RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
SIERRA LEONE
RAPID RESPONSE
EBOLA

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. David McLachlan-Karr**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR took place on Friday, 10 April 2015 with the attendance of WHO, UNICEF, WFP and OCHA.

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 final version of the RC Reports has been shared with UNCT members.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: USD$594,250,000 (September 2014 to June 2015)		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	4,497,599
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (bilateral/multilateral)	619,788,305
	TOTAL	**624,285,904**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 5-Jun-2014			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	14-RR-CEF-089	Health (Social Mobilization)	131,248
WHO	14-RR-WHO-040	Health	103,608
Sub-total CERF Allocation			**234,856**
Allocation 2 – date of official submission: 29-Aug-14			
WFP	14-RR-WFP-063	Logistics	1,263,228
Allocation 3 – date of official submission: 05-Sep-14			
WFP	14-RR-WFP-071	Food Security	2,999,515
TOTAL			**4,497,599**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	4,129,598
Funds forwarded to NGOs for implementation	250,750
Funds forwarded to government partners	117,251
TOTAL	**4,497,599**

HUMANITARIAN NEEDS

On Monday 26 May 2014, the Government of Sierra Leone through the Ministry of Health and Sanitation declared an outbreak of Ebola Virus Disease in Sierra Leone following the laboratory confirmation of a suspected case from Kailahun district, at the country's intersection with Guinea and Liberia. On 30 July 2014, the Government of Sierra Leone (GoSL) declared a National Health Emergency, and established a Presidential Taskforce on Ebola and an Emergency Operations Centre (EOC) to coordinate the response. All public gatherings were banned, restricting the movement of people in the most affected areas. All 8,150 schools in the country were closed indefinitely, causing learning to stall abruptly for 1.8 million children and young people enrolled in the system. By 3 June a total of 43 cases had been confirmed for Ebola virus disease of which over 80% were females. The affected districts were Kailahun (40) and Kambia (2), Port Loko (1) with 16 deaths all from Kailahun. Of the cases and deaths a total of seven (7) health workers have been confirmed positive for Ebola of which five (5) died. The entire population of the country was at risk of contracting the disease. Initially, affected communities were in a state of denial and strong resistance due to inadequate information. This not only resulted in challenges to allow health care workers to conduct effective surveillance but also led to increased risk of the disease spreading across to other districts. Lack of understanding on need for isolation and early treatment also contributed to violent reactions from the communities. Most of the hostile reactions were attributable to inadequate and incorrect information on the Ebola virus and tribal rivalries. Intensive health communication/social mobilization activities were crucial to ensure the capacity of health authorities to identify suspected cases, isolate suspected cases, trace their contacts and contain the Ebola outbreak.

Although the Ministry of Health and partners had started to work on the response, according to the National Response Plan, there were still funding gaps as rapid response activities were critical for containment of the outbreak in the three affected districts and other high risk areas. The country's human resource capacity was insufficient to meet the needs in the area of Ebola response including psychological trauma counselling, case management, data management, laboratory and surveillance to strengthen contact tracing.

A month after the first confirmed case of Ebola in Sierra Leone, partners started to increase their presence to support the response. Most commercial international airlines suspended flights to and from Guinea, Sierra Leone and Liberia and without alternative local logistics structures in place to support a massive scale up of activities, including transportation of life saving equipment and humanitarian personal, a solution to fill the widening air transport gap was required. Due to the concentration of the Ebola Virus Disease (EVD) outbreak in remote locations, and the urgency of the situation, it was essential to be able to rapidly and efficiently move humanitarian personnel, medical supplies and equipment, and other essential humanitarian cargo to multiple remote locations within Guinea, Liberia and Sierra Leone. As travel by road from the capitals to most treatment sites was lengthy and cumbersome, movement by air was vital to ensure timely access to the affected populations and the rapid movement of life-saving medical supplies.

The disease and containment efforts have disrupted market activities as traditional cross-border and inter-country supply routes have been impacted, when entire geographic areas were cordoned off and other countries in the region close borders and access points (sea, land, air). In a country of chronic fragility with high poverty, high market dependency and poor crop yields the increasing number of quarantined households relied on food distribution to sustain staying at home.

II. FOCUS AREAS AND PRIORITIZATION

During the early days of the outbreak, the focus was primarily around containing the spread of disease in the identified priority districts of Kailahun and Kenema. The need to intensify social mobilization activities was reinforced by the fact that positive cases were mishandled by community members with high potential for rapid spread of the outbreak. A small scale knowledge, attitude and behaviour study conducted by MSF in Kailahun after report of the first case revealed extremely low level of awareness about Ebola, signs and symptoms, and means of prevention. Eventually, as the outbreak spread across to multiple districts, intensive social mobilization and community engagement was rolled out across all chiefdoms and communities in the country with local radio broadcasts, door-to-door campaigns and training of social mobilizers, teachers and local leaders.

The MoHS produced daily situation reports on the Ebola situation in the country which clearly indicated that the outbreak was evolving. By 3 June 2014 a total of 43 cases had been confirmed for Ebola virus disease of which over 80% were females. The affected districts were Kailahun (40) and Kambia (2), Port Loko (1) with 16 deaths all from Kailahun. Of the cases and deaths a total of seven (7) health care workers have been confirmed positive for Ebola of which five (5) died. The focus was to train and equip health professionals in communities along 8 priority affected/high risk districts of Kailahun, Port Loko, Kono, Kambia, Koinadugu, Pujehun, Kenema, and Western Area but the entire population of the country was at risk of contracting the disease.

The provision of connecting flights in a fixed wing aircraft between Sierra Leone and the capitals of Guinea, Liberia, Senegal (a regional hub) and Ghana (UNMEER headquarters) was prioritized for CERF funding. Since November, and with additional funding received, two medium sized helicopters have been used to link Freetown with treatment centres and quarantine areas in field locations, such as

Kabala and Koidu, in Sierra Leone. The helicopters were utilized in a flexible manner in accordance with the changing requirements of the response to the EVD outbreak providing support to all humanitarian partners engaged in the Ebola response. Helicopter assets were used for both passenger and cargo movements. The UNHAS routes were based on surveys undertaken by the WFP managed Logistics Cluster as well as on user group meetings in consultation with partners.

To ensure the basic food and nutritional needs of affected populations during the crisis period, WFP was requested by WHO and the Government to provide food assistance for an initial three month period. The response was planned to follow the trend of the virus, focusing on patients in treatment centres, survivors, contact cases in quarantine/under observation and those unable to engage in livelihood activities; and households directly affected by EVD or by the measures put in place to manage the outbreak. At the beginning of WFP's emergency response, some 600,000 people were targeted for food assistance, including 60,000 who could be reached with the CERF funding. These included those in Ebola treatment centres and isolated communities in border areas and other "hot zones" within the affected districts of Kenema, Kailahun, Bombali, Port Loko, Moyamba, Kambia, Tonkolili, Pujehun, Bo, Bonthe, Koinadgu and the Western area. WFP's mobile vulnerability analysis & mapping (mVAM) was used to define targeting, as were related assessments such as the WFP/FAO Crop and Food Security Assessment published in December 2014, which helped guide the Emergency Operations as it was extended to continue assisting those populations affected by the Ebola outbreak.

III. CERF PROCESS

During the early stages of the response the country had established a multi-sectorial national task force chaired by the Minister of Health and Sanitation (MoHS) with four subcommittees including social mobilization. UNICEF Sierra Leone, in partnership with governments, UN agencies and NGOs, realigned programmatic priorities to concentrate efforts on the containment of the disease. Clusters were not activated in Sierra Leone, but instead the EVD response was organized around "pillars" of response under the leadership of the Ebola Operations Centre (EOC), with UNICEF co-chairing the Social Mobilization pillar (SM Pillar). As the co-chair of National Social Mobilisation (SM) Pillar, UNICEF works closely and supports the Health Education Division (HED) of the MoHS - Chair of the National SM Pillar, the District SM Pillar, other UN agencies, CDC and Civil Society Organizations (CSOs) on all SM activities at national, district and community levels. The CERF RR proposal was thoroughly discussed in the UNCT team under the leadership of the RC, and active participation of the WR and UNICEF Representative. The submission process has resulted in a joint request for CERF funding by UNICEF and WHO to support social mobilization campaign, establish seven isolation units and build capacity of health workers on case detection and management.
UNICEF, in consultation with WHO, ensured that gender and culture were well considered throughout community engagement and social mobilisation activities, and these aspects were integrated into communication interventions by development of gender-sensitive, culturally appropriate messages and tools as well as capacity building. Evidence extracted through assessments, surveys and anthropological studies were utilised for behaviour change communication and community engagement in order to spread knowledge and to promote safe practices to halt EVD transmission. Special groups were identified to reach targeted populations through various communication channels and ensured to address cultural and traditional issues. These groups are namely: media, religious and traditional leaders, women's and mothers' groups, community health workers (CHWs), teachers, youth and special needs groups including hearing and visually impaired, people living with HIV and physically disabled.

As the emergency response was ongoing, the UN Country Team reviewed the situation and identified gaps, out of which logistics and food distribution were prioritized based on their ability to save lives.. As a result, it was decided to submit additional CERF requests for funding to WFP for the provision of Humanitarian Air Services and expanding food assistance. At the time, the Emergency Operations Centre (EOC), renamed the National Ebola Response Centre (NERC), was engaged for discussion on the use of CERF funds and the Government and NGO stakeholders were informed.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 6,348,350				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health	3,110,692	3,327,659	6,348,350
	Logistics	n/a	n/a	98
	Food Security	37,500	25,000	62,500

BENEFICIARY ESTIMATION

The health sector covered the training of 443 health care workers, including national and chiefdom supervisors, in addition to the messaging to the entire population of Sierra Leone through social mobilization and community engagement interventions for Ebola response. The beneficiary figures above were drawn from in census estimates.

Pro-rating of UNHAS users and households receiving food from the CERF was applied for estimating beneficiary numbers in logistics and food security sectors.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	3,110,692	3,110,692
Male	3,327,659	3,327,659
Total individuals (Female and male)	6,348,350	6,348,350
Of total, children under age 5	1,123,358	1,123,358

CERF RESULTS

All the people in Sierra Leone were at risk of contracting Ebola, as the outbreak expanded from Kenema to Kailahun and then to other districts. The immediate priority was to initiate Ebola Virus Disease (EVD) social mobilization messaging and targeted training for Health Care Workers. The CERF funds at this first stage of the response allowed for initiating Ebola Virus Disease (EVD) social mobilization messaging and targeted training for Health Care Workers. UNICEF supported the Health Education Division (HED) of MoHS in the dissemination of key life-saving messages by providing technical support in designing district-specific social mobilization plans to ensure community engagement. This increased community participation by implementing culturally relevant interventions, to ensure mass mobilization using a multi-media approach guided by the evolving epidemiological context at different stages of the response. Provision of information about the virus, its risks and how people can protect themselves and others, to minimize stigma and to catalyse behavioural change at the community level including the adoption of safe and dignified burial practices became a critical intervention throughout the response.

In order to ensure high programme visibility and to provide social mobilizers with tools to interact with communities and individuals, a range of IEC and visibility materials were produced with the CERF funds for use by the front line workers, including 21,464 posters with key messages, 24,333 fact sheets, 4,964 Frequently Asking Questions (FAQ) booklets and 4,724 T-shirts, among others. As a result of these activities, a significant increase in knowledge and awareness levels was found, as measured through Knowledge Attitude and Practice (KAP) surveys between August 2014 (KAP 1) and December 2014 (KAP 3). KAP 1 was conducted in nine districts selected based on epidemiologic trend. Two months later, KAP 2 was conducted in all 14 districts nationwide as was KAP 3 conducted in

December 2014. The proportion of respondents who confirmed knowing three key behaviours to prevent Ebola increased from 79 percent (KAP 1) to 91 percent (KAP 3); the proportion of respondents who showed some form of discriminatory behaviour towards Ebola survivors decreased from 94 percent (KAP 1) to 38 percent (KAP 3); and the proportion of respondents who reject alternatives to safe and dignified burials decreased from 33 percent (KAP 1) to 11 percent (KAP 3). In addition to these social mobilization activities, the funds were also used to strengthen surveillance response in Kenema district through active case finding, contact tracing and monitoring at urban and rural community levels. The flexibility of the CERF allowed UNICEF to follow the beginning of the outbreak in Kailahun and spread to neighbouring Kenema district, the existing surveillance system was not robust enough to capture the scale and intensity of the outbreak.

The training of four hundred and forty three health care workers on Ebola virus disease case management in Port Loko, Kailahun, Kenema, Bo, Kambia, Kono, Moyamba and Western Area, ensured that adequate medical attention was available to all the people in these districts. The supplies and medical equipment ensured that isolation facilities in Port Loko, Kailahun, Kenema, Bo, Kambia, Kono and Western Area were ready to provide effective care.

As the outbreak expanded through the territory, new CERF allocations enabled the rapid deployment of humanitarian workers to the areas in need, as commercial flights were shutting down.CERF funds enabled a scale up of UNHAS activities to ensure that the reduction in commercial air transport did not impact the capacity of scaling up a large humanitarian response. UNHAS was able to provide air transport to approximately 100 humanitarian workers and 1 metric ton of relief cargo in support of 18 organizations. Air contracted assets were optimized to the fullest, with a 97% utilization rate of contracted flying hours. To facilitate the transportation of humanitarian passengers, UNHAS worked with the Senegalese authorities to establish a humanitarian air corridor from Dakar to the three affected countries in September 2014. 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.

With the final CERF grant, people affected by the disease had access to reliable food distributions, ensuring compliance with the country's policies in responding to Ebola so as not to increase transmission at distribution points. Food assistance helped to ensure that those in treatment had the nutritional support required to help their bodies recover from the virus and that Ebola survivors continued to receive nutritional support upon discharge and reintegration into their communities. Additionally, households and communities most affected by the virus were provided with food assistance in an effort to help contain the spread of the virus, ensuring that people had enough food at home so they did not have to leave in search of food where risk of transmission was greater. 62,500 people were reached with food aid exceeding the target of 60,000 people. The CERF funds were used to purchase 3,125mt of rice.
With very few commercial options, there was an immediate need for funding to UNHAS to address a time-sensitive demand for logistic support to the humanitarian community. Also a sudden increase in people requiring food assistance WFP needed immediate funding to ensure that people in the EVD contact lists received food, increasing the likelihood of compliance with movement restrictions.

The humanitarian situation changed as a result of the CERF allocation. There was an improvement in the setting with the support to the UNHAS air assets, case management and in public opinion due to the public messaging campaigns. Support of the UNHAS air assets enabled responders to access areas which previously had limited access due to the road conditions and time required to travel. As international carriers removed Sierra Leone from their schedule, there was a risk that the operation would lose the necessary personnel and assets to remain effective in the Ebola response. Support to the UNHAS assets provided a fundamental support to the operation in terms of personnel transport, safety for the responders, and a duty of care commitment. In addition, the air assets facilitated movement of the resources required to respond to the dynamic operational environment. There was an improvement in case management which improved in the districts where the training took place, which then supported other district response planning and implementation. At the time of the CERF allocation, there was a continued attitude of disbelief by many local communities as to the real nature of Ebola and its impact. The public information campaigns supported sensitisation and information exchange to allow communities to voice their opinions and be educated to help them remain safe from the threat of Ebola.

CERF's ADDED VALUE

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

The CERF funds assisted UNICEF to rapidly support the government of Sierra Leone and to coordinate the social mobilization and community engagement interventions to prevent further spread of the disease by increasing awareness and knowledge about EVD signs and symptoms, preventive behaviours and reducing misconceptions for health care workers, but also for the communities in general.

At the onset of the Ebola outbreak, WFP did not have sufficient resources in the country to respond to the enormous needs of the population and the rapid transmission of the virus. CERF funds enabled WFP to scale up its operations, providing live saving support to people and communities affected by the virus. CERF funds also enabled WFP to initiate the movement of humanitarian personnel and supplies into and within the country to support the scale up of activities for UN and NGO partners.
Without this service, the scale up of activities seen in Sierra Leone would not have been possible.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds were utilized to rapidly strengthen surveillance in Kenema district as the outbreak migrated into the district from neighbouring Kailahun. The timely availability of funds ensured that this critical intervention identified jointly by all partners under the leadership of MoHS was implemented.

As the situation in Sierra Leone continued to unfold, the UNHAS project was prepared for a period of two months, with the CERF funds providing the start-up funds to facilitate the mobilization of resources, including additional financial support and positioning of equipment. In the early stages of the crisis, health facilities and staff were overwhelmed by the caseload and rapid movement of the virus. UNHAS was able to ensure the movement of humanitarian personnel, including medical staff and other humanitarian responders, into the country. At a later stage, UNHAS provided the essential service of moving humanitarian workers, in particular medical staff, into remote locations where transport could have hindered the timeliness of the response. The rapid set up of UNHAS enabled health responders to reach affected areas to provide live saving support to people and communities affected at the onset of the outbreak.

The rapid scale up of food assistance made possible through the use of CERF funds and other donor contributions has enabled WFP to save lives and livelihoods in this complex emergency setting. This food assistance has been key to supporting the health response by ensuring that patients in treatment and holding centre have the right nutritional support to respond to treatment. Where livelihood activities were put on hold due to the nature of the virus and the subsequent quarantine of communities, WFP has been able to ensure that the basic food needs of the population are met. For survivors of the virus, WFP's food assistance has facilitated their return into their communities and resumption of normal activities while, at the same time, providing the nutritional support required for full recovery.

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

CERF funds covered the initial interventions and support to the Ebola Response. These funds served as catalytic funds and guided the overall response during the following months. Subsequent requests for fund raising were based on the experiences and learning from the initial interventions at district and community levels supported by the CERF RR funds.

An Overview of Needs & Requirements was launched by the UN, requesting international action in the fight against Ebola. CERF funds provided the initial kick start that was necessary to bring the international humanitarian community on-board with the Ebola response, resulting in the major government donors coming on-board with the UNHAS response, resulting in more and more pledges announced subsequently to scale up the operation. CERF funding for the Ebola response encouraged other donors to match contributions and provided the necessary resources to cover the funding gaps. This has enabled a rapid scale up of activities, enabling WFP to reach more people with food assistance and ensuring the essential transport services provided by UNHAS.

[1] 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.).

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

As the CERF RR proposal was jointly drafted by the WHO and UNICEF teams in country, the implementation of the Ebola Response interventions supported by the CERF RR Grants to UNICEF and WHO was conducted in a well-coordinated manner, ensuring a harmonized approach.

UNHAS created one of the initial platforms for coordination amongst humanitarian partners by providing a common air transport service which facilitated the movement of supplies and personnel required for the response. At the same time, funds received from CERF enabled WFP and its cooperating partners to provide food assistance to affected populations throughout the entire country in consultation with other partners including the National Ebola Response Centre/District Ebola Response Centres, District Health Management Teams, UNMEER, and WHO which played a key role in the health response.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Rapid engagement of the CERF Secretariat in the Ebola Response, increases its timeliness	Continue early engagement with emerging crises	CERF Secretariat
At the time, the CERF provided the initial source of flexible funding which could be used to kick-start the response.	Maintain the flexible nature of CERF allocations	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The effective collaboration between UN Heads of Agencies under RC leadership is crucial for the effective mobilization of CERF RR funding and response effectiveness	Identify opportunities for joint-projects	UN Heads of Agencies, RC
Through consensus building, the UNCT was able to build consensus, facilitating the receipt of CERF funds required to provide live-saving assistance to the affected populations and to ensure a scale up of activities from all partners.	Ensure that CERF submissions are discussed and agreed by all UNCT members	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	16.06.14 – 15.12.14
2. CERF project code:	14-RR-CEF-089	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Response to Ebola Virus Disease outbreak in Sierra Leone		

7.Funding				
a. Total project budget:	US$ 895,547	d. CERF funds forwarded to implementing partners:		
b. Total funding received for the project:	US$ 200,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 0	
c. Amount received from CERF:	US$131,248	▪ *Government Partners:*	US$ 69,380	

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	3,110,692	3,110,692	None
b. Male	3,327,659	3,327,659	
c. Total individuals (female + male):	6,348,351	6,348,351	
d. Of total, children under age 5	1,123,358	1,123,358	

9. Original project objective from approved CERF proposal

To raise awareness and build knowledge of general public on prevention and control of the transmission of Ebola haemorrhagic fever

10. Original expected outcomes from approved CERF proposal

Rapid containment of the Ebola epidemic leading to reduced morbidity and mortality; Men, women including children in Sierra Leone will raise an awareness of Ebola hemorrhagic disease and obtain the correct knowledge about signs and symptoms, means of prevention and what needs to be done if a suspect with Ebola is found in the community
Men, women including children in Sierra Leone are aware of Ebola hemorrhagic fever and have the correct knowledge about signs and symptoms, means of prevention and what needs to be done if a suspect with Ebola dies or is found in the community
Indicators:

1. Number of IEC materials printed and distributed
2. Number of radio stations airing the discussions

11. Actual outcomes achieved with CERF funds

Significant increase in knowledge and awareness levels as measured through Knowledge Attitude and Practice (KAP) surveys between August 2014 (KAP 1) and December 2014 (KAP 3).

1. % respondents who know three key behaviours to prevent Ebola: KAP 1 (79%) / KAP 3 (91%)
2. % respondents who show some form of discriminatory behaviour towards Ebola survivor: KAP 1 (94%) / KAP 3 (38%)

% respondents who reject alternatives to safe and dignified burials: KAP 1 (33%) / KAP 3 (11%)

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

None	
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):** Mass media interventions and surveillance activities implemented, actively targeted women within the general population target group	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
Key conclusion and recommendations from KAP 3 (December 2014) are: 1. Social mobilization is having a wide reach throughout Sierra Leone 2. Continue to see improvements in key KAP indicators a. Comprehensive knowledge, misconceptions, stigmatization, acceptance of safe burial practices, avoidance of physical contact with the sick and dead 3. Intensified social mobilization efforts are still needed in Western Area, Northern Province, Kono and Moyamba 4. Need to sustain social mobilization activities in all 14 districts to continue building on the major gains made so far 5. Need to scale-up psychosocial support for affected individuals, families and communities Service delivery mostly able to meet the increased demand, however, further improvements in response time needed to reduce likelihood of contact with sick and dead (and possible further transmissions)	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	16.06.14 – 15.12.14
2. CERF project code:	14-RR-WHO-040	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Response to Ebola Virus Disease outbreak in Sierra Leone		

7.Funding				
	a. Total project budget:	US$96,830	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$96,830	▪ *NGO partners and Red Cross/Crescent:*	US$ N/A
	c. Amount received from CERF:	US$103,608	▪ *Government Partners:*	US$ 47,871

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	3,110,692	3,110,692	The whole population in the districts benefited from the establishment and equipping of the isolation units. As suspected cases were removed from their communities and managed at the isolation units. The population of the districts also benefitted from the capacity building of the health workers who were then able to identified and manage suspected EVD cases which they could not have otherwise done.
b. Male	3,327,659	3,327,659	
c. Total individuals (female + male):	6,348,351	6,348,351	
d. Of total, children under age 5	1,123,358	1,123,358	

9. Original project objective from approved CERF proposal

To establish seven isolation units and build capacity of health workers on case detection and management of Ebola Virus Disease

10. Original expected outcomes from approved CERF proposal

Rapid containment of the Ebola epidemic leading to reduced morbidity and mortality; Men, women including children in Sierra Leone will raise an awareness of Ebola haemorrhagic disease and obtain the correct knowledge about signs and symptoms, means of prevention and what needs to be done if a suspect with Ebola is found in the community

Indicators:

1. Number of Isolation units equipped.
2. Number of health workers trained on Ebola virus disease management
3. Number of health workers trained on Ebola virus disease case management
4. Monitoring report

11. Actual outcomes achieved with CERF funds

Four hundred and forty three Health workers trained on Ebola virus disease case management

Medical Equipment and medical supplies procured and distributed to Isolation facilities in Port Loko, Kailahun, Kenema, Bo, Kambia, Kono, Western Area.

Supportive supervision and monitoring. Regular monthly Supervision and monitoring carried out by national supervisors of the directorate of disease prevention and control and WHO field officers.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
None	
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):** Both males and females were affected by the Ebola virus disease and had equal access to services provided in the isolation units Female health workers were included among participants trained.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The evaluation will be broader and include all projects undertaken by the organization	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: 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-063	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Logistics		☒ Concluded
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$ 4,218,188	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$1,263,228	▪ *Government Partners:*	US$ 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	100	N/A	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. A fewer number of passengers and cargo were transported than planned due to a smaller than expected requirement from international partners. Direct beneficiaries of the UNHAS services are responders from relief organizations, governments, donors, press, etc. 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.
b. Male	100	N/A	
c. Total individuals (female + male):	200	98	
d. Of total, children under age 5	N/A	N/A	

9. Original project objective from approved CERF proposal

- To support the humanitarian response to the Ebola virus disease outbreak in Sierra Leone through the provision of an air passenger services that facilitates vital access of humanitarian personnel, especially health sector personnel, into and out of Sierra Leone as well as the affected in-country areas.
- To facilitate the delivery of humanitarian assistance to the affected population in Sierra Leone 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

Expected Outcomes:
Vital access for humanitarian workers, especially health workers, to the affected areas and the rapid movement of life-saving medicines, equipment and supplies.

- An estimated 200 passengers transported per month
- An estimated 20 metric tonnes 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

Indicators:

- Number of passengers transported
- Tonnage of light cargo transported
- Number of eligible organizations utilizing the service; and

- Utilization rate of contracted flying hours.

11. Actual outcomes achieved with CERF funds

The CERF provided the initial funding for the first month to kick-start UNHAS operations in the three most affected countries as part of a regional response to provide essential transport services to humanitarian actors. The service in Sierra Leone was part of a regional response, providing transport between the capitals of Guinea, Sierra Leone and Liberia, and also with Senegal and Ghana. With the CERF funding, an estimated 200 passengers and 20mt of life-saving cargo could be transported in the first month of UNHAS operation within the Sierra Leone component of the response. UNHAS provided one of the key logistical requirements necessary for a scale up of the response, facilitating the movement of humanitarian personnel and equipment into the Ebola affected countries. As per the contract with the aircraft flying team, UNHAS expected to fly 120 hours in the first month (15 August - 15 September).

In the first month of operations, UNHAS provided its service to an estimated 98 humanitarian personnel facilitating their movement into Sierra Leoneand some 1.1mt of humanitarian cargo were transported to provide the life-saving equipment for the response. UNHAS was initially utilized by 18 organizations as agencies began to scale up their activities as part of the Ebola response. The use of contracted flying time amounted to 117 hours, or approximately 97% utilization of contracted flying hours.

As the number of actors involved in the response expanded in the following months, and as UNHAS increased its capacity with funding from other sources, the number of passengers between and within each country and movement of cargo has increased dramatically. To date, in the region UNHAS has facilitated the movement of more than 12,000 passengers and the movement of nearly 100mt of humanitarian cargo.

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 to be transported by UNHAS. Nevertheless, UNHAS remained effective, providing transport to the key locations where humanitarian personnel and equipment was made available.

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): Please describe how gender equality is mainstreamed in project design and implementation

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
A SPR will be prepared and issued in 2015. The SPR is an annual project performance report that serves as a repository of institutional knowledge of the project, contributes to WFP's annual corporate statistics and APR, while fulfilling a key contractual agreement with donors. WFP also conducted an internal management review, real time assessment, compliance and review of risks throughout the Ebola response.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	5. CERF grant period:	03.10.14 – 02.04.15
2. CERF project code:	14-RR-WFP-071	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food Security		☒ Concluded
4. Project title:	Food support to populations affected by the Ebola Outbreak		

7.Funding				
	a. Total project budget:	US$ 189,132,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 146,673,702	▪ *NGO partners and Red Cross/Crescent:*	US$ 250,750
	c. Amount received from CERF:	US$2,999,515	▪ *Government Partners:*	US$ 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	31,200	37,500	None
b. Male	28,800	25,000	
c. Total individuals (female + male):	60,000	62,500	
d. Of total, children under age 5	3,000	8,750	

9. Original project objective from approved CERF proposal

The emergency operation aims to meet the urgent food and nutrition needs of vulnerable people and communities during the period of crisis, in line with WFP Strategic Objective 1, "Save lives and protect livelihoods in emergencies." Specifically to:

a. Respond to the immediate food needs of people affected by the virus and receiving medical attention as well as contact cases under observation in quarantine (7,500)
b. Ensure the food needs of other populations in the primary "hot zones," affected by the containment measures and resulting impact on livelihoods and markets (52,500)

In turn, the provision of assistance could contribute to social, political and economic stability in the fragile affected countries. The duration of the CERF assistance is 3 months.

10. Original expected outcomes from approved CERF proposal

Outcome: Stabilized food consumption over four months for beneficiaries in the EVD affected areas

Outcome Indicator:

- Percentage of households with poor Food Consumption Score (disaggregated by male and female-headed households);

Output Indicator:

- Number of Households receiving food assistance, disaggregated by beneficiary category, sex, as % of planned
- Quantity of food assistance distributed, disaggregated by type, as % of planned
- Proportion of target population who participate in an adequate number of distributions

11. Actual outcomes achieved with CERF funds

Through this contribution from the UN CERF**,** WFP planned to meet the needs of approximately 60,000 beneficiaries throughout Sierra Leone. This initial estimate was developed based on the overall project activities, number of beneficiaries and rations planned in September 2014. Since then situation evolved, WFP adapted its response to better meet the revised beneficiary

requirements. With the rapid spread of the EVD throughout Sierra Leone and the unpredictable nature of the virus, WFP adapted its response to follow the virus while supporting the health response. The CERF funds were used to purchase 3,125mt of rice which provided a key ingredient in WFP's food basket which also includes pulses (beans), vegetable oil, salt, and a highly nutritious corn-soya blend (SuperCereal). Based on the tonnage of rice purchased, it is estimated that WFP was able to reach approximately 62,500 beneficiaries with the contribution received from CERF to support Ebola affected populations throughout the country. This includes an estimated 25,000 males and an estimated 37,500 females, among which an estimated 8,750 were children under 5. These beneficiaries include those in treatment and holding centres who received daily hot-meals provided through health partners, as well as households in 'hot zones' of the virus who benefitted from blanket distributions.

A mobile Post-Distribution Monitoring conducted by WFP in December indicates that approximately 24% of households monitored have a poor food consumption score. The prevailing food security situation has been impacted by reduced access to food commodities due to market closure, the loss of livelihoods and decline in crop production, and movement restrictions put in place to curb the virus. As a result of these limiting circumstances, WFP's food assistance played a vital role in supporting the food and nutritional needs of the population and preventing a deterioration of the nutritional status in the country. At the same time, this food assistance has been seen as a key element in the response – ensuring that patients in treatment have the nutritional support they need to recover while, at the same time, ensuring that movement restrictions, including the quarantining of households, are an effective measure for curbing the transmission of the virus

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

None

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): Please describe how gender equality is mainstreamed in project design and implementation

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project. here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project. The SPR for the Emergency Operation (EMOP 200761) was published in March 2015 and can be accessed by donors at the following link: http://www.wfp.org/government-donors/standard-project-reports The SPR is an annual project performance report that serves as a repository of institutional knowledge of the project, contributes to WFP's annual corporate statistics and APR, while fulfilling a key contractual agreement with donors. WFP measured outcomes of the General Food Distributions through a statistically sound post-distribution monitoring (PDM) survey in December 2014 – and updated exercises are ongoing. The results provided staff with the opportunity to assess the programme's performance. Monitoring data has been collected through focus group discussions and face-to-face questionnaires (where the health situation allows), and the adaptation of mobile monitoring tools to pilot mPDM modalities. In the ongoing round of post-distribution monitoring, data collection tools has been reinforced to integrate new programme-specific indicators beyond traditional food security indicators, for example to be able to capture impact of the assistance on a community's ability to reduce unnecessary movements during containment. WFP also conducted an internal management review, real time assessment, compliance and review of risks throughout the Ebola response.	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-089	Health	UNICEF	Ministry of Health and Sanitation		GOV	$69,380	31-Dec-14	30-Jul-14	
14-RR-WHO-040	Health	WHO	Ministry of Health and Sanitation		GOV	$47,871	31-Dec-14	30-Jul-14	
14-RR-WFP-071	Food Assistance	WFP	Caritas Makeni	Yes	NNGO	$27,701	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	World Vision International	Yes	INGO	$37,760	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Welt Hunger Hilfe (WHH)	Yes	INGO	$36,965	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Plan International	Yes	INGO	$19,458	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	COOPI	Yes	INGO	$1,659	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Pure Heart Foundation	Yes	INGO	$1,578	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Save the Children	Yes	INGO	$1,893	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Development Initiative Programme	Yes	INGO	$3,991	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners

									(other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Action for Community Transformation and Sponsorship (ACTS)	Yes	NNGO	$2,020	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Community Action for the welfare of Children (CAWEC)	Yes	NNGO	$3,550	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	International Medical Corps (IMC)	Yes	INGO	$11,444	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Sierra Leone Poverty Alleviation Agency	Yes	NNGO	$3,069	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Sierra Leone Red Cross Society	Yes	RedC	$2,157	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Ministry of Agriculture Forestry and Food Security (MAFFS)	Yes	GOV	$2,327	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Community Integrated Development Organisation	Yes	NNGO	$87,523	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Kambia District Development and Rehabilitation Organisation (KADDRO)	Yes	NNGO	$7,654	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)
14-RR-WFP-071	Food Assistance	WFP	Kambia District Development and Rehabilitation Organisation (KADDRO)	Yes	NNGO	$7,654	23-Sep-14	23-Sep-14	Field level agreement with our implementing partners (other direct operational costs – ODOC)

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

C4D	Communication for Development
CDC	Center for Disease Control
CHW	Community Health Worker
CSO	Civil Society Organizations
DERC	District Ebola Response Centre
EOC	Emergency Operations Centre
GoSL	Government of Sierra Leone
HED	Health Education Divison
IEC	Information, Education and Communication
KAP 1	1st Knowledge Attitude and Practice (August 2014)
KAP 3	3rd Knowledge Attitude and Practice (December 2014)
MSF	Médecins Sans Frontières
MoHS	Ministry of Health and Sanitation
SM Pillar	Social Mobilization pillar
WFP	The UN World Food Programme
UNHAS	The UN Humanitarian Air Service
EMOP	Emergency Operation
SO	Special Operation
SPR	Standard Project Report
Mt	Metric tonne
APR	Annual Performance Report