RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

RAPID RESPONSE FOR EBOLA VIRUS DISEASE LIBERIA

RESIDENT/HUMANITARIAN COORDINATOR	**Antonio Vigilante**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

UNCEF, WFP, WHO, OCHA, RCO representatives. It was held on the 19 May 2015

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.
YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?
YES ☒ NO ☐
The Report was shared with the cluster coordinators and leads

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: Please refer to Ebola Virus Outbreak - Overview of Needs and Requirements (inter-agency plan for Guinea, Liberia, Sierra Leone and Region - October 2014 until June 2015) on FTS.		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	**1,907,059**
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	
	TOTAL	**1,907,059**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 04-Jul-14			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	14-RR-CEF-104	Health	306,335
WHO	14-RR-WHO-053	Health	311,200
Sub-total CERF Allocation			**617,535**
Allocation 2 – date of official submission: 18-Aug-14			
WFP	14-RR-WFP-049	Logistics	1,289,524
Sub-total CERF allocation			**1,289,524**
TOTAL			**1,907,059**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	**1,866,051**
Funds forwarded to NGOs for implementation	
Funds forwarded to government partners	**41,008**
TOTAL	**1,907,059**

HUMANITARIAN NEEDS

Liberia was the hardest hit West African country by the Ebola Virus Disease (EVD) epidemic. Liberia reported two waves of the EVD epidemic within two months, with the first outbreak starting in March 2014 affecting Lofa and Margibi counties, and contained within six weeks, and the second wave in May 2014 affecting all counties with devastating effects. The number of cases and deaths increased exponentially with majority of cases and deaths recorded in Lofa, Margibi and Montserrado Counties respectively. The outbreak was characterised by cross border rural and urban transmission; coupled with increased community resistance, denial and panic. The disappearance of contacts, inadequate treatment centres, unsafe burials and collapse of the health services aggravated the situation in all counties. During initial stage of submitting the request to CERF, three counties were affected with the epidemic rapidly spreading to all counties. Almost all communities were affected with 8,115[1] cases including 3,471 deaths recorded throughout the country as at the end of December 2014.

The EVD epidemic was unprecedented in scale and geographical coverage. Compounding the situation was the unpredictable movement of affected people, and the weak monitoring and surveillance systems for contact tracing and follow up. The rapidly evolving EVD outbreak quickly spread across Liberia with new cases reported on a continuous basis in both urban and rural parts of the country. The nature of the Ebola outbreak required a multi-disciplinary approach to provide an integrated response. The Government of Liberia's Operational Plan acknowledged the challenges affecting an effective response, and identified gaps in logistical planning and management; security of health workers; and most importantly substantial breaches in the management and prevention of EVD spread.

By August 2014, the cumulative figure of confirmed, suspected and probable cases stood at 508 and 271 deaths (confirmed, suspected and probable). The UN response plan targeted the immediate needs of those affected and most vulnerable to infections including women and children. It also targeted the at risk communities to mitigate against the spread of the EVD. Efforts also focused on strengthening national and sub-national monitoring and surveillance systems for management and prevention of EVD. The Joint UN EVD Strategic Response Plan was systematically aligned to the National Operation Plan for Accelerated Response to Re-occurrence of Ebola in Liberia, and the WHO's Ebola Virus Disease Outbreak Response Plan for West Africa. The Plans' objectives were to: a) Stop transmission of Ebola virus in the affected counties through scaling up effective, evidence-based outbreak control measures; b) Prevent the spread EVD to the neighbouring at-risk counties through strengthening epidemic preparedness and response measures; c) Ensure quick socio-economic recovery of affected communities.

Health services were on the verge of collapse and could not cope with the increasing infections. There was an urgent need for emergency financial resources to fill the immediate critical gaps while the Government of Liberia, the UN and Donors were mobilising resources. The United Nations Country Team (UNCT) identified the critical gaps and endorsed seeking CERF funding to support the government efforts in building capacities in community engagement, case management, contact tracing, provision of personal protective equipment (PPE) kits and Infection Prevention Control (IPC) supplies among other priority areas.

During the early days of the outbreak, Liberia did not have the necessary logistics and financial resources for an effective response. The increasing presence of partners supporting the EVD outbreak efforts necessitated the need for a logistics system to support a massive scale up of EVD related activities, including transporting lifesaving equipment and humanitarian personnel. With International airlines suspending flights to and from Liberia, Guinea, and Sierra Leone, and with increased personnel movements there was the urgent need to deploy United Nations Humanitarian Air Service (UNHAS) to fill the widening air transport gap. The increasing EVD outbreak in remote locations compounded the situation, necessitating to have the capacity to rapidly and efficiently move humanitarian personnel, medical supplies and equipment, and other essential humanitarian cargo to multiple remote locations within Liberia.

[1] MOH sitrep 203

II. FOCUS AREAS AND PRIORITIZATION

The EVD epidemic seriously affected Liberia and by the end of 2014, the total number of cases increased to 8115[2] (3,198 suspected cases, 1,805 probable cases and 3,116 confirmed cases) and 3471 deaths from all 15 counties with Montserrado, Lofa and Margibi counties being hardest hit. Socio-cultural practices and a weak health system coupled with frequent movement of people accelerated the spread of the outbreak and demanded immediate attention. Outbreak prevention and control efforts were only possible through: proper social mobilization; management of patients in appropriate health facilities in which adequate universal precautions are applied; rapid case investigation and isolation of suspected cases; prompt and comprehensive tracing and follow up of all identified contacts; and adequate hygiene measures at all levels.

Among the national efforts to strengthen response capacity, a national response plan and budget was drafted by the National Task Force (NTF) during Phase 1 of the outbreak to ensure collective and coordinated action. Of the USD 2.15 million requested by the MOHSW to implement the plan, a total amount of USD $472,000 (approx. 22%) was received. The human, material, and financial resources these funds provided for were stretched to maximum capacity. The growing needs for an expanded response had exhausted the majority of immediate and available resources from different stakeholders, creating a huge gap in all strategic areas.

The need to intensify response was urgently needed in the key areas to curtail the outbreak. Of particular importance was the need to scale-up dissemination of lifesaving messages on EVD prevention - not only to the public, but also to targeted audiences such as leaders at all levels of government, health care workers, and religious and traditional leaders. With limited awareness, misinformation, denial, and unsafe practices (such as traditional burial practices) accelerated spread of the disease. Resources for rapid dissemination of critical information to communities of affected counties as well as among officials at county, district, and national levels were essential. Of equal concern was the deployment of health workers to the isolation units and deployment of community health workers (CHWs) for active case search and contact tracing. Untraced or lost to follow-up contacts of confirmed cases were potential sources of further disease transmission in the community. Proper infection control and case management in isolation units and among responder teams were also essential.

Resources were needed to provide for essential medical supplies and materials such as chlorine and sprayers, as well as equipping isolation and treatments units to adequately accommodate the increasing patient load. The severity of this situation was further emphasized by the unique characteristics of this outbreak. Not only it was the first occurrence of EVD in West African countries such as Liberia, it was also the first time the disease has ever been in densely populated urban cities such as Conakry or Monrovia. The Liberian health system was still recovering after a prolonged and destructive civil war. Most health workers, the health facilities, and the health system as a whole were not well prepared to respond to any epidemic.

III. CERF PROCESS

Given the unprecedented nature of the epidemic and limited resources for adequate response, the UN Country Team endorsed applying for CERF Rapid Response grant to support the government efforts in containing the epidemic, as highlighted in the National Operation Strategy for Ebola, and from evidence that the government had only received 22% of the funding required for the Ebola response. The epidemic situation evolved rapidly, with exponential increases in new infections with more counties reporting increased number of cases and deaths. The decision to request the CERF funding was informed by the national response plan that articulated priority interventions to be urgently implemented for accelerated interruption of EVD transmission in the country.

The UN Country Team selected critical priority actions included in the Consolidated Appeal to be funded through the CERF. These included information campaign and community engagement, procurement and distribution of personal protective equipment, training of health workers on infection prevention and control, management of Ebola confirmed patients, deployment of additional staff to support the County Health Teams (CHT) in the affected counties, active contact tracing and activation of UNHAS to allow movement of humanitarian personnel and supplies into and within the country to support the scale up of activities for UN and NGO partners.

The UN Country Team endorsed WHO, UNICEF and WFP request for CERF to support these critical actions. The daily situational reports and Incident Management System (IMS) meetings provided important information that guided prioritisation decisions and the interventions, including targeted counties. Due to the very high number of cases and increasing deaths, attention was directed to Lofa, Margibi and Montserrado counties. The EVD quickly spread to almost all the counties in the country with rapidly increasing new infections, which necessitated the need for additional funds to halt the spread.

[2] National sitrep # 230

The EVD epidemic affected men, women and children in an equal proportion in almost all counties. The CERF projects took into account gender and human rights perspective during development and implementation. Community engagement, social mobilization, case management, staff skills development on infection prevention and control, contact tracing and provision of personal protective equipment took into consideration that men, women and children were equally affected and all required the necessary support.

IV. CERF RESULTS AND ADDED VALUE

Population reached by the UNICEF supported activities were patients admitted in targeted health facilities, and residents of the target counties who benefitted from community awareness and engagement activities. Community awareness and engagement activities went to all communities in the target counties thus beneficiaries reached were estimated to be equivalent to the population of the target county.

During initial onset of the EVD epidemic, the chains of transmission were confined to cluster of cases in some districts in Lofa, Montserrado and Margibi Counties. The WHO health sector approach for estimating the beneficiaries was based on communities at risk, communities close to the borders and communities in dense areas/slums that could contribute to rapid spread of the epidemic. Indeed the targeted beneficiaries were reached (based on the proposed approach) because almost all at risk communities were affected with the EVD outbreak.

The UNHAS project was planned based on preliminary indications of the needs of the humanitarian community from initial meetings and information on the ground available at the time, and based on the potential number of aid workers estimated to be coming into the country. However, possibly due to high health risks related to the emergency, and the limited medevac capacity, a lower number of aid workers deployed than expected at the beginning of the response. These issues presented challenges in preparing accurate estimates.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: Total of 8,115 EVD cases: 3,116 confirmed, 3,198 (suspect) and 1,805 probable, with 3,471 deaths nationally as of December 31st, 2014 (MoH Sit Rep #230)

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Health	724,768	723,319	1,448,087
	Logistics	N/A	N/A	98

BENEFICIARY ESTIMATION

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	724,768	724,768
Male	723,319	723,319
Total individuals (Female and male)	1,448,287	1,448,187
Of total, children under age 5	246,175	246,175

CERF RESULT

UNICEF achieved the following results:

- 22 radio stations within and beyond Monrovia continued to air over 250 radio spots and jingles daily within Montserrado (excludes community radios). Six (6) community radio stations in total in Lofa (4) and Margibi (2) aired radio spots and jingles within these counties. Two national radio stations aired radio spots and jingles as well. Overall, the estimated reach through radio messages was 1.4 million persons.
- Life-saving Ebola awareness messages rolled out to communities within Montserrado County through 419 general community Health Volunteers (gCHVs) and supervisors who were trained, equipped, and deployed (reaching out to over 4,000 households/20,000 persons on a weekly basis) through house to house visits and inter-personal communication and community discussions on Ebola prevention in Montserrado (Liberia's most populous county and the site of the capital). Hotspot areas were specifically targeted when cases were detected (suspected, probable or confirmed) and focused, targeted campaigns would continue for a duration of 21-42 days depending on the confirmed cases of the outbreak.
- Procurement of therapeutic supplies and comprehensive nutrition care and support for 210 Ebola patients that were distributed to 4 Ebola Treatment Units (ETUs) supported by UNICEF in Lofa and Montserrado counties.
- 250 heavy duty gloves and 150 safety goggles were procured and distributed to county health teams as protection gears for health workers in 3 counties; 30 drums of Chlorine HTH (45 kg) and 15 sprayers were procured and distributed to county health teams, which were used for disinfection of affected homes and health centres; 15 plastic buckets and 30 cartons of soap were distributed to health centres in Montserrado, Margibi and Lofa counties for hand washing and cleaning.
- Furnishing items for the establishment of ETUs – tents, tarpaulins, beds/mattresses were procured and distributed to 4 ETUs in Lofa and Montserado counties
- Medicines and medical supplies were provided through procurement of 5 diarrhoea disease kits for 4 Ebola Treatment Units
- Lofa county health team received support for contact tracing through stipends provided to 87 community health volunteers (monthly average and 16 supervisors/coordinators) preceded by training by WHO. The training was to enable active search and follow-up of individuals who were at risk of contracting EVD after a history of exposures to the virus. By the end of December 2014, of a County had reached an 8 week mark with no new confirmed case of EVD.

WHO achieved the following results:

- One national doctor was hired to work in the ETU at JFK medical centre complex. In collaboration with other international doctors, the ETU was able to treat approximately 250 Ebola patients.
- 25 coordinators and supervisors were recruited and approximately 2,000 contact tracers recruited in the three counties, due to the increased number of new infections and the need to upscale contact tracing.
- 93 national health workers were trained to work in the island ETU, and were instrumental in managing patients alongside international medical teams in the ETU.
- Approximately 100 sets of PPE kits and assorted infection prevention and control materials and supplies were purchased and distributed to facilitate the response. The beneficiary facilities included the ETU, and the main hospitals in the three counties.
- More than 300 international staff and experts (with support from other donors) were deployed to support the government in the overall EVD response.
- 2 sets of computers, printers and modem for internet connectivity were purchased to facilitate data management at the central Ministry of health and in Lofa County. Through this support, it was possible to transmit daily situational reports from the field.
- Approximately 700 health workers received cascaded trainings on infection prevention and control in the three counties.
- Guidelines and standards were provided for case management, contact tracing, safe and dignified burials and surveillance.
- Monitoring and supervision of the response was critical. WHO in collaboration with the Ministry of Health continued to monitor and supervise the response in the affected counties.

WFP achieved the following results:

- Air transport of 98 humanitarian workers and 1 metric tonne of relief cargo in support of 18 organizations.
- Optimization of air contracted assets (97% utilization rate of contracted flying hours).
- Establishment of a humanitarian air corridor from Dakar to the three affected countries in September 2014 to facilitate the transportation of humanitarian passengers.
- Development and implementation of comprehensive health and safety procedures, including screening of passengers and systematic disinfection of aircraft.
- In addition, the funds received by WFP contributed to the wider Common Services platform, enabling WFP to:

- Organize strategic airlifts of crucial humanitarian supplies needed by partner organizations in the three affected countries, through the set-up of an Air Coordination Cell (ACC) in coordination with WFP's Logistics Cluster and UNICEF.
- Coordinate with WFP's Logistics Cluster and the United Nations Mission for Ebola Emergency Response (UNMEER) for optimizing air transport of relief goods to the three affected countries.

Fewer passengers were served (98 achieved versus 200 planned), and less cargo transported (1 mt achieved versus 20 mt planned) primarily due to less demand for the services at the beginning of the operation than originally foreseen. Humanitarian presence remained low due to delayed response of humanitarian workers, which would have utilized UNHAS services at the projected level.

However, due to the rapid and unexpected shifts in the spread of the virus and its continued high transmission rates across the three affected countries, the requests for aviation services from the humanitarian community (including: National Response Plans, UNMEER, UN agencies and NGOs) notably increased following the CERF intervention period. Therefore WFP scaled-up its air transportation capacity and implementation to address and enable the movement of the growing number of humanitarian responders.

Against a backdrop of diminishing access to commercial aviation services, it was critical to ensure safe and reliable air services for the rapid and efficient movement of partner staff and materials for the EVD response into and within Guinea, Liberia and Sierra Leone, as well as between the affected countries and regional hubs. The activation and deployment of the UNHAS filled the widening air transport gap and ensured undisrupted air services for the EVD response.

The continuous occurrence of EVD flare-ups in remote and inaccessible areas in the three affected countries required an augmentation of UNHAS capacity in order to reach such areas to deliver vital assistance and to transport humanitarian personnel.

For all the reasons described above, the WFP operation was revised to reach a total budget of US$ 22.5 million. Subsequently, the Special Operation (SO) 200670 was merged into the larger SO 200773 to enable the scale up required to face the growing requests from the humanitarian community and follow the changing spread of the virus. Under this new SO, WFP supported the humanitarian community as requested by UNMEER by providing common logistics services as part of the EVD response. The Regional SO provided logistics and infrastructure support, emergency telecommunications, logistics coordination and humanitarian air services, leveraging WFP expertise to support the EVD response in containing, and stopping the further spread of EVD.

To date, over 24,000 people have been transported and 180 mt of light cargo have been moved on UNHAS services.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☑ PARTIALLY ☐ NO ☐

- The CERF funds enabled quick procurement and delivery of protective gear for health workers in health centres and other WASH supplies for cleaning/disinfecting and for hand washing.
- The CERF funds filled critical gaps at a time when the Government of Liberia had not mobilised the required resources and capacities to respond to the epidemic. It was also a period when the partners were mobilising resources to respond to the response.
- CERF funds enabled improved skills in case management and infection prevention and control for health workers. This was at a very critical component of the response at a period when health workers were being infected and health services were at the verge of collapse.
- CERF funds enabled WFP initiate the movement of humanitarian personnel and supplies into and within the country to support the scale up of Ebola related activities for the United Nations, and International NGO s and other partners. Without this service, the scale up of activities seen in Liberia would not have been possible.

b) Did CERF funds help respond to time critical needs[3]?
YES ☑ PARTIALLY ☐ NO ☐

- The engagement of community members and dissemination of key Ebola prevention messages was critical to the interruption of the transmission in the communities and the rapid deployment of health, nutrition and WASH supplies funded from the grant to the treatment centres helped to improve health outcomes during the crisis.
- Increasing capacity of the ETUs, providing adequate PPE kits and increasing the number of contact tracers were critical elements of the EVD response. CERF funds addressed the critical needs at a time when there were adequate resources and government capacities were overstretched.
- The rapid establishment of the UNHAS enabled health responders to reach affected areas within the counties and provide lifesaving support to people and communities affected at the onset of the outbreak.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☑ PARTIALLY ☐ NO ☐

- Based on the national response plan, and with exponentially increasing numbers of new infections in all of Liberia's counties, the CERF funds were catalytic and attracted additional resources from USAID, the World Bank and Africa Development Bank who contributed to provide more PPE kits, construction of more ETUs, and an increased number of contact tracers and community engagement.
- Following the initial CERF support, additional funds were received from other donors to support the Ebola Virus Disease Outbreak Response plan. These included USAID/OFDA, EPF, Bill Gates and Netherlands Natcom.
- CERF funds provided the initial resources UNHAS required to attract major donors and the government, resulting in additional pledges and commitment and a subsequent scaling up of the UHNAS operations.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☑ PARTIALLY ☐ NO ☐

- Under the guidance of the Resident Coordinator's Office and OCHA, WHO and UNICEF closely collaborated in identification of priority intervention areas, the development of the funding proposal and implementation of activities. There was also close collaboration between WHO and UNICEF, and coordination with other agencies under the overall direction of the government-led Incident Management System (IMS).

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

[3] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Clear guidelines for CERF funding facilaited proposal development	None	CERF
Timely disbursement of funds for emmergency response supports early response and facilites resource mobilisation	None	CERF
Reporting	Reporting /Validation process should be lighter	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Data management which is crucial for prompt and informed decision making was largely inadequate especially at the peak of the outbreak	Harmonized reporting could be improved especially disaggregation by gender and age for cases and contacts during complex emergencies	Government and partners
Slow adaptation of response strategy to evolving context of the outbreak: Consensus on technical directions for the response slow, and sometimes conflicting as technical partners differed	Strengthen coordination at national level into a two tier system to accommodate National level strategic platform that would encourage robust Donor/Implementing partners coordination; and increase capacity for programme management at the sub-national levels	Government, with support of partners
Working with communities was the hallmark of the response. Running away of potential contacts, resistance, fear and denial led to rapid spread of the epidemic	Adequate community engagement and decentralized response to the distrrict and community level	Government with support of partners
CERF improved coordination among UN agencies and at the county level	None	None
Data management which is crucial for prompt and informed decision making was largely inadequate especially at the peak of the outbreak	Harmonized reporting could be improved especially disaggregation by gender and age for cases and contacts during complex emergencies	Government and partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	18.07.14 – 17.01.15
2. CERF project code:	14-RR-CEF-104	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☑ Concluded
4. Project title:	Liberia Ebola Rapid Response in Three Affected Counties		

7.Funding				
	a. Total project budget:	US$ 2,711,667	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 306,335	▪ *NGO partners and Red Cross/Crescent:*	US$ 0.00
	c. Amount received from CERF:	US$ 306,335	▪ *Government Partners:*	US$ 41,008

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	724,768	724,768	
b. Male	723,319	723,319	
c. Total individuals (female + male):	1,448,087	1,448,087	
d. Of total, children under age 5	246,175	246,175	

9. Original project objective from approved CERF proposal

By the end of the September 2014, the highly virulent Ebola virus disease is controlled and prevented through rapid humanitarian response and support to affected individuals in collaboration with the Ministry of Health and Social Welfare and partners.

Specifically, UNICEF will contribute to:

- Expanding dissemination of life-saving messages and information in all affected counties through mobile public announcement systems, production and dissemination of IEC materials, and airing of radio messages; interpersonal communication; and social mobilization activities
- Intensifying case detection, contact tracing, and referrals in affected counties (Lofa and Bong)
- Case management through the establishment of functioning isolation units in all affected counties
- Capacity building on infection control through WASH standards compliance in all affected counties
- Strengthening inter-agency coordination at the national and county

10. Original expected outcomes from approved CERF proposal

Outcome 1: High-risk population in affected districts are reached with Ebola preventive messages

Outcome Indicators:

- # of radio stations airing Ebola prevention messages at least twice a day, everyday
- # of print materials on Ebola prevention distributed in affected districts through mobile public announcement systems (proxy indicator for number of households reached)

Outcome 2: Reported contacts in affected counties are identified, traced, screened, and if necessary, referred by trained community health volunteers

Outcome Indicators:

- # of reported contacts identified

- % of reported contacts traced (against those identified)
- % of reported contacts screened (against those traced)
- % of reported contacts referred (against those screened)
- % of contacts completing 21 day follow-up

Outcome 3: Suspected, probable and confirmed cases are admitted in holding areas and isolation units

Outcome Indicators:

- # of holding areas and isolation units established
- % of occupancy of isolation units (against confirmed referred cases)

Outcome 4: WASH infection control standards are met in affected houses, isolation units, and health facilities in affected counties

Outcome Indicators:

- # of affected houses disinfected by trained health personnel
- # of burials of deceased Ebola victims conducted safely by trained personnel
- # of days isolation units with reported stock-out of chlorine
- % of health facilities that received monthly supply of soap/ disinfectants

11. Actual outcomes achieved with CERF funds

Outcome 1: High-risk population in affected districts are reached with Ebola preventive messages

- 22 FM stations within and beyond Monrovia continuing to air over 250 radio spots and jingles daily within Montserrado (excludes community radios). Six (6) community radio stations in total in Lofa (4) and Margibi (2) aired radio spots and jingles within these counties. Two national radio stations aired radio spots and jingles as well. Overall, the estimated reach through radio messages is 1.4 million persons.
- Production and dissemination of IEC materials to be used by frontline workers for awareness raising activities. Three thousand (3,000) "Do's and Don'ts's" posters printed, and displayed in key Ebola hotspot communities (within Montserrado, Margibi and Lofa Counties) reaching a total of over 15,000 persons in these effected communities.
- Life-saving Ebola awareness messages rolled out to communities within Montserrado County through 419 general community Health Volunteers (gCHVs) and supervisors who were trained, equipped, and deployed (reaching out to over 4,000 households/ 20,000 persons on a weekly basis) through house to house visits and inter-personal communication and community discussions on Ebola prevention in Montserrado (Liberia's most populous county and the site of the capital). Hotspot areas were specifically targeted intensively when cases were detected (suspected, probable or confirmed) and focused, targeted campaigns would continue for a duration of 21-42 days depending on the confirmed cases of the outbreak.
- Improved county coordination currently in place through timely deployment of four (4) County Mobilization Coordinators, supporting County Health Teams in Lofa and Margibi to coordinate interpersonal communication and other social mobilization activities during crucial months and intensified targeted social mobilization activities, starting in August 2014 and continuing since then.
- Communities across Liberia have started taking positive preventive steps through the rollout of key messages on the symptoms and prevention of Ebola through production of radio drama on 30 local community radio stations and two national radio stations through Liberia, in simple English and local languages.

Outcome 2: Reported contacts in affected counties are identified, traced, screened, and if necessary, referred by trained community health volunteers

- 20,185 reported contact identified
- 100% (20,185) of reported contacts traced against those identified
- 100% (20,185) of reported contacts screened against those traced
- 99% (20,015) of contacted completed 21-day follow up

Outcome 3: Suspected, probable and confirmed cases are admitted in holding areas and isolation units

- The CERF support allowed UNICEF to contribute to the establishment of 4 Ebola Treatment Units (ETUs) in Montserrado and Lofa counties and 2 holding centers in Bong and Lofa counties by furnishing these facilities with beds, mattresses, tents and tarpaulins.
- There was high patient turn-over. Inadequate bed spaces for all patients in need of isolation facilities at the peak of the outbreak was experienced.
- Therapeutic supplies for 210 Ebola patients were procured and distributed to 4 Ebola Treatment Units (ETUs) supported by UNICEF in Lofa and Montserrado counties.
- 210 Ebola patients admitted in aforementioned ETUs received comprehensive nutrition care and support.

Outcome 4: WASH infection control standards are met in affected houses, isolation units, and health facilities in affected counties

- 300 houses were disinfected by a trained health personnel
- A total of 2,756 bodies of Ebola victims were safely buried by trained burial teams.
- As of 31st December 2014, there has never been a single day that chlorine was out of stock in an ETU or isolation unit.
- 1 ETU in Lofa, 2 ETUs in Margibi and 2 ETUs in Montserrado received 30 drums of Chlorine HTH (45 kg) and 30 cartons of soap.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The outbreak of EVD changed very rapidly and at the peak of the outbreak, it was difficult to maintain reliable cumulative data on the numbers of contacts identified, screened and /or referred to treatment centres from this pool over the several months period that is covered in this report (March – December 2014).

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☑ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation was not part of the activities planned under the project	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☑

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	01.07.14 – 31.12.14
2. CERF project code:	14-RR-WHO-053	6. Status of CERF grant:	☐ On-going
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Response to Ebola Virus Disease (EVD) outbreak in Liberia		

7. Funding

a. Total project budget:	US$ 885,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 372,200	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 311,200	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	724,768	724,768	
b. Male	723,319	723,319	
c. Total individuals (female + male):	1,448,087	1,448,087	
d. Of total, children under age 5	246,175	246,175	

9. Original project objective from approved CERF proposal

By the end of the September 2014, the second phase of the EVD outbreak is contained in the affected counties.

Specifically, WHO will contribute to:

- Strengthen coordination at national level and in the affected counties
- Provide PPE kits and other medical supplies for infection control
- Strengthen surveillance, contact tracing and active case search
- Improve data and information management in the affected counties
- Conduct training of health workers in the affected counties as part of infection prevention and control and case management
- Provide guidelines and protocols on case management, infection prevention and control and surveillance
- Deploy experts to support the Ministry in the response including trainings, supervision and monitoring of the response

10. Original expected outcomes from approved CERF proposal

Outcome 1: Adequate quantities of PPE kits purchased and distributed to affected health facilities
Outcome Indicators:

- # of health facilities reporting case of nosocomial infection among admitted patients
- # of health workers exposed to EVD due to lack of PPE kits

Outcome 2: All contacts monitored and active case search intensified in the affected counties
Outcome Indicators:

- % contacts monitored on daily basis
- # of contacts line-listed from all affected counties

Outcome 3: All data on cases analyzed and information shared with all stakeholders
Outcome Indicators:

- % of cases with data analyzed and information disseminated
- Timeliness and completeness of information disseminated with all stakeholders

Outcome 4: All health workers in the affected counties trained and practicing infection prevention and control measures
Outcome Indicators:

- # of health workers trained
- # of health facilities covered with the training
- % of health workers practicing infection prevention and control measures

Outcome 5: Response actions supervised and report prepared and lessons learned documented
Outcome Indicators:

- # of supervisory and monitoring missions conducted
- Availability of outbreak report and documentation

11. Actual outcomes achieved with CERF funds

Outcome 1: Adequate quantities of PPE kits purchased and distributed to affected health facilities

- Approximately 100 sets of PPE kits and assorted IPC materials and supplies were purchased and distributed to facilitate the response. The beneficiary facilities included major hospitals in the three counties in addition to the ETUs.
  - All health services were interrupted and it was difficult to know the number of health facilities reporting cases of nosocomial infection among admitted patients
  - Health workers were infected in the affected counties prior to implementation of the project. During project implementation, health facilities were closed and restoration of services commenced in late October. However, there were no figures from the three project counties.

Outcome 2: All contacts monitored and active case search intensified in the affected counties

- Twenty-five (25) coordinators and supervisors were recruited and nearly 2,000 contact tracers were recruited in the three counties. More contact tracers were required because of the increasing number of new infections.
  - 100% of contacts monitored on daily basis
  - 7000 contacts line-listed from the three affected counties

Outcome 3: All data on cases analyzed and information shared with all stakeholders

- Two sets of computers, printers and modem for internet connectivity were purchased to facilitate data management at the central Ministry of Health and in Lofa County. Through this support, it was possible to transmit daily situational reports from the field.
  - 100% of cases with data analyzed and information disseminated
  - At least 95% of timeliness and completeness of information disseminated with all stakeholders

Outcome 4: All health workers in the affected counties trained and practicing infection prevention and control measures

- 93 health workers were trained to work in the island ETU. These local staffs were instrumental in managing patients along foreign medical teams in the ETU.
- At least 700 health workers received cascaded trainings on infection prevention and control in the three counties.
  - 93 health workers trained to work in the ETU and additional 700 trained on IPC
  - Almost 100 health facilities were covered with the training
  - It was difficult to know the proportion of health workers practicing IPC measures because health facilities were not operational

Outcome 5: Response actions supervised and report prepared and lessons learned documented

- Monitoring and supervision of the response was critical. WHO in collaboration with the Ministry of Health continued to monitor and supervise the response in the affected counties.
  - WHO was based in the field and monitored implementation of activities throughout the project period
  - Outbreak reports from the affected counties available

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐
If 'YES', what is the code (0, 1, 2a or 2b): 2b If 'NO' (or if GM score is 1 or 0): implementation	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

WFP PROJECT RESULTS

CERF project information

1. Agency:	WFP	5. CERF grant period:	14.08.14 – 13.02.15
2. CERF project code:	14-RR-WFP-049	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Logistics		
4. Project title:	Special Operation (200760) Provision of Humanitarian Air Services in response to the Ebola Virus Disease Outbreak in West Africa		

7.Funding				
	a. Total project budget:	US$ 22,529,957	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 18,311,769	▪ *NGO partners and Red Cross/Crescent:*	US$ 0.00
	c. Amount received from CERF:	US$1,289,524	▪ *Government Partners:*	US$ 0.00

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	NA	NA	Please refer to section 12. The UNHAS project was planned based on preliminary indications of the needs of the humanitarian community, remaining flexible enough to increase the scope following a clearer indication from partners of their requirements. Smaller number of passengers and cargo were transported than planned during the first month due to a smaller than expected requirement from international partners.
b. Male	NA	NA	
c. Total individuals (female + male):	200	98	
d. Of total, children under age 5	NA	NA	

9. Original project objective from approved CERF proposal

- To support the humanitarian response to the Ebola virus disease (EVD) outbreak in Liberia through the provision of an air passenger services that facilitates vital access of humanitarian personnel, especially health sector personnel, into and out of Liberia as well as the affected in-country areas.
- To facilitate the rapid and efficient delivery of humanitarian assistance to the affected population in Liberia through the transportation of life-saving cargo such as medical equipment and supplies, personal protection items and other humanitarian goods.

10. Original expected outcomes from approved CERF proposal

At the onset of the crisis, the expected outcomes included:

- Vital access for humanitarian workers, especially health workers, to the affected areas and the rapid movement of life-saving medicines, equipment and supplies. Flights connecting Monrovia (Liberia) with Freetown (Sierra Leone), Conakry (Guinea) and the regional hubs of Dakar (Senegal) and Accra (Ghana).

Indicators:

- An estimated 200 passengers transported per month
- An estimated 20 metric tons of life-saving cargo such as medical equipment and supplies, personal protection items and other humanitarian goods transported per month

- 100% utilization of contracted flying hours

11. Actual outcomes achieved with CERF funds

In the first month of the operation which the CERF contribution supported (15 August – 15 September 2014):

- -98 passengers transported
- 1mt. of light cargo transported
- 18 organizations utilizing the service; and
- 97% utilization rate of contracted flying hours.

The following outcomes were also achieved:

- A humanitarian air corridor was established from Dakar to Liberia, Sierra Leone and Guinea in September 2014, facilitating the transportation of humanitarian passengers.
- A comprehensive health and safety procedure was established and implemented of to ensure compliance with WHO directives and National governments regulations, including the screening of passengers with technical support from qualified health sector partners and the systematic disinfection of the aircraft.
- Provided of strategic airlifts in coordination with WFP's Logistics Cluster and UNICEF through the set-up of an Air Coordination Cell (ACC) of strategic humanitarian supplies needed by partner organizations in the three affected countries.
- Coordinated with WFP's Logistics Cluster and the United Nations Mission for Ebola Emergency Response (UNMEER) to optimize air assets to transport relief goods to the three affected countries.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- Fewer passengers were served and less cargo was transported in the initial month of operations mainly as a result of less demand for the service because humanitarian presence in the Ebola affected countries remained low at the beginning of the UNHAS operations. This is largely as a result of the delayed response by international actors in terms of deploying humanitarian workers and providing the anticipated life-saving cargo which would have utilized UNHAS at the projected level. Nevertheless, UNHAS aimed to be effective, providing transport to the key locations where humanitarian personnel and equipment was required.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0): The UNHAS service is provided to all humanitarian partners as per the defined user group; gender is not a consideration in who has access to the service.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
• From December 2014 through January 2015, WFP undertook a "Management Review" exercise to review its response to the Ebola outbreak crisis in West Africa. WFP's food and Common Services platform had to follow the rapidly moving virus, requiring continued adjustments to the evolution of the outbreak. The exercise outlined the challenges faced during the response and the achievement obtained by WFP. The UNHAS service provided critical support to the full benefit of governments and partners, even in the midst of a complex non-traditional response. • In addition, WFP is planning an internal audit of its Ebola response mechanisms from May 2015 throughout June 2015.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

ANNEX 1: 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$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-CEF-104	Health	UNICEF	Ministry of Health and Social Welfare	Yes	GOV	$41,008	29-Aug-14	29-Aug-14	Training of gCHVs TOT in Montserrado and CHS Support to Ebola Response in Lofa and suport to contract tracing

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AfDB	Africa Development Bank
CERF	Central Emergency Response Fund
CHT	County Health Team
CHVs	Community General Volunteers
ETU	Ebola Treatment Unit
EVD	Ebola Virus Disease
IEC	Information Education and Communication
IOM	International Organization for Migration
IPC	Infection Prevention and Control
NGO	Non-Governmental Organization
NTF	National Task Force
OCHA	Office for Coordination of Humanitarian Affairs
OFDA	Office of Foreign and Disaster Assistance
PPE	Personal Protective Equipment
RC	Resident Coordinator
UN	United Nations
UNCT	United Nations Country Team
UNICEF	United Nations Children Fund
USAID	United States Aid for International Development
USD	United States Dollar
WB	World Bank
WFP	World Food Program
WHO	World Health Organization