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*Ebola Response Strategy
for Guinea, Liberia and
Sierra Leone*



The situation

New Ebola cases in Guinea, Liberia and Sierra Leone are declining, but it will likely take some time for the three countries, supported by the international community, to bring the epidemic fully under control.

The death and suffering caused by Ebola are only the beginning of the story. The socio-economic impact will be felt up to a decade after the disease has ended. The epidemic has affected virtually every economic sector in Guinea, Liberia and Sierra Leone, stressed social relationships and eroded people's trust in their governments.

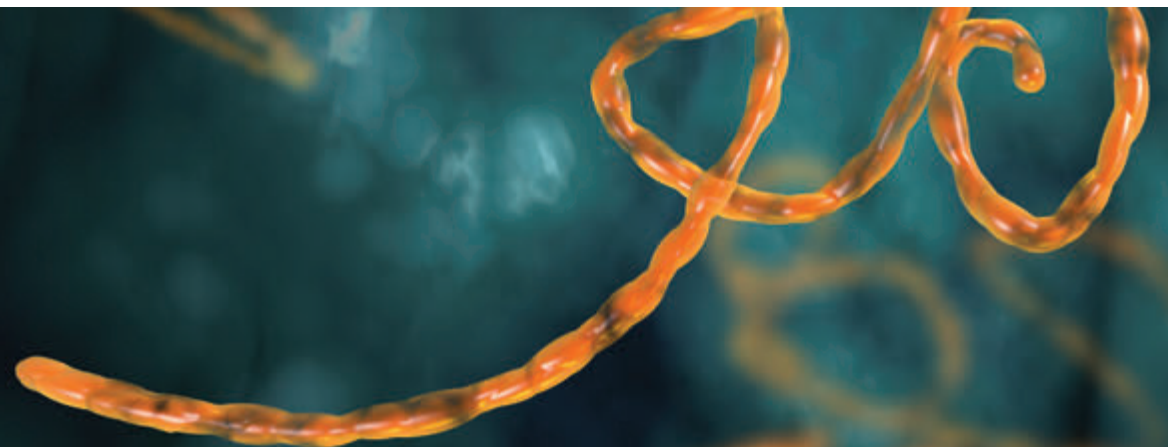
The only way to prevent future Ebola epidemics of this magnitude is to address the fundamental social and political vulnerabilities that have allowed the virus to flourish, such as weak health systems and local services, poor governance, chronic poverty, and a legacy of conflict and social divisions.

In particular, the Ebola outbreak has highlighted the need to strengthen local service delivery and the authority of the State in locations away from the capitals. There needs to be a shift in the development approach, from one overly focused on the central State to one that strengthens the social contract among communities (horizontal) and between communities and the State (vertical).

While supporting on-going efforts to reach zero cases, the United Nations Development Programme (UNDP) is working to help the three most affected countries build back better, putting them in a better position to mitigate the impact of future crises.



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Socio-economic impact

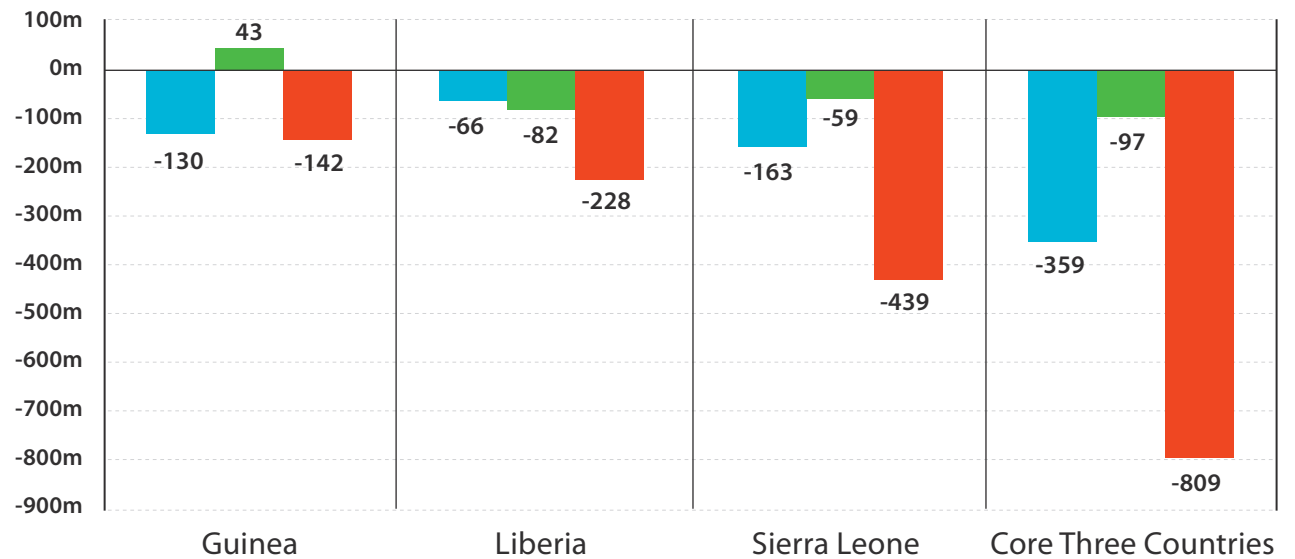
Based on UNDP's most recent estimates, economic growth in 2014 fell from 4.5 to 1.6 percent in Guinea, from 5.9 to -1.8 percent in Liberia, and from 11.4 to 7.4 percent in Sierra Leone. These figures reflect a massive slowdown in trade and business activity in every economic sector, from agriculture, which accounts for a large percentage of GDP, to construction and mining. In Liberia, commercial and residential construction activities have ground to a halt. In Guinea, potato exports to Senegal declined by 91 percent from August 2013 to August 2014 and production in manufacturing could fall by as much as 5 percent in 2015.

In addition, the epidemic is estimated to have increased budget deficits in the three countries by USD 500 million in 2014, due to reduced taxes on incomes, sales and external trade, together with increased government spending on stamping out the epidemic. This has delayed many infrastructure programmes and put additional stress on public services such as healthcare that is unrelated to Ebola.

Further, recent surveys carried out by the United Nations indicate that relatives living in different locations have started seeing each other much less frequently, stigma has spread, and confidence in the future and trust in governments have both significantly declined. These are compounded by a perception that local governments have failed to deliver essential services to their people, due to a lack of capacity and resources.



Millions of dollars lost in GDP



■ 2014 ■ 2015 (Low Ebola) ■ 2015 (High Ebola)

Sources: World Bank (2014); UNDP Africa Policy Notes (2014)

The epidemic will significantly affect the capacity of the three countries to achieve their poverty reduction objectives. According to UNDP projections, the poverty rate increased by more than 2 percent in 2014 in Guinea. In Liberia, that rate increased by a minimum of 5.5 percent. In Sierra Leone, the poverty rate is likely to increase by up to 14 percent in 2015.

The economic crisis caused by the Ebola outbreak is affecting the livelihoods of millions of people. In Sierra Leone, for instance, per capita income fell by USD 71 between January and October, and tens of thousands of people have lost their jobs. Since the onset of the Ebola crisis, inflation has flared up, buying power went down by 20 percent in Sierra Leone and by more than 25 percent in Liberia, with rural communities worst affected. About 42,000 jobs have been lost in Guinea's potato value chains. And according to a recent UNDP study, Ebola is reducing the revenues of traders and farmers and their ability to pay back loans.

Because of its effect on agricultural production, prices and jobs, the Ebola crisis will likely lead to an increase in food insecurity. Local market activity has slowed down dramatically because of movement restrictions, resulting in escalating food prices. Additionally, many farms were abandoned for a long time, leading to reduced planting and harvesting.

The epidemic has affected women disproportionately because of the essential role they play as caretakers, health personnel and small traders.

For instance, as of December 2014, women represented 62 percent of the sick in Guéckédou, Guinea where the epidemic first appeared, and up to 74 percent in Téliémilé, north of the capital Conakry. Further, more than 800,000 women will give birth during the next 12 months in all three countries. But with the severe shortage of health facilities and professionals, compounded by the fear of getting infected in a clinic, many could die without proper care. In the three countries, HIV screenings have decreased by 90 percent. UN Population Fund (UNFPA) has also warned that teenage pregnancy, early marriage and violence and exploitation of women are on the rise.

The Ebola crisis could pose a threat to peace and stability in Guinea, Liberia and Sierra Leone, which have just recently emerged from long periods of civil war or political instability. The crisis has led to isolated demonstrations and instances of violence against health workers and Ebola facilities. Because of its impact on youth unemployment, the Ebola crisis could lead to further unrest and continue to destabilize large urban areas.



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Sub-regional impact

Other countries in West Africa have already been affected by the Ebola crisis because of their deep connections with the three most affected countries. According to UNDP, West Africa as a whole may lose an average of at least US\$3.6 billion per year between 2014 and 2017, due to a decrease in trade, closing of borders, flight cancellations and reduced Foreign Direct Investment and tourism activity.

This has also had an important impact on human development. In Côte d'Ivoire for instance, the poverty rate has risen by at least 0.5 percentage points because of Ebola, while in Senegal, the proportion of people living below the national poverty line could increase by up to 1.8 percent in 2014. In addition, food insecurity in countries such as Mali, and Guinea-Bissau is expected to increase.



UNDP'S work: Resilience-based development

Because reaching zero cases is likely to be a long and difficult task, emergency health efforts and recovery will both remain necessary in coming months. UNDP has been – and continues to be – at the forefront of the urgent fight to contain the disease. The agency is focusing on involving communities in the response and providing essential services, facilitating payments for Ebola workers and providing supplies, funding and coordination

support for the emergency. At the same time, UNDP has been tasked by the UN Secretary-General to lead the efforts of the UN on Ebola recovery. In this context, UNDP, in close partnership with the African Development Bank, the European Union, the World Bank and other UN agencies, is supporting Guinea, Liberia and Sierra Leone to design and launch comprehensive Ebola-related recovery plans. In January 2015, representatives from UNDP and

the above institutions travelled to the three countries where they met with key stakeholders to identify the gaps, needs and areas of work that will to be addressed in the transition between crisis and recovery. The Ebola Recovery Assessment (ERA) identifies four key areas for the international community to assist on: health, water and sanitation; infrastructure and basic services; socio-economic recovery; and peacebuilding.



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UNDP's Helen Clark on the ground in Sierra Leone assisting with the distribution of aid and supplies to locals at risk of contracting Ebola.



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A UNDP-supported Ebola response team is briefed before starting another day in the fight against Ebola.



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UNDP's approach: Stop and treat, help recover

Recovery efforts

UNDP promotes national ownership, hence our role is to bolster national recovery efforts led by the governments of Guinea, Liberia and Sierra Leone. Our recovery work aims to both stabilize communities and livelihoods in the short-term, and lay the foundations for resilient and sustainable development over the longer term.

Our programmatic work focuses on four thematic areas:

- ✓ Economic opportunities and jobs;
- ✓ Recovery of the health sector;
- ✓ Resilient governance for recovery, peace and stability; and
- ✓ Risk management for future outbreaks.

While UNDP implements its own programmes, we also play an essential role in coordinating the recovery work of the UN and other partners, integrating different recovery assessments and helping the three countries to develop and implement their national recovery strategies.

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Economic opportunities and jobs

UNDP has begun to assist at-risk households and communities as they recover from personal loss, try to overcome stigma and in many cases struggle to make a living in the absence of jobs and other sources of income. In the first instance, UNDP provides cash for work, cash transfers and emergency employment programmes so people in heavily-affected areas, including survivors and women heads of households, can earn a salary building essential infrastructure and serving their communities. In the second instance, grants, start-up packages and vocational training will be provided to businesses that have shut down or new ones being created. In the third instance, based on local livelihoods assessments, UNDP will support local and national governments to create the right frameworks and policies for the private sector and microfinance institutions to thrive and promote access to new jobs and markets in poor areas.





Health workers wearing personal protective equipment (PPE) outside a midwifery school where they are attending a training session on Ebola, in Makeni, Sierra Leone.

Recovery of the health sector

Based on its long-standing partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNDP will work with its national partners in Guinea, Liberia and Sierra Leone to develop essential, non-Ebola health services, many of which ground to a halt during the Ebola crisis. UNDP is working with the Ministries of Health in Liberia and Sierra Leone to re-programme their Global Fund grants. In addition, UNDP has begun to use environmentally friendly sterilizing equipment to help dispose of the vast amounts of contaminated protective equipment and infectious waste generated in treating Ebola patients. Ebola-affected countries will benefit from this clean technology long after the crisis has ended. UNDP will also help to prepare the health sector to tackle future crises, supporting national emergency units and health ministries with contingency planning and logistics.

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Resilient governance for recovery, peace and stability

Aiming to boost the three countries' decentralization agendas, UNDP will help to restore the capacity of local governments to deliver basic services, supporting them on planning economic recovery and building better local health capability, and providing assistance on information and budget management, payrolls and logistics. UNDP will also help them to create more participatory mechanisms for local decision-making, including through consultations and the creation of community groups that can identify needs and development and investment priorities. In order to address issues of trust and to bridge divisions, that effort will include civic education and public outreach activities. Particular emphasis will also be given to strengthening rule of law and security institutions and ensuring improved coordination between civil and security sectors so they can conduct community policing in tandem with one another.

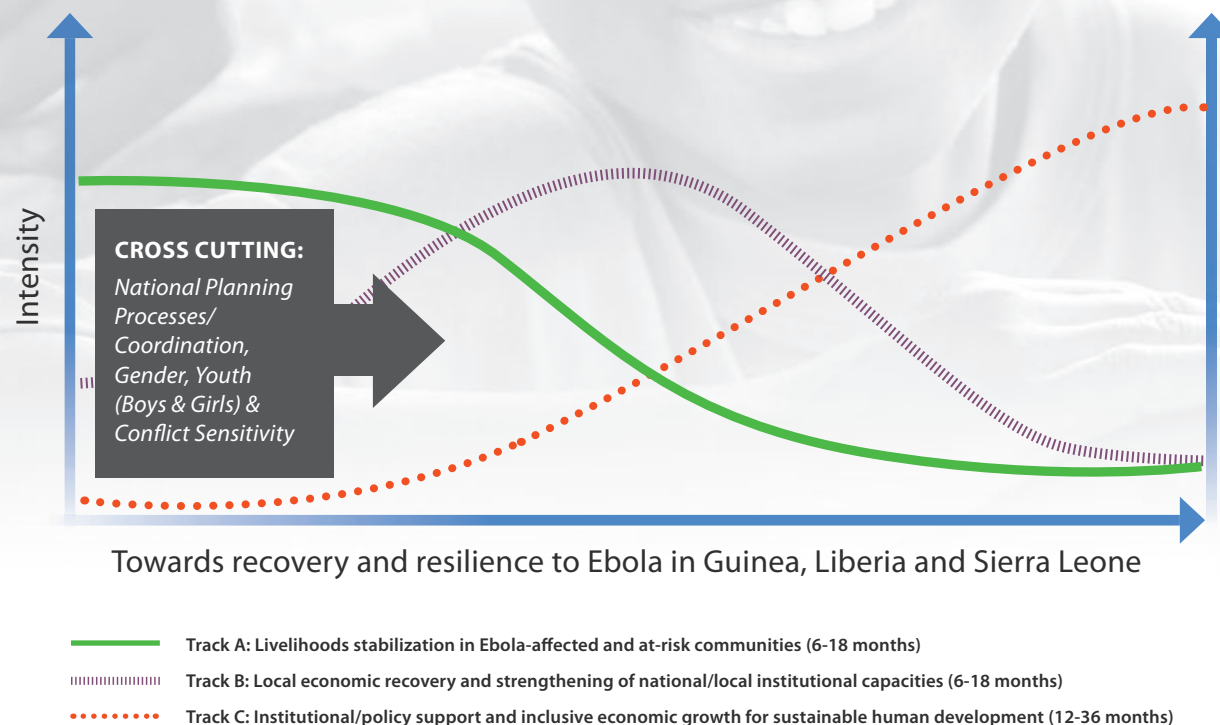
Risk management for future outbreaks

UNDP will support the governments of the three countries to establish long-term strategies for reducing vulnerability and building the resilience of communities to future outbreaks. This strategy will aim to create diversified sources of revenue to slow down degradation of forest habitats which have caused wild animals to come in closer contact with humans and break people's reliance on bushmeat as a staple food. Other areas of support include the development of a global surveillance platform to monitor possible outbreaks and the development of early warning systems and mechanisms.

3 phases in the overall recovery response

UNDP's assistance for recovery in Guinea, Liberia and Sierra Leone operates over the short, medium- and longer term. In the first phase (track A), interventions are targeting at-risk communities and survivors. As the first phase peaks, the second phase (track B) will focus on local economic recovery and building local capacities to boost development. In the third phase (track C), UNDP's support will become broader, assisting national governments with the development of policies for inclusive growth and long-term, sustainable human development.

Three complementary tracks/components for achieving early recovery and rapid return to sustainable development pathways



Stop and treat

While increasingly shifting towards recovery, UNDP's efforts to contain Ebola are on-going and focused on two thematic areas:

- ✓ Mobilize communities against the disease; and
- ✓ Strengthen coordination and delivery of essential health and other basic services.



Mobilize communities against the disease

Community involvement helps to create ownership of the response at various local levels; reduce risks for families and communities; promote safe and dignified burials; encourage communities to see community care centers as acceptable and appropriate in the continuum of care; generate demand for services in a timely manner; and enable a smooth flow of information.

UNDP is working with communities, through local leaders and networks of volunteers, to identify cases and educate people on how the disease is spread and how to avoid contracting it. We are also helping excluded groups, such as people living with disabilities, protect themselves and fight stigma. In all three countries, UNDP has deployed community-based volunteers and youth groups to conduct health promotion campaigns, active case search, follow up of contacts and referral of acute suspected cases.

Public awareness initiatives have also been taking place, through local radio and television broadcasts, door-to-door campaigns, cellphone messages and helping local media to promote healthy behaviors and mobilize communities.

Strengthen coordination and delivery of essential health and other basic services

As part of the overall UN Mission for Ebola Emergency Response (UNMEER) and UN response, UNDP is the lead UN agency on coordination of payments to Ebola workers, including treatment center staff and lab technicians, contacts tracers and burial teams. Through its Payment of Ebola Workers Project, UNDP is providing technical support to national governments in the design and implementation of the payment systems to ensure uninterrupted services.

In addition, UNDP is working with national security institutions to develop Standard Operational Procedures (SOPs) for security forces working at checkpoints and quarantined neighborhoods. Military and police are being trained on how to respect human rights and communicate courteously, and have committed to engaging with community leaders in all checkpoints and quarantined areas. UNDP assistance will also help to set up border posts in remote, often inaccessible, areas where people are suspected to be crossing. Motorbikes, tents, communications equipment and personal protective equipment will also be provided for border crossings, which will allow immigration as well as health workers to operate at the border.

Community involvement helps to create ownership of the response at various local levels.





Implementation, monitoring and evaluation

UNDP, in partnership with the affected host governments, other UN agencies, civil society organizations (CSOs) and other development partners, will seek to strengthen existing monitoring and evaluation (M&E) mechanisms to ensure that programme coordination is efficient and effective, complementing and/

or closely supporting the governments' interventions on Ebola crisis response and recovery. UNDP's implementing partners include UN agencies, government departments, non-governmental organizations and CSOs, the private sector as well as other international development agencies.

Required funding for UNDP'S Ebola response

The Total Budget for the Ebola Crisis Response and Resilience Programme for the three epicenter countries is USD 69.8 million with USD 18.3 million funded from UNDP resources and other donors.

The bulk of the resources will be for recovery; however, efforts to stop and treat the disease remain a priority and should be linked and implemented as a package.

Snapshot of results since October 2014

Recovery

- ✓ In Liberia, UNDP has committed USD 2 million of its own funding to provide social safety nets, targeting 20,000 households.
- ✓ In Liberia, UNDP has distributed one-off payments of USD 100 to hundreds of women who, prior to Ebola, were selling dried meat in the markets. When the crisis started, the Government banned the sale of bush meat, leaving those market women with unsold inventory and in debt to their suppliers/ hunters. The payments helped them pay down their debt, with a view to seeking alternative sources of income.
- ✓ In Sierra Leone, UNDP is procuring basic goods for survivors (kits containing items for personal hygiene, clothes, blankets, mattresses, food).
- ✓ In Sierra Leone, UNDP is working with the Global Fund to Fight AIDS, Tuberculosis and Malaria to help restore treatment for people living with HIV, around 80 percent of whom are not receiving any treatment because of fear and isolation or because doctors are not offering health services.
- ✓ In Sierra Leone, UNDP helped procure and install two environmentally friendly Waste Management Units, or 'autoclaves', at health facilities, to appropriately manage the growing volume of highly contagious Ebola-related medical waste, including treatment materials and protective wear.
- ✓ UNDP helped rehabilitate buildings and improve sanitation and garbage in the four urban districts of Guéckédou, Macenta, Lola and N'Zérékoré, in Guinea's forest region. In addition, community infrastructure programmes were completed, including the construction of small bridges and latrine blocks in bus stations, generating incomes for 1,549 youth (27 percent female) in the process. In addition, 15 farmers' organizations (162 households) were equipped with 14 metric tons of fertilizer and 59 metric tons of seeds for rice cultivation in the forest region.
- ✓ In the Northern High Guinea region, a joint UNDP-UNCDF project to rehabilitate infrastructures and social services took place in Norassoba, Kintinian and Kouremale, within the framework of early recovery and resilience. To increase the hygiene quality in facilities around and within health infrastructures, renovation by a small number of selected local entrepreneurs was completed for 15 latrine blocks in public places, one health post in Kouremale, two road stations with water supply in Kouremale and Kintinian, and one market with water supply in Norassoba.



Community mobilization

- ✓ In Guinea’s most-affected areas, UNICEF, UNFPA and UNDP, working with the Government, supported committees consisting of village representatives, community workers, youths, religious leaders, teachers and survivors, who are helping to do contact tracing and identify new infections and orphaned children. Their mandate also includes promoting peace and dialogue, and helping to perform key functions such as safe burials and liaison between health workers and villages.
- ✓ In Sierra Leone, UNDP is involving communities, including those identified as ‘at risk’, in raising awareness of the disease and how it spreads; working with media to improve messaging and restore some level of school education services through radio – one hour of airtime daily on Ebola has been secured. A total number of 1.5 million people in 140,000 households were reached in 2014.

Essential services

- ✓ In Sierra Leone, two new Ebola observation units at Sierra Leone’s most populated prisons are now open. Built with support from UNDP, the facility will protect Freetown’s Pademba Road Prison inmates and its officers against the fast spreading Ebola virus.
- ✓ 97 percent of registered Ebola workers linked to payment mechanisms and 90 percent of registered Ebola workers have been paid on time in the three countries. In Sierra Leone, three successful e-payments targeting more than 19,000 Ebola Response Workers have been carried out, leading to improved transparency, efficiency, and financial inclusion, compared to direct cash. In Liberia, UNDP helped the government disburse over USD 1 million in cash payments to thousands of Ebola Response Workers nationwide in January 2015 alone. In Guinea, UNDP and partners are harmonizing payment scales across organizations and are helping to improve the quality of Ebola Response Worker lists. Additionally, UNDP has made hazard payments to medical personnel working with three NGOs for the month of December.

