people engaged on risk communication and social mobilization for EVD prevention and control	500 Health workers, Frontline workers, religious and community leaders, U-reporters	266	Report
Explanation of output and indicators variance:		It was initially planned to reach 500 health workers, frontline workers, religious and community leaders and U-Reporters in the 7 health districts. Since U-Reporters operate largely through social media, counting the number of associated U-Reporters to this specific thematic is not accurate. Thus, the 266 people reported as engaged on risk communication and social mobilization for EVD prevention and control do not include U-Reporters. A total of 270 active U-Reporters are in the border areas with Guinea and Liberia.		

Activities	**Description**	**Implemented by**
Activity 4.1	Organization of Training and orientation of key actors/influencers on risk communication and social	Two 3-day training sessions for the project team were conducted. The first one focused on the presentation of the project (understanding the project, implementation

	mobilization against Ebola with support of local engagement	strategy, collection, monitoring, and reporting tools). The second focused on the use of the KoboCollect tool for collecting social and behavioural data. In addition, project staff received additional training provided by UNICEF on: • Dignified and safe burial; • Community surveillance; • Rumor management • RING strategy - 18 project team members, including 1 program manager, 1 project manager, 1 monitoring and evaluation officer and 15 community facilitators, received training on project management, monitoring & Reporting of social and behavioural data, appropriate and safe behaviours to prevent Ebola and community surveillance. - 7 interactive sessions about appropriate and safe behaviours to prevent Ebola, community surveillance and rumour management for local authorities and community leaders (1 session per department) were conducted. - 133 local authorities and community leaders have participated in 7 interactive sessions about the same topics of safe behaviours to prevent Ebola, community surveillance and rumour management. These included the prefectural body (25), local elected officials of the territorial communities (6), health actors from the DRS, DDS and nurses (11), community leaders (77), journalists (2), security forces (9) and watch committees / Community Health Workers (CHW) (3).
Activity 4.2	Development of communication material tools	- 20 Watch Committees (WC) were identified, trained and equipped with materials to conduct community mobilization activities. Each WC received 1 megaphone, 30 tubes of hydro-alcoholic gel 350ml with spout, 10 raincoats, 2 registers, 3 blue pens, 3 red pens, 3 pencils, 1 eraser, 1 pencil sharpener, 10 T-shirts with the Ebola message marked on the back "for zero Ebola in Côte d'Ivoire, I am committed". - An online Ebola information center was created and updated daily, hosted on the U-REPORT platform. The information centre enabled direct access to verified information on the modes of transmission, symptoms, incubation period, means of prevention of Ebola and vaccination, by texting the keyword EBOLA to 1366 through a phone phone SMS. The same information centre is also available on Facebook Messenger and WhatsApp. To date, The Ebola Info centre has recorded 98,852 visits. A poll was conducted to assess knowledge and practices to prevent Ebola so to inform the development of the Office Ebola response. Out of 81,578 respondents, 63 % reported to have taken active measure to prevent Ebola disease, mainly through hands washing while 61% did not have access to information on Ebola.

Activity 4.3	Conduction of communication and social mobilization activities through local radios network and frontline workers	IP: National NGO – CARITAS MAN 226 influential people and community leaders (139 men and 87 women) from 20 villages participated in community discussions on EVD led by nurses with the support of project facilitators. These actions were identified through the mapping of community resources and social dynamics.

Output 5	Children and families that are affected by Ebola have access to psychosocial support and are protected from violence, abuse and exploitation

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (frontlines workers trained on psychological first aid for Ebola outbreaks)	50	50	Report
Indicator 5.2	% of social centers that have a MHPSS support mechanism for Children that have been affected by Ebola in place	100%	100%	Report
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 5.1	Mapping of existing services of mental health and psychosocial support especially in regions at risks and ensure that multisectoral mental health and psychosocial coordination mechanisms.	IP: Ministry of employment and social protection Ministry of Health and Public Hygiene UNICEF Mapping of health and social services, including those offered by NGOs was conducted in the Western region of Côte d'Ivoire and is available.
Activity 5.2	Strengthening of frontline workers (including but not limited to volunteers, health workers, burial team members, MHPSS providers, community leaders, teachers, pastors and other religious personnel) on basic psychosocial skills such as psychological first aid for Ebola outbreaks (PFA for Ebola Virus Disease guidance) as well as supportive communication and on the referral of cases requiring specialized MHPSS services	IP: Ministry of Employment and Social Protection (DAS) IP: Ministry of Health and Public Hygiene 50 people, including social workers and health personnel intervening in the target districts have had their knowledge reinforced in mental health and psychosocial care (MHPSS) to improve their response capacity on case management in the context of the Ebola epidemic and beyond. A follow up survey confirmed the use of psychosocial training in the work of the frontline workers in support of vulnerable children.
Activity 5.3	Organization of mental health and psychosocial support sources provided by trained personnel, especially frontline workers	IP: Ministry of Employment and Social Protection (DAS) Ministry of Health and Public Hygiene MHPSS training included a provision of MHPSS related tools and material to 50 participants.

Output 6	Children and families are aware of and have access to PSEA reporting mechanism

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	% humanitarian workers are aware of PSEA standards and of SEA reporting proceduresAt least 80% of humanitarian workers in the target area	80%	80%	Report
Indicator 6.2	% # of communities that are aware of and have access to reporting channels and have access to victim assistance services.20 communities in the target area	20	20	Report
Explanation of output and indicators variance:		At least 80% of social workers and other child protection actors in the target area have had their knowledge of AMSP and SEA reporting procedures reinforced in a workshop. Communities in the target area were informed about the assistance and reporting services during community animations and sensitization activities organized by social workers in the communities.		

Activities	**Description**	**Implemented by**
Activity 6.1	Integration of PSEA module in (online and face to face) training being organized for all staff from UNICEF, UN agencies, Government and NGO/OSC partners, and for community workers, involved in the emergency response (Healthcare, Community sensitization, Psychosocial support, Child care, Public information and Security).	PSEA module was integrated in training for staff and implementing partners. All UNICEF staff was trained, and 110 implementing partners received PSEA training in 2021. In addition, PSEA was included in the regional consultative meetings in the region of Tonkpi (West of Cote d'Ivoire and in the MHPSS training workshop for health and social workers.
Activity 6.2	Establishment of a PSEA Focal Point within the Government Coordination structure for referral of complaints involving Government personnel and coordination.	PSEA focal points were identified in the Western regions of Cote d'Ivoire with the help of Regional Directors in charge of child protection. Altogether 10 focal points were identified and trained on PSEA.

COUNTRY: Guinea Bissau

Output 7	Strengthened 13 key health facilities to prevent, detect and effectively respond to Ebola Virus Disease spread from Guinea into neighboring Guinea Bissau

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 7.1	# of sanitary structures with appropriate sites for isolation of suspected EVD cases	11	13	Activity report
Indicator 7.2	CC.1 Number of frontline aid workers (e.g. partner personnel)	315	315 CHWs and 26 HWs	Activity report

	who received short refresher training to support programme implementation (CHW trained to prevent, detect suspected EVD cases and contact tracing in the priority health regions)			
Indicator 7.3	# of health facilities in priority regions with the capacity to continue basic services in the situation of EVD assessed	11	13	Activity report
Indicator 7.4	% of health technicians trained in the early detection and isolation of suspicious cases according to the protocol	33	40 (39 health workers)	Activity report
Explanation of output and indicators variance:		The variation on the indicator reflects the inclusion of additional 2 health structures included in the preparedness activities by recommendation of the Ministry of Health raising the number of health care facilities reached to 13 instead of the 11 initially planned.		

Activities	**Description**	**Implemented by**
Activity 7.1	Train front line workers such as decontamination and burial teams on key intervention strategies, key messaging to share with communities and interpersonal communication and conflict management techniques	National Institute of Health (INASA) Service Directorate on Environmental Sanitation and Public Hygiene (Ministry of Health)
Activity 7.2	Develop/update and disseminate surveillance tools and resources in all high-risk districts; disseminate the WHO case definition for EVD to all reporting sites (community and facility based).	National Institute of Health (INASA) Ministry of Social Communication
Activity 7.3	Identify, train a pool of contact tracers in all high-risk regions including community health workers.	National Institute of Health (INASA)
Activity 7.4	Provide targeted training for early EVD detection of Health Care Workers (HCW) and Community Health Workers (CHWs) in high-risk regions.	National Institute of Health (INASA)
Activity 7.5	Designate priority health care facilities for IPC activities (acknowledging that all HCF should have the capacity to recognize EVD patients and rapidly separating them from others)	National Institute of Health (INASA)
Activity 7.6	Provide the HCW and CHW with the necessary supplies to support the continuity of essential care at the health center and at community level in context of EVD	National Institute of Health (INASA) Service Directorate on Environmental Sanitation and Public Hygiene (Ministry of Health)

Output 8	Healthcare facilities (at least yy % of HCF coverage by targeted health district) benefit from WASH/IPC preparedness activities and have strengthened WASH/IPC protocols			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 8.1	# of at-risk health districts provided with WASH/IPC critical supply propositioned	11	13	Activity report Internal monitoring
Indicator 8.2	# at-risk health districts trained on WASH/IPC	11	13	Partners report Internal monitoring
Explanation of output and indicators variance:		The variation on the indicator reflects the inclusion of additional 2 health structures included in the preparedness activities by recommendation of the Ministry of health raising the number of health care facilities reached to 13 instead of the 11 initially planned.		

Activities	**Description**	**Implemented by**
Activity 8.1	Pre-positioning of tents and bio-security protective clothing to health care facilities, to set up triage/isolation/treatment spaces and ensure safe environmental sanitation in high-risk areas	UNICEF Ministry of Health
Activity 8.2	Training of health care facilities staff on PPE equipment, ETC operations and flows, environmental cleaning protocols, case management, waste management, WASH fit, key moments of handwashing	CSO's (ASPAAB)
Activity 8.3	Rehabilitation of water points, latrines and installation of foot-operated handwashing stations in health care facilities and temporary isolation an treatment areas	UNICEF through vendor and CSO's (NADEL and Battodem Gollem)

Output 9	WASH/IPC strategy at household and community level is nationally adopted, WASH/IPC kits are prepositioned, and handwash station in most at-risk public places are functional
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 9.1	# of handwashing station installed and functional in communities and public places	100	147	Partners report Internal monitoring
Indicator 9.2	# of community surveillance committees activated	64	63	Partners report Internal monitoring
Explanation of output and indicators variance:		A georeferenced mapping and community assessment was conducted and recommended the installation of at least two handwashing devices instead of one in large communities (with over 50 households). Three additional informal border crosspoints were also identified, communities reported that these crossings are regularly used by travellers coming from Guinea handwashing devices were installed under the care of the community surveillance communities. This explains the increase in the number of handwashing stations installed.		

Activities	**Description**	**Implemented by**
Activity 9.1	Rapid IPC assessment of border areas, high-risk communities and areas in]	UNICEF NADEL Battodem Gollem

Activity 9.2	Procurement and prepositioning of essential EVD emergency supplies for community prevention strenthening	UNICEF NADEL Battodem Gollem
Activity 9.3	Installation of foot-operated handwashing stations in identified border crossings and implementation of community surveillance actions in border cross and surrounding communities and promotion of safe sanitation and hygiene practices	NADEL ASPAAB Battodem Gollem

Output 10	Enhanced community awareness, knowledge and engagement on EVD prevention and control			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 10.1	# of people reached with key prevention and control messages in	350,000	1,600,000	Field trips Training report Implementing partners Media coverage
Indicator 10.2	# of people engaged in risk communication and social mobilisation for EVD prevention and control	97,000	120,000	Field trips Training report Implementing partners Media coverage
Explanation of output and indicators variance:		Target was exceeded mostly thanks to Government engagement that facilitated the involvement of public media (national radio and tv) that have national coverage. Consequently, the outreach of prevention messaging and risk communication was improved it was possible to reach new and diversified audiences.		

Activities	**Description**	**Implemented by**
Activity 10.1	Compilation of local resources such as message guides and preparedness planning toolkits for sub-national and community level stakeholders and partners. in	National Committee for Social Communication, Training and Multimedia - CNCSEFM
Activity 10.2	Production and dissemination of audio-visual content on EVD prevention messages on national and community radios and TV.	National Committee for Social Communication, Training and Multimedia - CNCSEFM
Activity 10.3	Production of printed communication materials and supports for Interpersonal communication campaigns.	National Committee for Social Communication, Training and Multimedia - CNCSEFM
Activity 10.4	Carrying out nation-wide EVD information communication training sessions of key stakeholders: Health workers, line Ministries, teachers, media, religious and traditional leaders, street markets, youth groups, academia, people with HIV, and CSOs.	National Committee for Social Communication, Training and Multimedia - CNCSEFM

COUNTRY: Liberia

Output 11	Strengthened national capacity to prevent, detect and effectively respond to Ebola Virus Disease spread from Guinea into neighboring Liberia in five targeted border counties – Grand Cape Mount, Montserrado, Lofa, Bong, and Nimba.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 11.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health care facilities workers trained in EVD prevention and detection)	500	500	Training Report
Indicator 11.2	# of people reached with key EVD prevention messages (including Refugees and Hosts in RefugeeHosting communities as well as high risk districts for disease outbreaks)	1,800,000	1,318,127	Community based Information System (CBIS) and Information Education Communication (IEC) material for Community Healthcare workers
Indicator 11.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (community health workers trained in EVD detection)	1500	1500	Training Report
Explanation of output and indicators variance:		500 health workers in 250 targeted health facilities and 1,500 Community health Assistants (CHAs) who are community health workers linked to these facilities had skills enhancement by receiving training in EVD prevention and detection in the 5 targeted Counties. The CHAs reached 1,318,127 persons through routine household visits while a total of 25,000 IEC materials were produced and distributed in these health facilities. These multiple channels used to disseminate the messages accounted for 73% of the target population reached.		

Activities	**Description**	**Implemented by**
Activity 11.1	Provide refresher training for health workers on the use of EVD case definitions,	The National Public Health Institute of Liberia.
Activity 11.2	Procurement of drugs, medical and non-medical supplies including IPC supplies for Health facilities and communities	UNICEF
Activity 11.3	Conduct refresher training for Community Health workers	Ministry of Health

Output 12	Healthcare facilities (at least yy % of HCF coverage by targeted health district) benefit from WASH/IPC preparedness activities and have strengthened WASH/IPC protocols			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 12.1	# of health facilities equipped with IPC supplies	250	250 (100%)	Central Medical Store Distribution Plan
Indicator 12.2	# of points of entry equipped with IPC supplies	21	21 (100%)	Central Medical Store Distribution Plan
Indicator 12.3	# of handwashing stations repaired, maintained, and made functional	250	250 (100%)	Distribution Plan
Explanation of output and indicators variance:		250 targeted health facilities and 21 Points of Entry (POE) were equipped with Infection Prevention and Control (IPC) supplies and Personal Protective Equipment (masks, coveralls, gowns, goggles, boots and gloves). In addition, 250 handwashing stations were repaired, maintained and made functional with WASH services and facilitated by the National Public Health Institute of Liberia (NPHIL).		

Activities	**Description**	**Implemented by**
Activity 12.1	Procurement and distribution of IPC supplies to health facilities and points of entry	Ministry of Health
Activity 12.2	Repair of dysfunctional handwashing stations to ensure availability of functional handwashing stations	Ministry of Health
Activity 12.3	Procurement and distribution of IPC supplies to health facilities and points of entry	National Public Health Institute of Liberia (NPHIL)

Output 13	Enhanced community awareness, knowledge and engagement on EVD prevention and control			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 13.1	# of people engaged on risk communication and social mobilization for EVD prevention and control	100,000	900,000	Ministry of Health/Health Promotion Division
Indicator 13.2	# of people reached with key EVD prevention and control messages	1,500,000	2,116,168	National and community radio stations Ministry of Health/County Health Teams
Explanation of output and indicators variance:		900,000 Community members were engaged through community engagement and social mobilization on risk communication and social mobilization for EVD prevention and control in bordering communities, POE, and health facilities. This high coverage was achieved through the refresher trainings conducted for 15 County level health promotion focal persons.		

	• 2,116,168 (140% of targeted population) were reached through radio messaging on EVD prevention and control which was achieved through: • 32 community radio stations and 2 national radio stations who broadcasted the messages and conducted talk shows. • 15 influential and key stakeholders were invited to the talk shows to discuss the potential EVD risk and the need for the community vigilance and commitment to adhere to preventive protocols. These talk shows created a platform for community members to call in with questions and obtain clarity on rumours and myths around Ebola. • 24 district level advocacy meetings were held reaching 240 key influencers and stakeholders. • 22 community level meetings were held reaching 540 influencers and community stakeholders from 80 communities. • Using the "Net Approach" in the "Reach every district strategy", where surrounding communities to the main bordering communities were assembled at the main communities sharing official or porous border with the Republic of Guinea. The effectiveness of this approach did not only impact the main bordering communities, but empowered members from every surrounding community around the main border-communities to access information that empowered them to take appropriate action for EVD preparedness and prevention. • 12 rumours circulating in the targeted counties were recorded by CHAs during engagement activities and reported at the district and county level. The national focal point for rumour management worked with the concerned communities to debunk the rumours. In one particular instance the Minister of Health who leads crisis communications held a press conference to debunk a rumour that had escalated from the county to national level.

Activities	**Description**	**Implemented by**
Activity 13.1	Revise and print IEC/SBCC materials, and air messages on various radio stations	Ministry of Health/ Health Promotion Division
Activity 13.2	Conduct advocacy and community engagement meetings at national and sub-national levels	Ministry of Health/ Health Promotion Division
Activity 13.3	Conduct refresher training for Health Promotion Focal Persons and CHVs	Ministry of Health/ County Health Teams
Activity 13.4	Establish a national rumor tracking dashboard/mechanism	Ministry of Health/ Health Promotion Division

Output 14	Children and families that are affected by Ebola have access to psychosocial support and are protected from violence, abuse and exploitation
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 14.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher	500	500 (100%)	Training Report

	training to support programme implementation (health care workers oriented on the identification of protection concerns in EVD outbreaks and on psychosocial support to affected individuals, families and communities)			
Indicator 14.2	# of health facilities with a mental health focal person	250	250 (100%)	Training Report
Explanation of output and indicators variance:		250 health facilities had health care workers trained and able to provide psychosocial support. This training was conducted for 250 health care workers who are now the designated mental health focal persons. The health facilities are better prepared to respond to EVD and other haemorrhagic fevers and subsequent outbreaks such as COVID-19. Previous outbreak threats experienced in the region during the year were from EVD in neighbouring Guinea and EVD and Marburg in Côte d'Ivoire.		

Activities	**Description**	**Implemented by**
Activity 14.1	Conduct training for health care workers on psychosocial support and protection in the context of an EVD outbreak	Ministry of Gender and Social Protection
Activity 14.2	Ensure that targeted health facilities have at least one person trained and a system in place to provide care to people with mental health conditions (confirmed, suspected, discharged, cured cases)	National Public Health Institute of Liberia

COUNTRY: Mali

Output 15	Strengthened national capacity to prevent, detect and effectively respond to Ebola Virus Disease spread from Guinea into neighboring Mali			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 15.1	% of health facilities and community sites supplied	100%	100%	Field mission report
Indicator 15.2	Number of sanitary cords functioning	4	4	Field mission report
Indicator 15.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (healthcare workers trained in EVD prevention, detection, contact tracing etc.)	500	3,150	Field mission report
Indicator 15.4	Number of Health District Coordination Committees functioning with a local response plan and report	10	10	Field mission report

Explanation of output and indicators variance:	The number of frontline aid workers trained is beyond the target as trainings were conducted in complementarity with other community health packages.

Activities	Description	Implemented by
Activity 15.1	Supply health facilities and community sites with drugs, commodities and equipment for the prevention and management of EVD	Regional Health Management Team (RHMT), District Health Management Team (DHMT), Community Health Association (ASACO), partners.
Activity 15.2	Support the surveillance activities at the border by increasing the capacities of sanitary cords and rapid response team (training, equipment, data management and logistics)	Ebola Response Coordination Committee.
Activity 15.3	Train health staff (Hospital, Csref, CSCOMs) and community agents (ASC, Relays, nutrition support group -GSAN…etc.) on prevention, orientation of suspect cases and management of EVD	Region health management (RHMT), district health management team (DHMT), community health association (ASACO), partners

Output 16	Healthcare facilities (at least yy % of HCF coverage by targeted health district) benefit from WASH/IPC preparedness activities and have strengthened WASH/IPC protocols
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 16.1	Number of HCF with WASH/IPC capacities evaluated	6	23	NGO and health district reports
Indicator 16.2	Number of HCF provided in CTE and WASH kits	18	18	NGO and health district reports
Indicator 16.3	Number of HCF with a minimum WASH/IPC package	6	6	Health district reports and field reports

Explanation of output and indicators variance:	Due to the considerable number of healthcare facilities on the border of Côte d'Ivoire and Guinea, 23 healthcare facilities have been assessed to select those most at risk according to WHO Ebola score card tool.

Activities	Description	Implemented by
Activity 16.1	Assess to WASH/IPC capacities in 6 HCF	NGO CARD
Activity 16.2	Provide Personal Protection Equipment and WASH kits to HCF Monitor WASH/IPC improvement plan in 6 HCF	NGO CARD
Activity 16.3	Provide WASH/IPC packages in HCF ensuring compliance with national standards including monitoring of WASH/IPC improvement plan	Health district, regional direction in charge of hydraulic and sanitation

Output 17	WASH/IPC strategy at household and community level is nationally adopted, WASH/IPC kits are prepositioned, and handwash station in most at-risk public places are functional
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 17.1	Number of people informed on EVD prevention	8 ,000	9,470 people (4,630 Men, 760 Women, 2,036 Boys and 2,044 Girls)	NGO report
Indicator 17.2	Number of affected/vulnerable households provided with WASH kits	100	100	NGO report
Indicator 17.3	Number of handwashing station installed and functional in public places	120	120	NGO and health district reports
Explanation of output and indicators variance:		Targeted people informed on EVD prevention were estimated based on secondary data and reached people were counted with communities' leaders support in border villages with Cote d'Ivoire and Guinea		

Activities	Description	Implemented by
Activity 17.1	Promote good hygiene practices in border villages	NGO CARD
Activity 17.2	Provide WASH kits to affected/vulnerable households and public places	NGO CARD

Output 18	Enhanced community awareness, knowledge and engagement on EVD prevention and control
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☐
Sector/cluster	Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 18.1	# of people reached with key prevention and control messages through local and community radios	2,418,334	3,000,001	ANCD and NGO reports
Indicator 18.2	# of people engaged on risk communication and community engagement for EVD prevention and control	250.000	312,446 (143,125 women)	NGO's reports
Explanation of output and indicators variance:		Out of the 20 local and community radios in the 10 health districts bordering Guinea, we also partnered with 3 TV stations including ORTM to broadcast messages and spots on EVD prevention measures allowing to reach 3,000,01 people with key prevention and control messages. Also, to reinforce messages with host communities and IDP camps around EVD, we partnered with the Cinema Numerique Ambulant to carry out 20 film and debate sessions with communities in the targeted areas. That helped at reaching 312,446 people and helped community to ask questions and receive immediate feedback during sessions.		

Activities	Description	Implemented by
Activity 18.1	Support awareness raising through local and community radios in the targeted heath districts and cross border areas	20 radios broadcast and 3 TV stations

Activity 18.2	Support community engagement around risk perception on EVD prevention and control in the targeted health districts and border areas	RENAJEM, FEMACAU, AEJT, CNA

COUNTRY: Senegal

Output 19	At least 50 Healthcare facilities benefit from WASH/Tent preparedness activities and have strengthened WASH/IPC protocols

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 19.1	Number of epidemic treatment centers (IPC) in targeted regions with a minimum WASH package	50	.50	Report of supplies delivery signed by the Chiefs of Hygiene Brigades.
Indicator 19.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (healthcare providers in CTEs trained on PCI measures against Ebola virus)	250	251	Reports of training workshops transmitted by the National Hygiene Service

Explanation of output and indicators variance:

All 50 health districts targeted for case management received WASH/IPC supplies:

- 1500 Soap, bar, approx.300gr/CAR-18.
- 1500 Bowl, plastic, 20.
- 1 500 Kit, Handwashing, plastic
- 1 500 Bucket, plastic, with lid and tap, 20L
- 1 000 Bleach,15x1 ltr
- 10 000 Posters prevention Ebola
- 225 Hand Washing Arrangement, medium public
- 50 Sprayer 16 litres capacity
- 250 Gloves, Pair, PVC
- 250 GUM BOOTS
- 250 Garbage 50-liters
- 300 Packs of garbage bags of 50 pieces
- 60 Black plastic tank100-200 L+valve
- 161 disinfectant surfanios cans of 5 l

251 healthcare providers received short refresher training to support programme implementation (health care providers in ETCs trained in IPC Ebola measures)

Activities	**Description**	**Implemented by**
Activity 19.1	Provide the Epidemic Treatment Centers (CTE) in the targeted regions with a minimum WASH Package	UNICEF
Activity 19.2	Strengthen the skills of health care providers in CTEs on PCI measures against the Ebola virus	National Hygiene Service

Output 20	WASH/IPC strategy at household and community level is nationally adopted, WASH/IPC kits are prepositioned, and handwash station in most at-risk public places are functional

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 20.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (hygiene officers (responsible for disinfection and safe burials, local sensitization) in high-risk districts trained on PCI measures against the Ebola virus)	120	120	Reports of training workshops transmitted by the National Hygiene Service.
Indicator 20.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (hygiene officers (responsible for disinfection and safe burials, local sensitization) in high-risk districts trained on PCI measures against the Ebola virus)	1300	1500	Activity reports of the hygiene brigades
Indicator 20.3	Number of coordination meetings of WASH PCI actors organized (national, regional	10	10	Minutes of weekly coordination meetings chaired by the Incident Manager System (IMS)
Explanation of output and indicators variance:	120 frontline aid workers (hygiene workers and others responsible for disinfection, safe burials and local awareness) received a short refresher training on IPC Ebola measures to support programme implementation in high-risk districts. No cases of Ebola Virus Disease (EVD) have been reported in Senegal. In addition to strengthening prevention and other barrier measures, nearly 1500 hygiene kits were provided to high-risk households in the targeted districts. About 15,000 people were sensitized. More than 10 weekly meetings were organized under the chairmanship of the Incident Manager System appointed by the Minister of Health and Social Action with an effective participation of the partners.			

Activities	**Description**	**Implemented by**
Activity 20.1	Strengthen the skills of hygiene officers (responsible for disinfection and secure burials, local awareness raising) in high-risk districts on PCI measures against the Ebola virus	National Hygiene Service
Activity 20.2	Provide households with positive Ebola cases and contact households with hygiene kits for the prevention and control of Ebola virus disease	National Hygiene Service and community actors
Activity 20.3	Organize coordination meetings of WASH PCI actors	Incident Manager System (IMS)

Output 21	Enhanced community awareness, knowledge and engagement on EVD prevention and control

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 21.1	# of people reached with key health/ educationalMessages	2,994,081	0 (Activity 21.4 cancelled after reprogramming)	Not applicable
Indicator 21.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (community workers and leaders, keys influencers, and local medias oriented on risk communication and social mobilisation for EVD prevention and control)	1,920	1,123	Ebola Risk Communication and Engagement Activity Report

Explanation of output and indicators variance:	As part of the response preparedness to the EVD, UNICEF support to RCCE activities was provided in twelve (12) health districts in the six (06) priority regions (Dakar, Kolda, Sédhiou, Ziguinchor, Kédougou and Tambacounda). Thus, in terms of results, (i) 6 RCCE coordination meetings on EVD, led by the governors (CRGE presidents) were held in the priority regions, (ii) 126 regional/district management teams and presidents of community stakeholder networks were oriented through 18 sessions, (iii) 300 young people from local associations (CCAs and ASJs) were oriented through 12 sessions organized in the health districts (iv) 600 community actors were oriented through 24 sessions organized in the health districts, (v) 60 local community radio journalists and 37 CBO presidents were oriented with key messages on the prevention of EVD through 06 sessions organized in the health districts, and (vi) 24 programs on EVD were produced and recorded for 96 broadcasts in the 12 priority districts. The people reached with RCCE activities are not accounted under this project funding.

Activities	**Description**	**Implemented by**
Activity 21.1	Revitalizing RCCE"s coordination platforms at the central and regional level (13 risk areas)	General Direction of Health, Community Health Unit, National Epidemic Management Committee
Activity 21.2	Training community actors and youth organization on risk communication and social mobilization for Ebola national level	Activity cancelled after reprogramming
Activity 21.3	Strengthen the capacity of religious leaders, local media, youth associations, community workers, local influencers on Ebola prevention and control and promote hygiene and sanitation	General Direction of Health, Community Health Unit, National Epidemic Management Committee
Activity 21.4	Conduct household visits sensitizing families on Ebola prevention and control and promote hygiene and sanitation in 13 risk areas	Activity cancelled after reprogramming

Activity 21.5	Conduct community meetings and dialogues at markets, places of worship, borders places, neighbourhoods and other gathering places/stations in 13-risk areas	Activity cancelled after reprogramming
Activity 21.6	Strengthen knowledge of at-risk communities on Ebola prevention and control and promote hygiene and sanitation through community radios	General Direction of Health, Community Health Unit, National Epidemic Management Committee
Activity 21.7	Technical support to planning, implementation and Monitoring RCCE activities	UNICEF, C4D section

Output 22	Children and families are aware of and have access to PSEA reporting mechanism			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 22.1	% of partners assessed with risk mitigation plan in place	100%	0%	Not applicable
Indicator 22.2	% of partners aware of PSEA standards and of SEA reporting procedures	100%	0%	Not applicable
Indicator 22.3	Number of services and childcare centers with available information and (safe and accessible) reporting channels for beneficiaries	15	0	Not applicable
Explanation of output and indicators variance:		The training process initiated by UNICEF on "PSEA" has finally become an initiative led by the Office of the Resident Coordinator of the United Nations Agencies. The training is planned for 40 partners and will take place on 27 and 28 January 2022. At the end of this training session,100% partners will be awarded of PSEA standards and of SEA reporting procedures		

Activities	**Description**	**Implemented by**
Activity 22.1	Assessment of SEA risks associated to the project and establishment of corresponding risk mitigation measures	UN Agencies (ongoing)
Activity 22.2	PSEA Modules integrated into online/face to face training for personnel from Government, NGO/OSC partners, community workers, with special focus on those in contact with children	UN Agencies (ongoing)
Activity 22.3	Establishment/strengthening of (safe and accessible) reporting channels for beneficiaries to report SEA.	UN Agencies (ongoing)

COUNTRY: Sierra Leone

Output 23	Healthcare facilities (100% of HCF coverage by targeted health district) benefit from WASH/IPC preparedness activities and have strengthened WASH/IPC protocols			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 23.1	# of (100%) at-risk health districts provided with WASH/IPC household kits propositioned 8 prioritized border districts (Falaba, Kailahun, Kambia, Karene,Kenema, Koinadugu, Kono, Pujehun)	8	Eight (8) districts bordering Guinea and Liberia were targeted under this project. The districts include Kambia, Karene, Koinadugu, Falaba, Kono, Kailahun, Kenema and Pujehun.	1/ Project implementation reports. 2/ Coordination with District Health Management Teams in each of the prioritised Districts. 3/ Waybills / Delivery notes and UNICEF Release Orders for WASH IPC supplies
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 23.1	Development of national EVD preparedness and response strategy with focus on WASH/IPC	UNICEF contributed to the development of the national Ebola Virus Disease (EVD) Preparedness and Response plan in coordination with the DHSE WASH/IPC pillar.
Activity 23.2	Develop/revise the minimum package for WASH/IPC supplies or services	UNICEF worked with the DHSE WASH/IPC pillar to inform and agree on the minimum package for WASH/IPC supplies and services for all actors. Each standard minimum package must include adequate provisions for handwashing with soap, cleaning tools, disinfectants, basic personal protective equipment (PPEs), facilities for safe and effective waste management including sorting at source and subsequent safe treatment or disposal.
Activity 23.3	Coordination of WASH/IPC response	UNICEF supported the DHSE WASH/IPC pillar in the coordination of all EVD preparedness activities across the country. UNICEF especially: 1. Supported weekly pillar coordination meetings, 2. Ensured provision and regular update of the 4W (Who, What, Where, When) matrix for effective service delivery, 3. Supported resource mapping for EVD preparedness activities.

Output 24	WASH/IPC strategy at household and community level is nationally adopted, WASH/IPC kits are prepositioned, and handwash station in most at-risk public places are functional
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 24.1	A clear national strategy and response plan for WASH/IPC at household and community level is adopted. 1 (WASH Pillar)	1	1	Approved document

Explanation of output and indicators variance:	A national strategy for WASH IPC at the household and community level was developed. However, the said strategy was not brought into effective use since the outbreak in neighbouring Guinea was eventually put under control. UNICEF signed a Partnership Cooperation Agreement with GOAL (INGO) for the implementation of the training component of the project for both WASH and Communication for Development (C4D). The training of healthcare workers on standard Infection Prevention and Control (IPC) was, therefore, conducted by GOAL in collaboration with the DHSE and the DHMT in each of the prioritised border districts; using DHSE recommended guidelines and tools. Based on the recommendations of DHSE, the number of districts that were targeted for the training of healthcare workers was reduced from eight to five (Kenema, Kambia, Karene, Falaba and Koinaudu). This was to prevent overlaps since the remaining three districts were already targeted for similar training by other actors. Furthermore, to ensure coherence and compliance, the number of days for the training was reduced to two (from five days budgeted), which then saw an increase in the number of healthcare workers that were trained from 100 to 215 (174 females, 21 males). The training sessions were facilitated by the district IPC Supervisors and Focal Persons from the MoHS-DHSE National IPC Programme. The training was conducted at the district level and followed all COVID-19 prevention and control measures.

Activities	**Description**	**Implemented by**
Activity 24.1	Conduct WASH/IPC needs assessment in priority healthcare facilities	DHSE, DHMTs (in each of the prioritised districts), UNICEF and GOAL. One needs assessment was conducted across all the border districts that led to the identification and subsequent selection of healthcare facilities for the intervention.
Activity 24.2	Distribution of critical WASH/IPC supplies in 50 prioritized healthcare facilities	UNICEF in collaboration with DHSE and DHMTs in each of the prioritised border districts.
Activity 24.3	Procure and replenish WASH/IPC supplies	UNICEF. Procured WASH IPC supplies were delivered directly to the targeted districts.
Activity 24.4	Training of 100 healthcare workers (both clinical and non-clinical) on standard IPC procedures – hand hygiene, preparation of chlorine solutions, disinfection, waste management etc.	GOAL in collaboration with DHSE and UNICEF. A total of 215 healthcare workers (43 per district) were trained in five prioritised districts (including Kenema, Kambia, Karene, Falaba and Koinaudu)

Output 25	Enhanced community awareness, knowledge and engagement on EVD prevention and control

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 25.1	# of people reached with key prevention and control messages	3,500,000	3,500,000	Monitoring
Indicator 25.2	# of people engaged on risk communication and social	617,000	719,812	Field monitoring, Quarterly report

	mobilization for EVD prevention and control			
Explanation of output and indicators variance:		*To avoid double counting, only consider higher reached from one activity among people engaged from communities for indicators 25.2*		

Activities	**Description**	**Implemented by**
Activity 25.1	Support to government and district social mobilizers for coordination and supervision of RCCE interventions in districts	UNICEF, PIRCSM Pillar (NACOVERC), HED (MoHS)
Activity 25.2	Production and dissemination of IEC and multi-media materials for provision of life-saving information to population	UNICEF (supply), PIRCSM Pillar, HED (MoHS)
Activity 25.3	Partnership with national and district radio for interactive radio programmes on EVD, C-19 and essential health behaviors.	District Health Monitoring Team
Activity 25.4	Training and deployment of Community-Led Action mobilizers to support community-led response to EVD	GOAL
Activity 25.5	Engagement of religious leaders on EVD preparedness, C-19	Inter-Religious Council of Sierra Leone (IRCSL)

- **Effective Programming**

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[3] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[4]:

CERF funding enabled timely provision of information to at-risk communities on life-saving actions through multi-channels platforms (radio programmes, districts and community leaders groups, including religious leaders, social mobilizers, IEC materials) while helping facilitating engagement and participation of these communities in the design and implementation of their community plan to prepare, prevent and contain transmission.

For example in Sierra Leone, the Programme Cooperation Agreement that was signed with GOAL for the implementation of some components of the project contained clauses that created awareness and addressed issues of protection from sexual exploitation and abuse (PSEA), child protection, gender etc.

In Côte d'Ivoire, During the workshops to strengthen the skills of front-line services, including NGOs in mental health and psychosocial care, the roles and responsibilities of the services were discussed on the basis of the victim care process, as well as the accountability expected of them in the implementation of prevention and response actions. Age-related issues were also discussed in relation to

[3] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[4] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

psychosocial care (reception, listening, response plan). In addition, the community activities carried out in the communities also made it possible to address these issues

b. AAP Feedback and Complaint Mechanisms:

Through interpersonal communication activities, such as household visits and community dialogues conducted by IPs, as well as through interactive radio programmes and online social listening, UNICEF was able to receive feedback from communities on the multisectoral interventions that will be conducted. The RCCE component of the project was essential to collect feedbacks from communities and followed up in the concerned working groups to guide interventions and course correction.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

As mentioned in the project proposal, UNICEF implemented its PSEA policy in the EVD response, using the strong experience developed during the EVD response in DRC. In conformity with UNICEF's internal reporting procedure on SEA, all allegations of SEA involving children are to be reported to UNICEF Country Representative. In Guinea and neighboring countries UNICEF COs have appointed PSEA Focal Points in each field office, who can receive complaints on sexual exploitation and abuse. In addition, the UNICEF EVD Team Leaders will also be PSEA focal points, to whom complaints can be made in project sites. All personnel working on EVD, including volunteers, will be aware of the UN PSEA Standards of Conduct. Community sensitization on PSEA were carried out, including consultations with beneficiaries to establish safe and accessible community reporting channels. Communication materials on PSEA and on reporting channels were disseminated in project sites. Interagency coordination on PSEA was strengthened in Senegal to have in place agreed interagency information sharing/referrals procedures and to coordinate community sensitization and community reporting channels.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Data collection systems was strengthened and adapted when necessary, to include data disaggregated by age and sex. Data collected was periodically analyzed in order to identify changes in the situation and the specific causes of a possible increase in cases.
To mitigate the risks, sectors were encouraged to adapt their prevention and intervention measures, according to the specific needs of women, men, boys and girls. When possible, the sectors will be supported to identify possible specific mitigation measures to their sector.

e. People with disabilities (PwD):

UNICEF worked with key stakeholders particularly agencies programming on people with disability in the community to identify disabilities linked to prevention and control of transmission of EVD.

f. Protection:

Front-line workers were trained in child protection and referral channels were put in place to facilitate the referral of children at risk or victims of violence from health care institutions to social workers and other related services.

g. Education:

NA

- **Cash and Voucher Assistance (CVA)**

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:

No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

- **Visibility of CERF-funded Activities**

Title	**Weblink**
	https://web.facebook.com/unicefbissau/posts/3001253726761327
	https://www.unicef.org/guineabissau/pt/historias/trabalhando-juntos-para-impedir-propaga%C3%A7%C3%A3o-da-ebola
	https://web.facebook.com/unicefbissau/posts/3001893960030637
	https://mobile.facebook.com/unicefciv/photos/a.158152125551028 3/295378570828382 4/?type=3&source=48
	https://mobile.facebook.com/story.php?story_fbid=295016983197874 5&id=158135475886026 6&m_entstream_source=timeline

3.2 Project Report 21-RR-WHO-003

1. Project Information

Agency:	WHO	**Country:**	Global
Sector/cluster:	Health	**CERF project code:**	21-RR-WHO-003
Project title:	West Africa Ebola Virus Disease Readiness project		
Start date:	01/03/2021	**End date:**	31/08/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 7,413,389**
Total funding received for agency's sector response to current emergency: .	**US$ 750,000**
Amount received from CERF:	**US$ 2,499,224**
Total CERF funds sub-granted to implementing partners:	**US$ 258 740**
Government Partners	US$ 258 740
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The CERF Grant has effectively enabled to provide a functioning early warning system in the 6 neighboring countries of Guinea for the early detection of suspected cases of Ebola virus diseases especially, and viral hemorrhagic fever cases in general. During the implementation period of the project, more than 80 cases of suspected case alerts were investigated among which the confirmed case of Lassa fever that was detected in Liberia, and no confirmed Ebola virus disease was detected in the 6 countries. The strengthening of the early warning system in the 6 countries helped to protect all the populations targeted by the project (33,139,174 people).

CERF also contributed to the preparation and implementation of the vaccination against the Ebola virus and a total of 9,983 front-line health workers were vaccinated. Regarding the health system, the structures of the Ministry of Health in the 6 countries have benefited from various support relating to capacity building in response to Ebola virus diseases. In summary, the support led to the following achievements:

- 2,877 front-line health workers in health districts at risk have benefited from training in the surveillance and management of cases of Ebola virus disease. During the training, 25 simulation exercises were carried out.

- 1,500 community health workers were trained in the early detection of suspected cases of Ebola virus disease and in prevention measures for awareness raising
- More than 200 media staffs have been trained on risk communication and community engagement
- 69 health structures, 21 laboratories and 55 entry points in at-risk districts benefited from training supervision and supply with hygiene and personal protection inputs as well as sample collection and transport materials
- EVD readiness activities supported in 15 PHEOCs (Public Health Emergency Operation Center) including their rapid response teams at national and decentralized level.

In conclusion, since the last Ebola virus disease outbreak of 2014-2016, West African countries have experienced gaps in Ebola virus disease preparedness. This insufficiency is partly justified by the absence of a new epidemic as well as the lack of improvement on the therapeutic protocol and technology, especially in vaccination (Use of Vaccine rZebov and Johnson & Johnson), in the laboratory (use of Gyne Xpert in diagnosis), in therapeutic (use of new curative drugs MAB114 and Regeneron) and in the prevention and control of infections (Patient treatment in isolation area or box). Thanks to this CERF fund that the 6 countries have benefited from, they are better prepared through capacity building in the above areas, in the supply of appropriate inputs and equipment.

3. Changes and Amendments

Most of the planned activities were satisfactorily implemented, however the completion of the Ebola virus disease vaccination readiness activities were delayed or not completed following the delay or the absence of vaccination protocol approval by the Ministry of Health in particular in Senegal and Liberia. This lead to a no-cost extension of the project until end November 2021.
The other difficulty known during the implementation of the CERF project was the competition of input orders for the Ebola response and large orders of COVID 19 on the same platform. This had the impact of the delay in receiving orders and some orders were partially received.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	14,417	11,484	7,702	7,794	**41,397**	8,649	3,942	2,065	4,175	**18,831**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	77,819	54,078	116,728	81,116	**329,741**	54,085	77,819	73,113	50,808	**255,825**
Host communities	8,318,463	7,823,830	8,390,163	8,235,580	**32,768,036**	7,338,006	6,846,270	7,240,643	7,177,257	**28,602,176**
Other affected people	0	0	0	0	**0**	839	58,303	125,849	87,455	**272,446**
Total	**8,410,699**	**7,889,392**	**8,514,593**	**8,324,490**	**33,139,174**	**7,401,579**	**6,986,334**	**7,441,670**	**7,319,695**	**29,149,278**
People with disabilities (PwD) out of the total										
	150,596	150,566	146,412	135,993	**583,567**	**[NA]**	**[NA]**	**[NA]**	**[NA]**	**[NA]**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Apart from the direct beneficiaries targeted in areas at risk of the spread of the Ebola virus disease, the entire population of 6 countries benefited indirectly from the coverage of the system for alerting suspected cases and risk awaness raising of the disease through the several channels (media, people aware, etc.)

6. CERF Results Framework

Project objective	COTE D'IVOIRE Support the country''s preparedness for Ebola infection and respond in a timely and effective manner to a possible outbreak of Ebola hemorrhagic fever in the country. GUINEA BISSAU Provide a quick response to the main gaps on the field, especially in the high risk regions with the aim of preventing spread of contamination and excess mortality due EVD in Guinea-Bissau for a period of 6 months LIBERIA To support the Government of Liberia to timely detect and respond to EVD outbreak, while concurrently maintaining the necessary capacities to control COVID-19 and ensuring access to routine health services. MALI To ensure that high-risk regions (Sikasso, Kayes et Koulikoro) bordering Guinea and Bamako are operationally ready and prepared to timely implement an effective risk mitigation, detection and response measures for EVD SENEGAL Reduce the risk of EVD occurrence by strengthening the country''s detection and response capacities SIERRA LEONE To support the government of Sierra Leone in putting in place adequate readiness measures to prevent introduction of EVD into the country and to immediately contain the outbreak should it occur

COUNTRY: Cote d'Ivoire

Output 1	Surveillance capacity in 17 high-risk districts is strengthened for early case detection and follow-up
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Proportion of suspected EVD alerts investigated	100%	100% (1 EVD suspected case)	Investigation report of EVD and laboratory result
Indicator 1.2	Number of RRTs trained and revitalized	34	34	Training report
Indicator 1.3	Proportion of villages watch committees activated	100%	100%	Communication report
Explanation of output and indicators variance:				

Activities	Description	Implemented by
Activity 1.1	Take charge of the tracers for the 1st alerts / follow-up of contact cases (motivation, communication, vehicle / motorbike and fuel rental) in 17 high-risk districts	NA
Activity 1.2	Activate RRT (Train two RRTs of 5 people (Epide, clinicians, Biologist Drivers, Applicators,) per district in 17 remaining districts for 2 days and taking RRTs in charge)	MoH/WHO
Activity 1.3	Support for mobilization activities of village watch committees in the 17 priority districts (incentives, communication costs, office supplies, information collection tools)	MoH/WHO/UNICEF

Output 2	Technical support and equipment, including communication materials, are provided to the 17 high-risk districts			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Proportion of districts supplied with case management kits	100%	1 (5.9%)	Report
Indicator 2.2	Proportion of districts supplied with communication materials	100%	17 (100%)	Communication report
Explanation of output and indicators variance:	The case management kit has been pre-positioned in the Tonkpi region where the referral PEC center is located (in one Health district)			

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of Ebola Case Management Kits and PPE in the 17 high-risk districts	WHO/UNICEF
Activity 2.2	Development/production of communication materials for 17 districts	MoH/WHO/UNCEF

Output 3	Technical support to community health workers in management of EVD			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (CHWs trained)	340	360	Training report
Indicator 3.2	Number of community leaders sensitized	1200	1250	Communication report
Indicator 3.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers trained in surveillance)	340	340	Training report
Indicator 3.4	Number of local radios involved in mass awareness	32	32	Communication report
Indicator 3.5	Number of health workers with enhanced capacity in PCI / decontamination	340	340	Training report
Indicator 3.6	Number of socio-community groups trained	170	147	Communication report
Indicator 3.7	CC.1 Number of frontline aid workers (e.g. partner personnel)	340	340	Training report

	who received short refresher training to support programme implementation (Number of actors trained in vaccination)			
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 3.1	Training of 20 community health workers / health district in 17 remaining districts for 2 days	MoH/WHO
Activity 3.2	Briefing of community leaders / health district in 17 remaining districts for 2 days on community case definition	MoH/WHO
Activity 3.3	Training of 20 health workers per health district in 17 remaining districts in epidemiological surveillance for 2 days	MoH/WHO
Activity 3.4	Sensitization of the masses via the 32 local radios of the 17 districts	MoH/WHO
Activity 3.5	Conduct a PPE Wearing Simulation Exercise: Dressing and undressing and decontamination in 17 districts	MoH/WHO/UNICEF/CDC/IRC/ACONDA
Activity 3.6	Train socio-community groups in 17 districts	MoH/WHO
Activity 3.7	Training of actors (vaccinators, supervisor and coordinators) in EVD vaccination in the 17 border districts	MoH/WHO

COUNTRY: Guinea-Bissau

Output 4	Preparedness and respond are well implemented in each of the 7 high risk regions			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of functional Public Health Emergency Operation Center (PHEOC) at regional level. 7 functional PHEOC	7 (Bissau, Biombo, Tombali, Quinara, Gabu, Bafata, Bolama)	11 (7 High Risk Regions + 4 others regions)	Weekly report from the HWO surveillance Team at regional level
Indicator 4.2	Number of actives RRT at regional level. 7 actives RRT	7 (Bissau, Biombo, Tombali, Quinara, Gabu, Bafata, Bolama)	11 (7 High Risk Regions + 4 others regions)	Weekly report from the HWO surveillance Team at regional level
Indicator 4.3	Number of regions experimented SIMEX	7 (Bissau, Biombo, Tombali, Quinara, Gabu, Bafata, Bolama)	7 (Bissau, Biombo, Tombali, Quinara, Gabu, Bafata, Bolama)	Regional SIMEX Report
Explanation of output and indicators variance:		Follow up was done for the 11 regions and it was observed that the PHEOC and RRT are functional and actives in all regions.		

Activities	**Description**	**Implemented by**

Activity 4.1	Provide operational and logistics support to the Incident Management System (IMS),PHEOC, response teams and WHO regional teams	Regional Direction of Health with a support of the WHO regional team
Activity 4.2	Support the activities of the RRT	WHO Regional Team with a support of the Country Office
Activity 4.3	Organization of simulation exercises (SIMEX)	Regional Direction of Health with a support of the WHO regional team

Output 5	Human Resource at all level (regional to local) and on the PoE are well prepared and equipped

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	Number of training at the PoE	11	23	Training reports
Indicator 5.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (Number of people trained disaggregated by category, gender and region.)	250	253 (124 Men + 129 Women) - Health Professional - Focal Point - Supervisors - Sanitary Inspectors	Training reports
Explanation of output and indicators variance:		It was decided to cover all regions as after the declaration of the end of Ebola in Guinea, the risk seams equal for every region.		

Activities	**Description**	**Implemented by**
Activity 5.1	Capacity strengthening and training at the designated PoE	MoH with the support of WHO and IOM
Activity 5.2	Train volunteers of the civil protection team to monitor confirmed cases and refer them to isolation or other requiring services	MoH with the support of WHO
Activity 5.3	Hire a national Consultant Epidemiologist for supporting the medical region of Quinara	WHO

Output 6	Laboratories consumables and IPC related materials provided.

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	Number of laboratories which can perform EVD diagnostic test	2	18	Training reports
Indicator 6.2	Number of PoE with IPC material provided	11	11	Memo of distribution of poster, EPI and Kit of case management
Explanation of output and indicators variance:		All laboratories were equipped and trained on GeneXpert for Ebola		

Activities	Description	Implemented by
Activity 6.1	Supply the laboratory with testing inputs and consumables	MoH (COES) with the support of WHO
Activity 6.2	Renew the stockpile of PPE and IPC consumables;	WHO

COUNTRY: Liberia

Output 7	Strengthened EOC capacity to coordinate responders and stakeholders to curtail the EVD outbreak at national and sub-national levels			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☐
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 7.1	Number of Emergency Operation Centres (EOCs) supported to function	4	4	Progress reports
Indicator 7.2	Number of counties IMS functions supported with logistics	4	4	Progress reports
Explanation of output and indicators variance:		No variance		

Activities	Description	Implemented by
Activity 7.1	Provide fuel, internet, communication cards	WCO Liberia
Activity 7.2	Vehicle hire,	WCO Liberia

Output 8	Strengthened EVD surveillance, including strengthening and ensuring a robust surveillance system using the IDSR strategy for early detection, rapid confirmation and response to public health threats.			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 8.1	Proportion of suspected EVD alerts investigated	100%	100%	IMS reports
Indicator 8.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (Orient frontline health workers, clinicians on EVD case definitions. 600 frontline clinicians from 196 health facilities (3 counties))	600	304	Training reports
Indicator 8.3	County RRTs established and trained with clear lines of responsibilities for activation and	3	3	Progress reports

	coordination. 3 RRTs at county level trained and revitalized			
Explanation of output and indicators variance:		304 front line health workers were trained out of the targeted 600 due to the unavailability of adequate health workers for the Ministry of Health to forward for training. This is due to employee turnover in the counties. Some of the candidates referred for training did not meet the minimum requirements		

Activities	**Description**	**Implemented by**
Activity 8.1	Support active alert and suspected case finding and investigation in the high-risk counties;	Community Health Teams, WCO Liberia
Activity 8.2	Orient health workers/ clinicians from health facilities in 3 counties bordering Guinea on EVD case definition to improve case detection	WCO Liberia
Activity 8.3	Train and refresh Rapid Response Teams in Lofa, Bong and Nimba counties to improve their function	National Public Health Institute of Liberia (NPHIL), WCO Liberia

Output 9	Points of Entry have adequate capacity to prevent and manage the high risk of importation of EVD including other emerging and remerging infectious diseases from the neighbouring countries (Guinea, Sierra Leone and Cote D'Ivoire).
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 9.1	Number of high-risk PoEs in the 3 target counties having screening and referral capacity	150	5	Progress reports
Indicator 9.2	Number of high-risk PoEs in the 3 target counties with functional triage/ holding facilities	12	5	Progress reports
Explanation of output and indicators variance:		We targeted 5 POE, one each in Lofa, Bong, Nimba, Maryland and Montserrado counties		

Activities	**Description**	**Implemented by**
Activity 9.1	Conduct refresher training on EVD data collection tools, and EVD safe screening practices of travellers.	MOH, WCO Liberia
Activity 9.2	Establish adequate triage capacity (holding facility) at the POE where suspect cases can undergo a secondary screening and guided on a clear referral pathway	NPHIL, WCO Liberia

Output 10	Strengthened county and national capacity for EVD isolation and treatment in Liberia, including the use of experimental therapies
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 10.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (frontline healthcare workers trained in triage, isolation and treatment of EVD cases, including new therapeutics. 200 clinicians from county and referral hospitals in high-risk counties trained)	200	240	Training reports
Indicator 10.2	Number of printed and disseminated. Clinical Guideline for EVD management reviewed, updated,	200	200	Distribution reports
Explanation of output and indicators variance:		n/a		

Activities	**Description**	**Implemented by**
Activity 10.1	Conduct refresher training for frontline clinicians (physicians, physician assistants and nurses) in EVD triage, isolation and treatment in 4 counties	WCO Liberia
Activity 10.2	Review, update, print and disseminate the Clinical Guideline for EVD management.	MOH, WCO Liberia

Output 11	Ensure all specimens are collected and tested in line with referral procedures and standard laboratory protocols, SOPs and guidelines
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 11.1	Number of health facilities supplied with test kits/reagents and consumables	450	33	Progress reports
Indicator 11.2	Percentage of health facilities with capacity to collect, package and transport EVD samples in 3 high-risk counties	80%	39.2% (33 out of 84 HF)	Progress reports
Explanation of output and indicators variance:		The HF with functional laboratories were selected for intervention, and hence not all the Health facility labs were selected. This also ensured that the little resources available through the project would not be thinly spread and with minimum impact		

Activities	**Description**	**Implemented by**
Activity 11.1	Procure EVD laboratory specimens' collection and transportation material, test kits/reagents and consumables	WCO Liberia
Activity 11.2	Supportive supervision and mentorship in quality specimen collection, packaging and transportation in the 3 prioritized high-risk counties	WCO Liberia

Output 12	Strengthened capacity in IPC for EVD prevention and control in Liberia			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 12.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (Health Facility IPC focal persons refresher-trained in IPC standard precautions for EVD in 4 high-risk counties. 200 frontline health workers trained)	200	204	Training reports
Indicator 12.2	Percentage of healthcare facilities in EVD high-risk counties with adequate essential IPC supplies	70%	73%	Progress reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 12.1	Conduct refresher training for health facility IPC focal persons in IPC standard precautions in EVD	WCO Liberia
Activity 12.2	Procure and distribute IPC supplies to health facilities in high-risk counties	WCO Liberia

Output 13	Adequate human, material and financial resources are provided timely to support effective EVD response			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 13.1	Number of emergency response workforce with the required capacity needed and deployed as necessary at WCO and field locations	575	3	Progress reports
Indicator 13.2	Number of response teams supported with fuel, and communication cards;	12	3	Progress reports
Indicator 13.3	Number of response teams supported with vehicles to support field readiness activities	12	3	Progress reports
Explanation of output and indicators variance:		The project targeted 3 RRTs and 3 national level personnel were recruited to support		

Activities	**Description**	**Implemented by**

Activity 13.1	Skills audit, secondment of staff	WCO Liberia
Activity 13.2	Procurement of fuel, communication cards	WCO Liberia
Activity 13.3	Vehicle hire	WCO Liberia

Output 14	Improved knowledge of, and responsiveness of target communities to the EVD vaccination program

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 14.1	Microplanning for EVD vaccination is supported. 3 counties (Lofa Nimba and Bong) and National level	3	3	Progress reports
Indicator 14.2	Sensitization of high- risk groups on EVD vaccination done. 3 counties (Lofa Bong and Nimba)	3	3	Progress reports
Indicator 14.3	Number of high-risk districts sensitized on EVD vaccines safety	15	15	Progress reports
Explanation of output and indicators variance:		All the necessary preparatory work was done and completed; however, vaccine roll out could not commence because of vaccine safety concerns among community leaders during the sensitization sessions, which led to the whole vaccination campaign being held up		

Activities	**Description**	**Implemented by**
Activity 14.1	Support the bottom up micro-planning exercise in from district to county level (Bong, Lofa and Nimba) and National level	MOH, WCO Liberia
Activity 14.2	Sensitize the EVD vaccination target group participants on EVD vaccine exercise in Bong, Lofa and Nimba counties	MOH, WCO Liberia
Activity 14.3	Conduct the EVD vaccination exercises for target groups in the priority counties	MOH, WCO Liberia

COUNTRY: Mali

Output 15	Capacities to respond to a first EVD case is in place in Bamako, Sikasso, Kayes and Koulikoro

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 15.1	EVD preparedness improvement plan	1	1	report
Indicator 15.2	CC.1 Number of frontline aid workers (e.g. partner personnel)	20	79	report

	who received short refresher training to support programme implementation (staff trained in EVD)			
Indicator 15.3	Number of supervisors	18	23	Report
Explanation of output and indicators variance:		In addition to health worker identified in point of entry with Guinea, the health personnel involved in the epidemiological surveillance of the health centers also benefited from the training.		

Activities	**Description**	**Implemented by**
Activity 15.1	Organize simulation exercise and develop an improvement plan;	48 people took part in carrying out the table-top exercise (TTX) at the Kouremalé border post in the Kangaba health district, Koulikoro region.
Activity 15.2	Update national staff on EVD (surveillance, IPC, PoE,	79 members of the rapid response teams from the 9 health districts of Koulikoro were trained to help strengthen the country's preparedness capacities through notification, detection and rapid response to the Ebola threat. Training of 20 trainers (8 national and 12 regional) on the revised PCI / Ebola modules at the Marie Delhez Training Center in Koulikoro from August 31 to September 4, 2021. The regional trainers were made up of PCI focal points and Hygiene officials from the regions of Kayes, Koulikoro, Sikasso, Ségou Mopti and the district of Bamako. This training was part of the preparation of Mali to face a possible outbreak of Ebola virus disease following the epidemic in Guinea and the suspected case of the Côte d'Ivoire
Activity 15.3	Undertake formative and joint supervision in the regions of Kaye, Sikasso and Koulikoro,	Activity not carried out, due to a conflicting agenda of participants from the national side (MoH)

Output 16	EVD materials, equipment's and consumables are available in Bamako and the 3 high-risk regions.			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 16.1	Number of labs supplied with cartridges	8	0	Report
Indicator 16.2	Number of Health facilities with minimal IPC material	20	20	Report
Indicator 16.3	Number of health facilities with isolation arrangement	5	5	Report
Explanation of output and indicators variance:		The variances are related to international supply delays due to the prioritization of COVID-19 orders.		

Activities	Description	Implemented by
Activity 16.1	Purchase and distribute cartridges, reagents, sampling materials, transportation medium and biological Monitoring, and triple package to INSP, LBMA, ICRC, CICM and the 3 identified high-risk regions.	The order was placed on the WHO logistics portal and received and then sent to the INSP, but the order was partially received and dispatched in targeted health structures.
Activity 16.2	Purchase and distribute IPE (with the masks, gloves, boots, goggles, protective, coverall ...) body bags, bags of biohazard, sprayer disinfectant, safety boxes to 20 health facilities.	Idem
Activity 16.3	Purchase and distribute tents multipurpose with accessories in 5 PoEs.	Idem

Output 17	Risk communication, social mobilization and community engagement interventions in the 3 high-risk regions and Bamako are in place

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 17.1	Percentage of high-risk communities at the border with Guinea targeted for communication and community engagement activities	100%	N/A	The activity has been conducted by Unicef
Indicator 17.2	Number of regions with the risk communication plan	3	1	National Ebola risk communication and community engagement plan
Indicator 17.3	Establish a 24/7 hotline or ensure existing emergency numbers can manage alert	1	1	Teleoperator contract
Explanation of output and indicators variance:		An updated national risk communication and community engagement plan is available. Instead of the 3 regions, the Ministry of Health asked to expand the plan to the national level. So there was no plan at the regional level, but only at the national level.		

Activities	Description	Implemented by
Activity 17.1	Train community leaders and CHWs on CERC	Activities on risk communication and community engagement were implemented in 4 communes out of 6 districts of Bamako. Beneficiaries were religious and traditional leaders, influencers, road haulers, women's and youth associations, and traditional communicators. To date, 1,612 people have been reached by its awareness-raising activities.
Activity 17.2	Adjust the national CREC plan to the 3 high-risk identified regions	An up-to-date national Ebola risk communication and community engagement plan is available, taking into account all the concerns of the regions of Mali.
Activity 17.3	Provide logistics support and motivation for the functioning of the a 24/7 hotline	Six (6) teleoperators were made available to the National Telemedicine Agency of Mali, ANTIM

COUNTRY: Senegal

Output 18	Strengthen surveillance for early detection of EVD cases

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 18.1	Proportion of suspected EVD alert investigated	100%	No suspected cases of EVD were detected and reported in this period	MSAS Weekly Surveillance Bulletins
Indicator 18.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers trained on early detection of EVD cases in health facilities)	105	140 Health personnel have been trained on EVD surveillance for early detection of cases	Training reports from medical regions
Indicator 18.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (community health workers (CHW) trained on detection of EVD cases at community level)	525	1160 community health workers were trained in 58 districts out of 79 in country for detecting and notifying suspected cases of EVD	Health District training reports
Explanation of output and indicators variance:		The initial plan has been revised to strengthen the activities linked to surveillance as the activities linked to vaccination have not progressed due to the lack of having been able to have the protocol validated by the ethics committee. Thus, training of staff and community actors has been implemented in 11 priority regions of the 14 in the country		

Activities	**Description**	**Implemented by**
Activity 18.1	Configure the FHV alert in the alert management platform	**MoH:** Support to the Ministry of Health enabled to integrate EVD into the alert monitoring platform at the national level
Activity 18.2	Update and standardize the guidance recommendations for health personnel at all levels of the country"s health systems.	**MoH:** The standard EVD procedures have been updated for the management of EVD and disseminated throughout the health system
Activity 18.3	Guidance and training for the MSAS call center telephone operators	**MoH:** 18 call center and alert follow-up operators were trained on identifying EVD-related alerts

Output 19	The MoH has the ability to acquire and deploy the Ebola vaccine to affected areas

Was the planned output changed through a reprogramming after the application stage?	Yes ☐	No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 19.1	Number of vaccination teams trained on EVD vaccination (Team of 10 members/ one team/district of High risk)	21	0	Not conducted given the vaccination protocol was not validated by the MoH
Indicator 19.2	Number of vaccination kits for 500 persons	Regional and district health centers20	0	idem
Indicator 19.3	H.4 Number of people vaccinated (health workers vaccinated in high risk District	10,000	0	idem
Explanation of output and indicators variance:		The vaccination protocol developed by the country could not be submitted and validated by the ethics committee on time. The announcement of the end of the epidemic in Guinea also slowed down activities in the country which focused much more on activities related to the management of the third wave of the COVID-19 pandemic which greatly shook the country and health system		

Activities	**Description**	**Implemented by**
Activity 19.1	Producing new guidelines and training on the Ebola vaccine	Not implemented
Activity 19.2	WHO procurement process assists the MoH purchase the Ebola vaccine	Not implemented
Activity 19.3	Conducting EVD vaccination in high risk districts	Not implemented

COUNTRY: Sierra Leone

Output 20	Support the existing network of Emergency Operations Centres

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 20.1	Number of missions by national teams to districts to support with field investigation and simulation exercises	16	16 (100%)	Mission and SIMEX reports
Indicator 20.2	Number of EVD alerts investigated by the district teams	150	73 (49%)	DHIS2 data on suspected Acute Viral Haemorrhagic Fevers
Explanation of output and indicators variance:		73 EVD alerts were investigated by the district teams against a set target of 150. The occurrence of EVD alerts is independent of the effort made at investigating them		

Activities	**Description**	**Implemented by**

Activity 20.1	Support facilitation of national RRTs to visit districts and conduct field investigations, refresher training, simulation exercises	WHO
Activity 20.2	Support facilitation of district RRTs to conduct field investigations	WHO

Output 21	Strengthened surveillance for EVD at all levels to facilitate case detection, notification, reporting and data collection and analysis

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 21.1	Number of border districts assessed on EVD preparedness	8	8 (100%)	EVD preparedness assessment reports
Indicator 21.2	Number of districts with surveillance resource documents for EVD	16	16 (100%)	This was verified during supervision visits
Indicator 21.3	Number of districts conducting active case search	16	16 (100%)	Archived data collected via ODK
Indicator 21.4	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers orientated on EVD case definition and SOPs for detection)	470	600 (150%)	Activity report
Indicator 21.5	Number of district support supervision visits to POEs (10 visits for each of the 8 districts)	80	27 (34%)	PoE Supervision report
Indicator 21.6	Number of staff supported to attend cross border meetings	20	6 (33%)	Mission report of visit to Guinea for cross border meeting at Gueckedou

Explanation of output and indicators variance:	More health workers were trained than was anticipated largely due to a change in the approach from workshop to CME. Supervision visits to POEs were re-organised to be centred on border chiefdoms. The cross border meeting was international hence the participation was limited to key technical staff.

Activities	**Description**	**Implemented by**
Activity 21.1	Support assessment and data collection on the level of public health preparedness for EVD of PoEs, surveillance teams and health facilities in border districts	WHO
Activity 21.2	Provide key surveillance resource documents for EVD: Review or adapt, print & disseminate key surveillance pillar resource documents for EVD	WHO
Activity 21.3	Support strengthening of surveillance activities: Orientation and deployment of district teams to carry out active case search and enhance district level preparedness	WHO

Activity 21.4	Conduct orientation of health workers on the case definition (and other aspects) of EVD	WHO
Activity 21.5	Support border districts to conduct support supervision of POE staff and on-job-training	WHO
Activity 21.6	Support cross-border meetings	WHO

Output 22	National public health laboratory capacity to confirm EVD and other Viral Hemorrhagic Fever causes enhanced

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 22.1	Number of laboratories supported with reagents and supplies for testing EVD including Gene Xpert	3	3 (100%)	Signed goods handover certificates *Weekly laboratory testing reports* *Weekly IDSR reports indicating testing conducted*
Indicator 22.2	Number of molecular scientists facilitated with a monthly allowance for 3 months	16	16 (100%)	WCO monthly financial report *Daily laboratory testing reports*
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 22.1	Utility support to CPHRL (Fuel for generators)	WHO
Activity 22.2	Procure the necessary reagents and supplies required for testing EVD including GeneXpert cartridges	WHO
Activity 22.3	Provide monthly allowance for 30 molecular scientists	WHO

Output 23	Existing infrastructure and work force for isolation and treatment of suspected and confirmed EVD cases strengthened

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 23.1	Number of case management guidelines printed	500	On line case management guideline developed, though subsequently printed	Soft copy
Indicator 23.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme	80	125 (160%). Additional numbers as multidisciplinary training	Training report

	implementation ((healthcare workers trained)			
Indicator 23.3	Number of simulation exercises conducted	1	1 (100%)	Training report
Indicator 23.4	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers trained and supported on safe and dignified burial)	160	101 (63%). Reduced numbers but additional trained staff on waste management in multidisciplinary training (indicator 23.2)	Training report
Indicator 23.5	Number of districts supported to maintain maternal and SRH services	10	Not done through this grant	N/A
Indicator 23.6	Number of printed SOPs for nutritional interventions in EVD case management	800	Not done through this grant	N/A
Explanation of output and indicators variance:		Multidisciplinary training on case management included waste management and numbers exceeded those planned. Fewer burial teams trained than planned as conducted in highest risk districts bordering Guinea		

Activities	**Description**	**Implemented by**
Activity 23.1	Print case management guidelines	WHO
Activity 23.2	Training of healthcare workers at ETUs	WHO
Activity 23.3	Conduct a simulation training for management of a first clinical case	WHO
Activity 23.4	Support training (and cascading) of TOTs on safe & dignified burial practices	WHO
Activity 23.5	Support maternal and SRH services	Not done through this grant
Activity 23.6	Support printing SOPs for nutritional interventions in EVD case management	Not done through this grant
Activity 23.7	Print case management guidelines	Note was MISP guideline- Not done through this grant

Output 24	Improved infection prevention and control practices in health facilities to protect Health Care Workers and patients from nosocomial transmission of EVD and other diseases.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 24.1	Number of districts assessed for EVD preparedness	8	8 (100%)	Assessment Report]
Indicator 24.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers trained on IPC)	240	80 (30%)	Training Report

Indicator 24.3	Number of IPC SOPS printed and disseminated	5000	3500 (70%)	SOPs available in health facilities
Indicator 24.4	Number of districts with prepositioned IPC supplies	16	16 (100%)	Availability of IPC supplies prepositioned at district level]
Explanation of output and indicators variance:		Less health workers were trained on IPC than originally planned as the training days were increased. The remaining numbers were trained through other funding sources. Number if IPC SOPs printed were less due to slightly higher cost than estimated		

Activities	**Description**	**Implemented by**
Activity 24.1	Conduct IPC assessments in health facilities in high risk districts to assess availability of functional isolation capacity, identify gaps and weaknesses and develop action plans	WHO
Activity 24.2	Training health workers on IPC (refresher)	WHO
Activity 24.3	Update and roll-out IPC SOPs for EVD	WHO
Activity 24.4	Procure and preposition IPC Supplies (PPEs) in health facilities	WHO

Output 25	Heightened risk communication and engagement of communities, the media and the public to manage misinformation and roumors, and provide appropriate information for readiness to an EVD outbreak

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 25.1	Number of media personnel trained	30	200	Training technical report
Indicator 25.2	Number of materials produced/printed/ and distributed	6	3	Supported production of flyers, posters and awareness cards on EVD
Indicator 25.3	Number of districts supported on community empowerment	8	8	Technical report on awareness raising conducted in 8 high priority districts.
Indicator 25.4	Number of sessions aired in various media	50	50	Radio discussion programs and jingles supported as planned
Explanation of output and indicators variance:		• Two hundred media personnel (instead of 30 planned) were trained with additional funding from another source. • Three types of risk communication materials were printed and distributed (instead of 6), although the quantity remained the same. In total 2,000 posters, 4,000 awareness cards and 4,500 flyers were printed with CERF support.		

Activities	**Description**	**Implemented by**
Activity 25.1	Facilitate training for media personnel (journalists, broadcasters, editors)	WHO

Activity 25.2	Development, production/printing and distribution of key messages and IEC materials including jingles, posters, flyers, banners, short animated videos	WHO
Activity 25.3	Support community empowerment/ownership and actions in responding to EVD preparedness and response	WHO
Activity 25.4	Airtime for jingles, TV and radio programmes for participation of WHO/MoHS officials and subject matters experts	WHO

Output 26	National capacity for deployment of EVD vaccines initiated and expedited			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 26.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (vaccinators/mobilizers trained)	150	150(100%)	EVD micro plans for the vaccination exercise.
Indicator 26.2	Number of vaccinators/mobilizers supported during vaccination exercises(allowances)	300	300 (100%)	Mobile Money Payment reports for allowances paid
Indicator 26.3	Number of SOPs/tools printed and disseminated	500	500 (100%)	Signed goods handover certificates
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 26.1	Training of vaccination teams/mobilizers, supervision, monitoring & evaluation personnel	WHO
Activity 26.2	Support implementation of vaccination exercise to target groups e.g. allowances for vaccinators	WHO
Activity 26.3	Develop, print and disseminate operational guides, training manual, data collection tools for EVD vaccination	WHO

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[5] often lacking appropriate

[5] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) [6]:

The project was supported by the pillar of Risk Communication and Community Engagement (RCCE) which is already active in the community for COVID-19 response and has started the awareness on Ebola before the beginning of the implementation. Several focus groups discussions and risk communication activities were conducted to gather information from the community for decision making. Vulnerable groups and beneficiaries were consulted in the design and implementation of this project. Much of this engagement was structured to provide information and seek feedback, especially the community engagement meetings and sessions on the new EVD vaccine and better comprehension on prevention measures.

b. AAP Feedback and Complaint Mechanisms:

Feedback and Complaint Mechanisms have been set up at the country level related to the project like in Liberia, target beneficiaries were encouraged to use the hotline number to call in and convey their feedback and/ complaints. This was thought to be most effective to cater for those that might be illiterate. Confidentiality was also enhanced because the calls were received by a focal person in the Country Office The mechanism was built around the community leaders as the first level of feedback and problem resolution. The regional and the national levels were the references level for case of non-resolution or more problems and complications.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

"zero tolerance" for sexual exploitation and abuse policy was requested for the WHO staff, consultants, volunteers as well as any organization working under WHO agreement framework at all level of the implementation of the project.
Though no such complaints were on record during the implementation of the project, the mechanism was that these would be relayed to the WHO country office PSEA focal person for speedy resolution in line with the recommended procedures

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The implementation reports received from countries focussed on women, girls and sexual and gender minorities, including gender-based violence. For training and simulation exercises an attention was paid to the gender balance and the reports mentioned the number of each gender. At community level girls and women was trained and involved in the community surveillance and communication activities in the communities and on the PoE. The project itself did not have direct outcomes on women, girls and gender minorities. However, there was deliberate efforts according the WHO/UN principle to ensure that equal gender representation was achieved among the beneficiaries for the various activities conducted. Also, by ensuring functional health systems and facilities, the burden of care, which is mostly on women, was lessened.

e. People with disabilities (PwD):

No specific feedback received about beneficiaries with disabilities however in the framework of leave no one behind, WHO emphasised to prioritise and protect people with disabilities to access the benefits of the interventions under this project.

f. Protection:

The main objective of the project is the safety of beneficiaries and protection of target people from spreading of Ebola virus disease and other haemorrhagic fever.
WHO strengthened the capacity of MoH at national and regional levels to isolate suspected cases and treating the confirmed one. It also strengthened the capacity of the national authorities to apply IPC and safe burials measures to protect all the community especially young people, women and person with disabilities.

[6] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

g. Education:

The IPC and risk communication activities implemented under this project, involved also formal and non-formal educators in the community by ensuring that their student will receive the information and share the knowledge within the families and communities. The preparedness aims to ensure continuity of all activities to reduce possibility of lockdown, especially of the school and other non-formal educational structures.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	**Achieved**	**Total number of people receiving cash assistance:**
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$
			Extended Name	Acronym			
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	GOAL	GOAL	No	INGO	$172,424
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	Inter-Religious Council of Sierra Leone	IRCSL	Yes	NNGO	$21,500
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT KENEMA	No	GOV	$2,844
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT BOMBALI	No	GOV	$3,656
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT Port Loko	No	GOV	$3,356
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT Bo	No	GOV	$3,571
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	Health Education Division / Ministry of Health and Sanitation	HED	No	GOV	$9,656
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT KONO	No	GOV	$4,004
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT KAMBIA	No	GOV	$3,236
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT KENEMA	No	GOV	$3,998
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT Tonkolili	No	GOV	$4,116
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT BOMBALI	No	GOV	$3,998
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT W URBAN	No	GOV	$5,524
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT KAILAHUN	No	GOV	$3,456
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT BO	No	GOV	$4,004
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT BONTHE	No	GOV	$2,623
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT PUJEHUN	No	GOV	$2,682
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT PORTLOKO	No	GOV	$4,121
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT W RURAL	No	GOV	$3,005
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT KOINADUGU	No	GOV	$1,889
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT KARENE	No	GOV	$1,889
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	District Health Monitoring Team	DHMT MOYAMBA	No	GOV	$2,829
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	GOAL	GOAL	Yes	INGO	$17,505
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	GOAL	GOAL	No	INGO	$29,555
21-RR-CEF-003	Health	UNICEF	Ministere de la sante et developpement social	MSDS	No	GOV	$110,000

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS II

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$
			Extended Name	Acronym			
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	CARREFOUR DEVELOPPEMENT	CARD	Yes	NNGO	$66,042
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	RESEAU NATIONAL DE LA JEUNESSE DU MALI	RENAJEM	Yes	NNGO	$29,324
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	FEDERATION MALIENNE DES CLUBS CENTR ASSOCIATIONS UNESCO	FEMACAU	Yes	NNGO	$31,188
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	ASSOCIATION DES ENFANTS ET JEUNES TRAVAILLEURS	AEJT	Yes	NNGO	$29,324
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF		CAN	Yes	NNGO	$18,186
21-RR-CEF-003	Health	UNICEF	Ministry Of Health	MOH	Yes	GOV	$414,905
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	Ministry Of Health		Yes	GOV	$156,730
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	ASSOCIACAO DE SANEAMENTO BAS PROTECCAO DA AGUA E AMBIENTE BAFATA	ASPAAB	Yes	NNGO	$49,526
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	FEDERACAO BATTODEM GOLLEM	B.GOLLEM	Yes	NNGO	$25,235
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	ONG NADEL OXFAM AMERICA	NADEL	Yes	NNGO	$24,740
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	DIRECCAO GERAL DOS RECURSOS HIDRICO	DGRH	Yes	GOV	$11,296
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	Ministerio da Comunicação Social - Centro Nacional de Comunicação Social Educação e de Formação Multimedia	CNCSEFM	Yes	GOV	$98,062
21-RR-CEF-003	Health	UNICEF	DIRECTION DE LA SANTE/INSTITUT NATIONAL DE L'HYGIENE PUBLIQUE	inhp	Yes	GOV	$12,509
21-RR-CEF-003	Health	UNICEF	DIRECTION GENERALE SANTE	DGS	Yes	GOV	$75,770
21-RR-CEF-003	Health	UNICEF	Union des Radio de Proximite de Côte d'Ivoire	URPCI	Yes	NNGO	$14,875

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS III

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$
			Extended Name	Acronym			
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	CARITAS DAPH MAN		No	NNGO	$76,445
21-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	DIRECTION GENERALE SANTE	DGS	Yes	GOV	$44,597
21-RR-WHO-003	Health	WHO	Ministry of Public Health	MPH	Yes	GOV	$41,747
21-RR-WHO-003	Health	WHO	Institut National de Sante Publique	INASA	Yes	GOV	$50,668
21-RR-WHO-003	Health	WHO	Ministère de la Santé Publique/Direction de la prévention	MSP	Yes	GOV	$166,325