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United Nations Development Programme

MAY 2015 TO OCTOBER 2016

GETTING BEYOND ZERO

EARLY RECOVERY AND RESILIENCE SUPPORT FRAMEWORK:
GUINEA, LIBERIA AND SIERRA LEONE

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UNDP partners with people at all levels of society to help build nations that can withstand crisis, and drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in more than 170 countries and territories, we offer global perspective and local insight to help empower lives and build resilient nations.

COVER: West Point market vendors have struggled with plummeting sales and rising costs of transporting goods since the Ebola outbreak and quarantine took effect in Monrovia, Liberia. Photo: Morgana Wingard/UNDP

GRAPHIC DESIGN: Suazion



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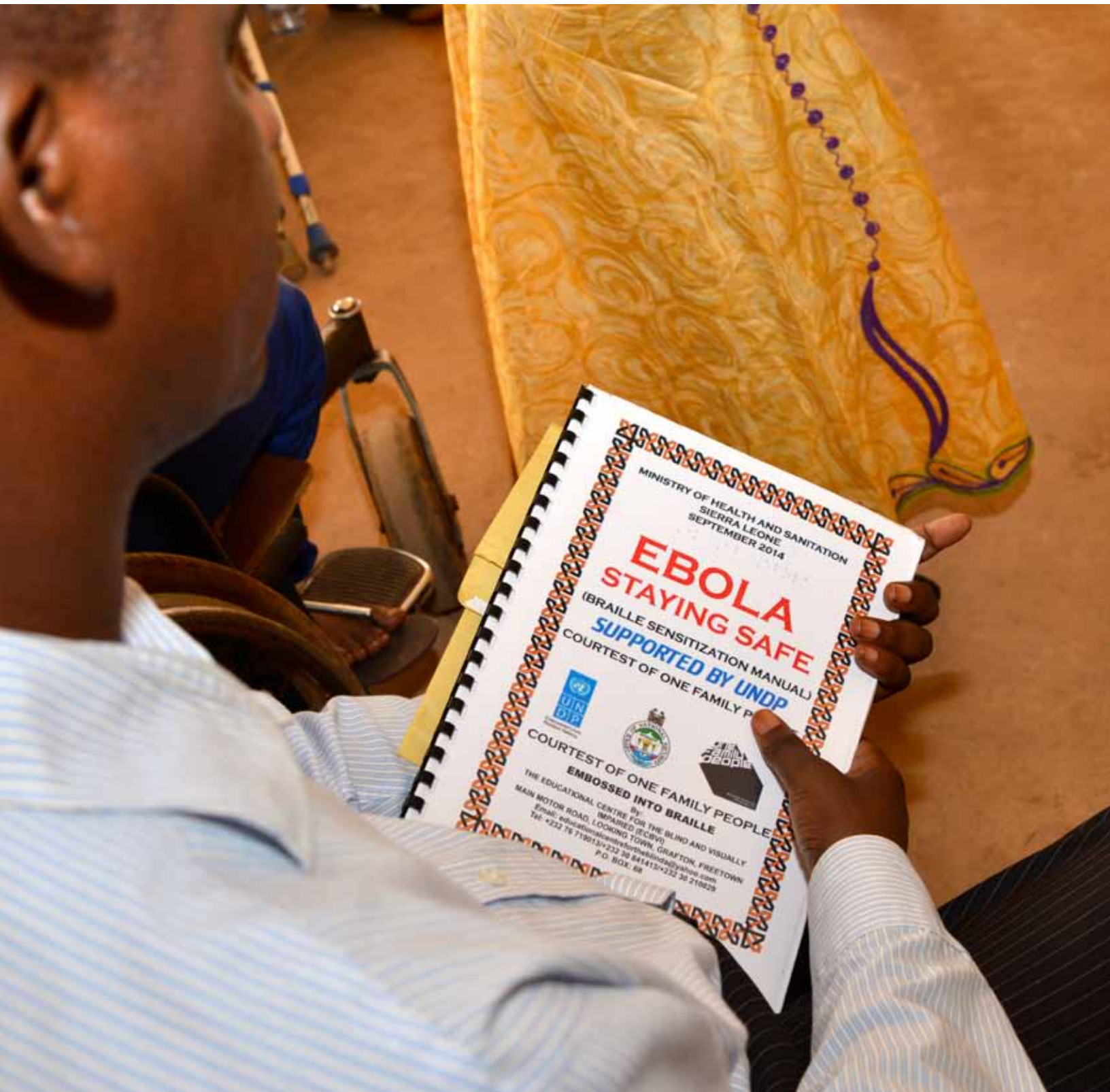
ACRONYMS

AfDB	Africa Development Bank
BTCA	Better than Cash Alliance
CSO	Civil Society Organization
ECOWAS	Economic Community of West African States
EVD	Ebola Virus Disease
ERA	Ebola Recovery Assessment
ERW	Ebola Response Workers
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product
GFDRR	Global Facility for Disaster Risk Reduction
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMF	International Monetary Fund
M&E	Monitoring and Evaluation
MGCSPP	Ministry of Gender, Children and Social Protection
MIA	Ministry of Internal Affairs
MIS	Management Information Systems
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memoranda of Understanding
MPTF	Multi-Partner Trust Fund
MRU	Mano River Union
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organization
PCNA	Post Conflict Needs Assessment
PDNA	Post Disaster Needs Assessment
PBSO	Peace Building Support Office
TOKTEN	Transfer of Knowledge Through Expatriate Nationals
UNCDF	United Nations Capital Development Fund
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNICEF	United Nations Children's Fund
UNMEER	United Nations Mission for Ebola Emergency Response
UNSCR	United Nations Security Council Resolution
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization



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Vulnerable communities in Grey Bush and Congo Town – informal settlements in Freetown – receive Ebola manuals embossed into braille supported by UNDP. (Photo: Dylan Lowthian/UNDP)



1 THE CONTEXT IN THE THREE EPICENTRE COUNTRIES

A ‘mysterious’ disease began silently spreading from a small village in Guinea on 26 December 2013, but was not identified as Ebola until 21 March 2014. The outbreak of Ebola virus disease (EVD) in parts of West Africa is now the largest, longest, most severe and most complex in the nearly four-decade history of this disease. As of 10 April 2015, there were 25,556 reported, confirmed, probable and suspected cases of EVD in Guinea, Liberia and Sierra Leone, according to the World Health Organization, with 10,587 reported deaths; the outcomes for many cases are largely unknown.¹ Fortunately, the number of infections and deaths has fallen in 2015, especially in Liberia and Sierra Leone.

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

However, even with Ebola cases plateauing, the risk of a flare-up remains high. The suffering caused by Ebola is only the beginning of the story. The socio-economic impact will likely persist for up to a decade. 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 division. 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 ongoing efforts to reach zero cases, and stay at zero in the future, the United Nations Development Programme (UNDP) is working with respective government counterparts in Guinea, Liberia and Sierra Leone to help the three most affected countries ‘build back better’, putting them in a better position to mitigate the impact of future crises.

The respective governments’ national recovery strategies provide the guide to UNDP’s Ebola recovery and resilience programming. The Ebola Recovery Assessment findings, lessons we have learned and the new knowledge and experiences with Ebola that UNDP has acquired in the past eight months are crucial contributions to the new framing of ‘recovery and resilience-building’ described in this document.

¹ World Health Organization, Ebola Situation Report, 18 February 2015.



A truck in Macenta, the forested region of Guinea waits for its load. Macenta lies close to the border with Liberia and cross border trade has dropped due to Ebola border closures. (Photo: Anne Kennedy/UNDP)



2 THE SOCIO-ECONOMIC IMPACTS OF EBOLA

Based on UNDP's estimates, economic growth in 2014 fell from 4.5 to 1.6 percent in Guinea, 5.9 to -1.8 percent in Liberia, and 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.

The epidemic is estimated to have increased budget deficits in the three countries by USD500 million in 2014, due to reduced taxes on incomes, sales and external trade, in addition to additional public spending to end the epidemic. This has delayed many infrastructure programmes and put additional stress on public services such as healthcare unrelated to Ebola.

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.

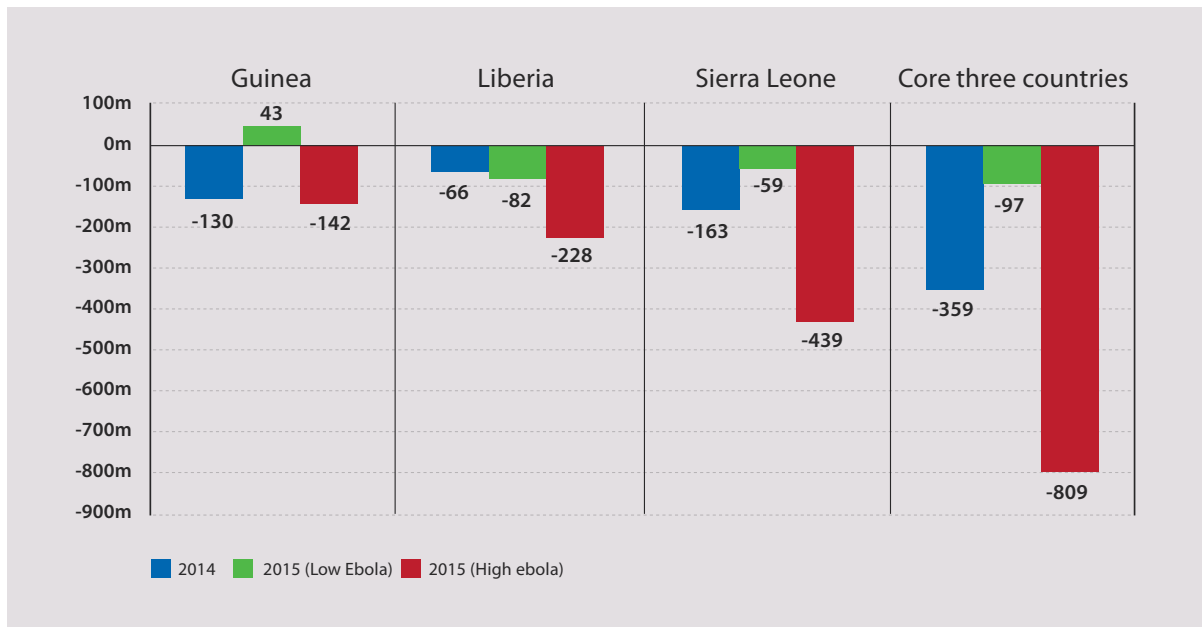
The epidemic will significantly affect the capacity of the three countries to achieve their poverty reduction objectives. According to UNDP projections, the poverty rate increased by more than 2 percent in 2014 in Guinea and at least 5.5 percent in Liberia. In Sierra Leone, the poverty rate is likely to increase 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, per capita income fell by USD71 between January and October. Tens of thousands of people have lost their jobs. The onset of the Ebola crisis has spurred inflation; buying power has decreased by 20 percent in Sierra Leone and more than 25 percent in Liberia, with rural communities worst affected. About 42,000 jobs have been lost in Guinea's potato value chains.

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 dramatically because of movement restrictions, resulting in escalating food prices. Many farms were abandoned for a long time, leading to reduced planting and harvesting.



Figure 1. Millions of Dollars in Lost GDP



Sources: World Bank, 'The economic impact of the 2014 Ebola epidemic: short and medium term estimates for Guinea, Liberia, and Sierra Leone', Figure 15, September 17, 2014.

Box 1: Subregional 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 USD3.6 billion per year between 2014 and 2017, due to decreased trade and tourism, closing of borders, flight cancellations and reduced foreign direct investment. This has had a negative impact on human development.

In Côte d'Ivoire, the poverty rate has risen by at least 0.5 percent because of Ebola, while, in Senegal, the proportion of people living below the national poverty line could increase up to 1.8 percent in 2014. Food insecurity in countries such as Mali, and Guinea-Bissau is expected to increase.



Josephine Dolley, an Ebola survivor who lost 29 members of her family including her husband and three children. Josephine has adopted six children whom she met whilst in an Ebola Emergency Treatment Unit, all of them Ebola survivors who lost their parents and siblings. (Photo: Dylan Lowthian/UNDP)

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 Télémilé, north of the capital, Conakry. 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 that is 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 warned that teenage pregnancy, early marriage and violence and exploitation of women are on the rise.

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

The Ebola crisis could pose a threat to peace and stability in Guinea, Liberia and Sierra Leone, which are emerging from long periods of civil war or political instability. The crisis has provoked 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 destabilize large urban areas.



Handwashing station in Mabella, Sierra Leone. (Photo: Lesley Wright/UNDP)



3 UNDP ACHIEVEMENTS TO DATE AND LESSONS LEARNED

From October 2014 to March 2015, UNDP’s strategic approach to the Ebola response was aligned to the United Nations’ 5 Strategic Objectives and 13 Mission Critical Actions² to combat Ebola. In close partnership with UN Mission for Ebola Emergency Response (UNMEER), the United Nations Development System, governments of the three most-affected countries and other development agencies, UNDP followed a two-track approach to support and achieve the following:

1. Stopping the epidemic
2. Ensuring rapid and sustainable recovery

To achieve this, UNDP’s strategic approach to the Ebola response programme focused on three components, implemented as a package. In line with UNMEER’s 30-60-90-day operational plan as well as national development and recovery plans developed by affected countries, the strategy focused on the following three components:

1. Strengthening governments’ capacities to coordinate early recovery interventions and timely delivery of recovery programmes in order to support a rapid return to sustainable development pathways
2. Strengthening the coordination and delivery of essential health and other basic services
3. Improving prevention, preparedness and response mechanisms through engagement with communities, with a particular focus on vulnerable and at-risk groups such as women and youth.

These three components have been key to UNDP’s Ebola response and resilience in the context of stopping the epidemic and embarking on sustainable recovery.

Below is a summary of results achieved with thanks to funding from contributions to the Multi-Partner Trust Fund (MPTF), Japan, South Korea and other key donors to UNDP.

2 https://docs.unocha.org/sites/dms/cap/ebola_outbreak_sep_2014.pdf



3.1 STRENGTHENING COALITION AND PARTNERSHIPS FOR RESILIENT RECOVERY

Throughout the crisis, UNDP stood closely with the national governments of Guinea, Liberia and Sierra Leone to work assiduously to fight the EVD. UNDP's comparative advantages – convening and physical country presence – facilitated high-level engagement with countries in the region, the Economic Community of West African States (ECOWAS), African Union, donor partners, Ebola response workers and civil society organizations (CSOs) to advocate and mobilize urgent support to the affected countries targeting the frontlines and areas of highest incidence. Under the leadership of the Office of the UN Resident Coordinator, UNDP also rallied the UN country teams on the ground through a programme criticality exercise to ensure that in-country resources and capacities are urgently availed to government to coordinate the response and to fight the spread of the EVD.

UNDP supported national coordination cells with SURGE capacity drawn from its own resources as well as leveraging from other partners to strengthen effective response coordination by governments. For example, through practical collaboration among national efforts and international expertise and resources, UNDP, UNCDF and the Better than Cash Alliance led innovative efforts to pay Ebola response workers who are in the frontlines caring for the sick. UNDP reinforced existing payment systems across the three countries to link 95 percent to 100 percent of the approximately 38,000 registered Ebola workers to payment mechanisms. UNDP supported the harmonization of pay scales, established complaint-handling mechanisms and moved to electronic and mobile delivery of money; today, more than 90 percent of registered Ebola workers are being paid on time.

Further, by mobilizing senior economists within the region and from the three affected countries, UNDP supported the national governments with analytical work on socio-economic aspects, including analysis of the gender impacts, which facilitated more accurate planning and forecasting to inform targeted response and coordination. UNDP is also managing the Secretary-General's Trust Fund for Ebola Emergency Response through the Multi-Partner Trust Fund (MPTF), which has efficiently ensured joint planning and coordination in support of government plans globally and in-country. UNDP welcomes establishment of a Single Window for recovery (within the MPTF architecture) to support planning, coordination and resource mobilization to support resilience in the Ebola-affected countries.

This support and initiatives for the governments through a multi-partnership effort underscored UNDP's leadership role for building effective coalitions in support of the three national governments to fight EVD to get to and sustain zero Ebola cases, advance recovery efforts and build back better into resilient nations. Recognizing UNDP's leadership role, in November 2014, the Secretary-General tasked the organization to lead the initiative of the United Nations System on Ebola-related recovery mobilizing a coalition of partners from the African Development Bank, the European Union, the World Bank and a wide range of other partners, including the Mano River Union (MRU), ECOWAS and the African Union (AU). Emanating from this, the coalition of partners in a concerted effort undertook an Ebola Recovery Assessment with a view to contribute to building the foundations for short-, medium- and long-term recovery.



The ERA exercise was led and owned by the three governments in the affected countries. The outcome was an analysis of policy recommendations and actions that were proposed as inputs into national recovery strategies. The inputs were organized around four broad thematic areas: i) health, water and sanitation; ii) socio-economic revitalization; iii) infrastructure and basic services; and iv) peacebuilding, institutions and core-government functions. These were also underpinned by cross-cutting themes including risk and fragility, resilience, women and youth, and urbanization. The UNDP Early Recovery and Resilience Support Framework has also been informed by these ERA findings³.

3.2 HIGHLIGHTS OF COUNTRY-LEVEL ACHIEVEMENTS

- Since October 2014, UNDP's network of economists deployed across the sub-region have periodically assessed the development impact of Ebola. Five UNDP [economic studies](#)⁴ have looked at the impact on household incomes, government budgets, price fluctuations and livelihoods. A gender [policy note](#)⁵ found that women have been disproportionately affected by the epidemic and recommends putting them front and centre in all recovery efforts. The findings from the study have also analysed the overall socio-economic impact of the EVD on the West African sub-region triangulating the outcomes with a wide-ranging set of consultations. These assessments findings have informed practitioners and policy makers to better understand the impact of EVD and hence come up with effective strategies for response and recovery. The findings have made the case for pursuing simultaneous investment in socioeconomic recovery initiatives as well as "stop and treat" efforts, ensuring a rapid return to sustainable development in Ebola-affected countries.
- In **Liberia**, UNDP has committed USD2 million to target 2,900 households. This is a first project module toward an expansion in scale to 20,000 households, which, if fully funded will be valued at US\$12.9 million. UNDP also distributed one-off payments of USD100 to more than 350 women who, prior to Ebola, were selling dried meat in the markets. When the crisis started, the government banned the sale of bushmeat, leaving those market women with unsold inventory and in debt to their suppliers or hunters. The payments helped temporarily replace lost income, make small investments in alternative livelihoods, and perhaps pay down a portion of their debt.
- In **Sierra Leone**, UNDP procured basic goods for survivors (kits containing items for personal hygiene, clothes, blankets, mattresses, food). UNDP assumed the role of Principal Recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria to help restore treatment for people living with HIV, 80 percent of whom are not receiving treatment because of fear and isolation or because doctors

3 <http://www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/recovering-from-the-ebola-crisis---full-report.html>

4 http://www.africa.undp.org/content/dam/rba/docs/Reports/UNDP%20Policy%20note%20EN_web.pdf

5 http://www.undp.org/content/dam/undp/library/crisis%20prevention/RBA%20Policy%20Note%20Vol%202%20No%201%202015_Gender.pdf



- are not offering health services. 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.
- In **Guinea's** forest region, UNDP helped rehabilitate buildings and improve sanitation and garbage in the four urban districts of Guéckédou, Macenta, Lola and N'Zérékoré. UNDP supported community infrastructure programmes, including the construction of latrine blocks in bus stations and small bridges, generating incomes for 1,549 youth (27 percent female). Fifteen farmers' organizations (162 households) were provided 14 metric tonnes of fertilizer and 59 metric tonnes of seeds for rice cultivation in the forest region.
 - In the Northern High **Guinea** region, in Norassoba, Kintinian and Kouremale, a joint UNDP-UNCDF project rehabilitated infrastructures and social services. To increase the hygiene quality in and around health facilities, local entrepreneurs built 15 latrine blocks in public places, a health post and water supplies at road stations and a market.

3.2.1 COMMUNITY MOBILIZATION

- In **Guinea's** most affected areas, UNICEF, UNFPA and UNDP, working with the government, supported committees consisting of village representatives, community workers, youth, religious leaders, teachers and survivors. These committees liaise between health workers and villages and are helping with contact tracing, identifying new infections and orphaned children and conducting safe burials. Their mandate also includes promoting peace and dialogue.
- In **Sierra Leone**, UNDP is involving communities, including those identified as 'at risk', in raising awareness of the disease and how it spreads. It is 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, reaching 1.5 million people in 140,000 households in 2014.

3.2.2 ESSENTIAL SERVICES

- In **Sierra Leone**, UNDP supported the construction of two new Ebola observation units at Sierra Leone's most populated prisons to protect inmates and officers against the virus.
- In all three most-affected countries, working together with UNCDF, UNDP has helped ensure that 97 percent of registered Ebola workers linked to payment mechanisms and 90 percent of registered Ebola workers have been paid on time. In **Sierra Leone**, three successful e-payments, targeting more than 19,000 Ebola response workers, increased transparency, efficiency and financial inclusion. In **Liberia**, UNDP helped the government disburse more than USD1 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 Ebola response worker lists. Additionally, UNDP made hazard payments to medical personnel working with three NGOs in December 2014.



3.3 LESSONS LEARNED DURING THE LAST SIX MONTHS

- **While mobile banking offers great potential for reaching the poor and underserved, the poor state of liquidity in the nations banks and mobile money agents outside of the capital city, limited formal education, illiteracy and inexperience with formal financial services and digital services pose challenges.** UNDP, UNCDF, the World Bank and governments can help poor and underserved customers benefit from mobile banking/e-payments through education and consumer protection efforts (brochures and posters on how to access their payments via mobile money). Governments and UNDP should work to develop national identification schemes that ensure poor and underserved individuals access to formal financial and government services.
- **Social mobilization and community engagement:** UNDP dedicated adequate resources to social mobilization and community engagement. Not only were the UNDP teams fit for the purpose, but UNDP also got involved in crucial areas of the country, as in the forest region in Guinea. The forest region is indeed the epicentre of the epidemic and also where community resistance was initially greatest.
- **Choosing the appropriate implementing partner also matters.** By articulating a team where UNDP had an historical presence with an implementing partner who knew how to best address the community resistance, the fight against Ebola in the forest region has become exemplary.
- **Stopping the epidemic and early recovery are not separate processes.** Efforts to stop the epidemic are ongoing and form the bulk of government and international donors' programming. However, early recovery interventions should nevertheless ensure that local economies continue to function, that affected women, men and youth have jobs and livelihoods and that health systems rebound. Particular attention must be paid to institutional policies and processes, particularly of those institutions leading the recovery processes.
- **Supporting peacebuilding and social cohesion is a key component of the recovery process.** The affected countries demonstrated capacity for social cohesion through social mobilization, building on the existing fabric of socio-economic, ethnic, cultural and political ties. Peacebuilding is therefore a critical factor for resilience and sustainable development across the subregion and should be strengthened in the recovery process.
- **Prior to the epidemic, existing institutions and governance systems were fragile.** These systems remain fragile, even as they are engaged in recovery and rapid return to sustainable development pathways. For sustainability, decentralization should be at the heart of recovery and sustainable development processes.



Construction work in Conakry, Guinea. (Photo: Anne Kennedy/UNDP)



4 UNDP APPROACH AND WHY RECOVERY MATTERS

4.1 APPROACH: CONTRIBUTING TO LAYING SOLID FOUNDATIONS FOR RESILIENT RECOVERY

Findings from the UNDP-led Multi-stakeholder Ebola Recovery Assessment, the Mano River Union Ebola Recovery Strategy and the three country-specific Ebola Recovery Strategies have informed UNDP's focus and approach to the goal of **'Stop and Treat'** and the imperative for **sustainable recovery**. These goals are the foundations for meeting immediate post-Ebola recovery needs and beyond. UNDP's approach will in the short, medium and long term contribute to:

- Increasing economic opportunities, generate jobs/employment and sustainable livelihoods
- Improving health sector recovery
- Strengthening people's security, peace and increasing access to justice
- Improving decentralized governance and service delivery
- Effective coordination of the recovery processes by the government and UN system

Our immediate focus must remain on achieving 'zero' and 'staying at zero'; at the same time, we must not lose sight of the immediate recovery needs of the affected communities who have been worst hit by the impact of Ebola – particularly the EVD survivors, orphans and other vulnerable populations whose livelihoods have been affected.

Consequently, UNDP's recovery approach bridges humanitarian assistance and development, ensuring that those affected achieve Ebola recovery early on and can rapidly return to sustainable development. This approach therefore better links the 'Stop and Treat' and recovery goals of the affected countries.

The approach ensures that recovery work enables the countries to recover better from crises; to accelerate the transition from humanitarian relief to resilience and long-term development efforts; and to better manage, anticipate and reduce risks and support a rapid return to sustainable development pathways. This UNDP Ebola Early Recovery and Resilience Support Framework is an integral part of the national Ebola recovery strategies and frameworks that are developed by governments of the affected countries.



UNDP believes that, while focusing on ‘Stop and Treat’, the focus on recovery from the Ebola crisis should begin now. This is reflected in UNDP-supported interventions in: impact assessments; livelihoods and economic recovery; capacity building in the area of rule of law; justice and security; and health sectors approaches and policy and institutional development. It is also in line with the UNDP-led Multi-Partner Ebola Recovery Assessments’ four areas of focus: health, water and sanitation; infrastructure and basic services; socio-economic revitalization; and peace building.

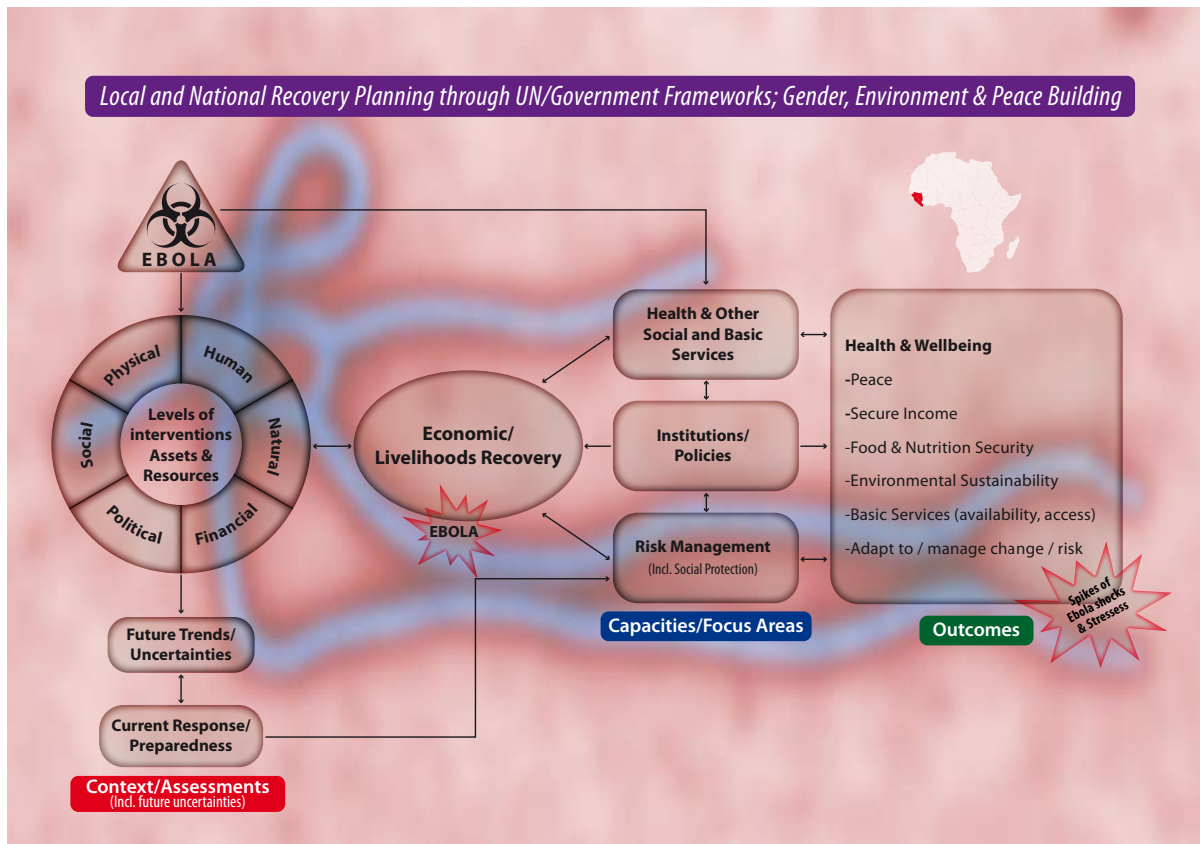
Box 2: UNDP-led Multi-Partner Recovery Assessment

Because reaching zero cases is likely to be a long and difficult task, emergency health efforts and recovery will 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, providing essential services, facilitating payments for Ebola workers, also with technical expertise from UNCDF and Better Than Cash Alliance, 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 UN efforts for Ebola recovery. In this context, UNDP, in 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 identifies four key areas for the international community to assist on: health, water and sanitation; infrastructure and basic services; socio-economic recovery; and peacebuilding.

Figure 2 presents the Conceptual Framework for Ebola Recovery and Resilience in Guinea, Liberia and Sierra Leone that underpins UNDP’s recovery and resilience response. The framework shows the need to be context-specific and to understand the root causes and nature of the Ebola virus, presents the capacities to be built (transformative, absorptive and adaptive) and sets out the resilience outcomes.



Figure 2. Towards a Conceptual Framework for Ebola Recovery and Resilience in Guinea, Liberia and Sierra Leone



While UNDP cannot on its own build resilience in the countries affected by Ebola, it is a major player and contributor to the process. UNDP will work with the affected governments to better forecast trends and future uncertainties and use this information to design sustainable recovery policy and programmes. UNDP’s Early Recovery and Resilience Support Framework is founded on context-specific and multi-sectoral analyses, such as the UNDP-led Ebola Recovery Assessments. For UNDP, the key focus areas are: economic/livelihoods recovery; health and other basic services; institutions/policy development; and risk management, including social protection (see below). These key priority interventions will complement ongoing recovery work by government, UN agencies and other national actors.

UNDP’s Ebola Early Recovery and Resilience Support Framework focuses on priority interventions (see Section 4.2.1) that seek to address the immediate, short-, medium- and, eventually, long-term health and socio-economic needs in the most severely affected areas of the three countries. UNDP’s interventions will be implemented as a package within 12 to 18 months, with some going beyond, to 36 months, following the three-track approach focusing on short, medium and long-term interventions.



Box 3: Three Phases in the Overall Recovery Response

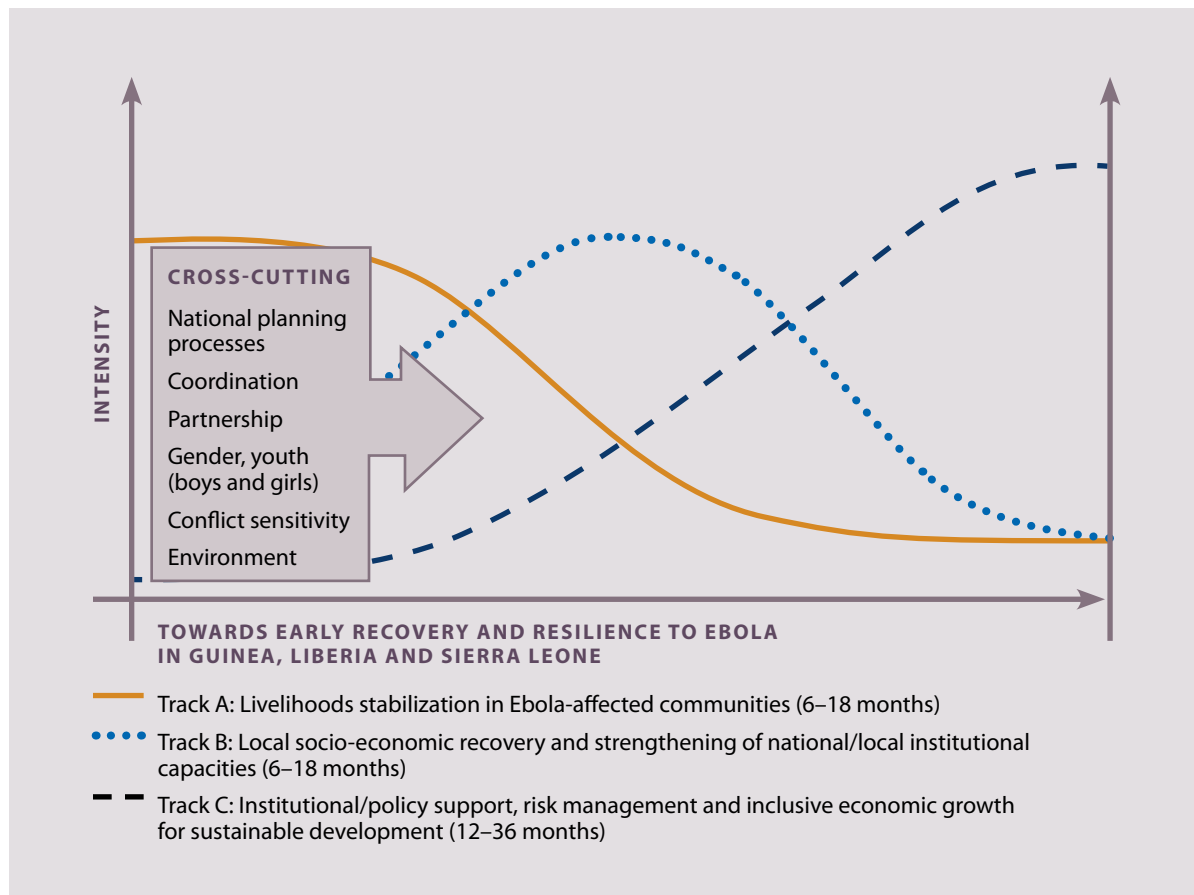
UNDP's assistance for recovery in Guinea, Liberia and Sierra Leone operates over the short, medium and longer terms. In the first phase (track A), interventions are targeting at-risk communities and survivors. As the first phase peaks, the second phase (track B) will focus on local economic recovery and building local capacities to boost resilient recovery. 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.



Neighborhood police, including many women, keep Guinea safe in the midst of the Ebola crisis and also provide additional outreach and awareness on the disease. (Photo: Nicolas Douillet/UNDP)



Figure 3. Three Complementary Tracks for Achieving Early Recovery and Rapid Return to Sustainable Development Pathways within 6-18–36 Months



The three tracks will be implemented in parallel aimed at resilience-building, starting immediately. UNDP's experience in similar crisis and post-crisis settings shows that programmes with such components should ideally begin early and simultaneously, but with different levels of intensity, depending on the context. Simultaneous and complementary programming for all tracks will ease the transition from initial emergency or short-term interventions into long-term recovery and sustainable development.



Box 4: Guiding Principles for Ebola Recovery Process

- Remain anchored in national and local actors' realities and contexts.
- Build national and local capacity.
- Make long-term commitments and strategic plans.
- Build strong partnerships and dynamic relationships that are transformative – for example, by using the New Deal⁴ as an anchor of the support.
- Ensure national ownership.
- Influence how humanitarian and recovery/resilience-building assistance is provided through proper sequencing of a continuum of short-, medium- and long-term interventions.
- Maximize synergies among different actors through efficient coordination of stakeholders in the recovery process.
- Include risk reduction and conflict prevention measures in response and resilience.
- Ground recovery interventions in a thorough understanding of the contexts in which they take place, including conflict dynamics that may be unintentionally exacerbated.
- Ensure integration of other cross-cutting issues such as gender, environment, security, human rights and HIV/AIDS in assessment, planning, implementation and monitoring and evaluation through the use of appropriate expertise and tools.

Partnerships and coordination with government(s), the UN system and the wider international community are integral to overall Ebola response plans. The recent Ebola Recovery Assessment was a test case for the importance of this partnership and coordination on recovery.

6 The New Deal is a key agreement between fragile states and partners to change the policy and practice of engagement.



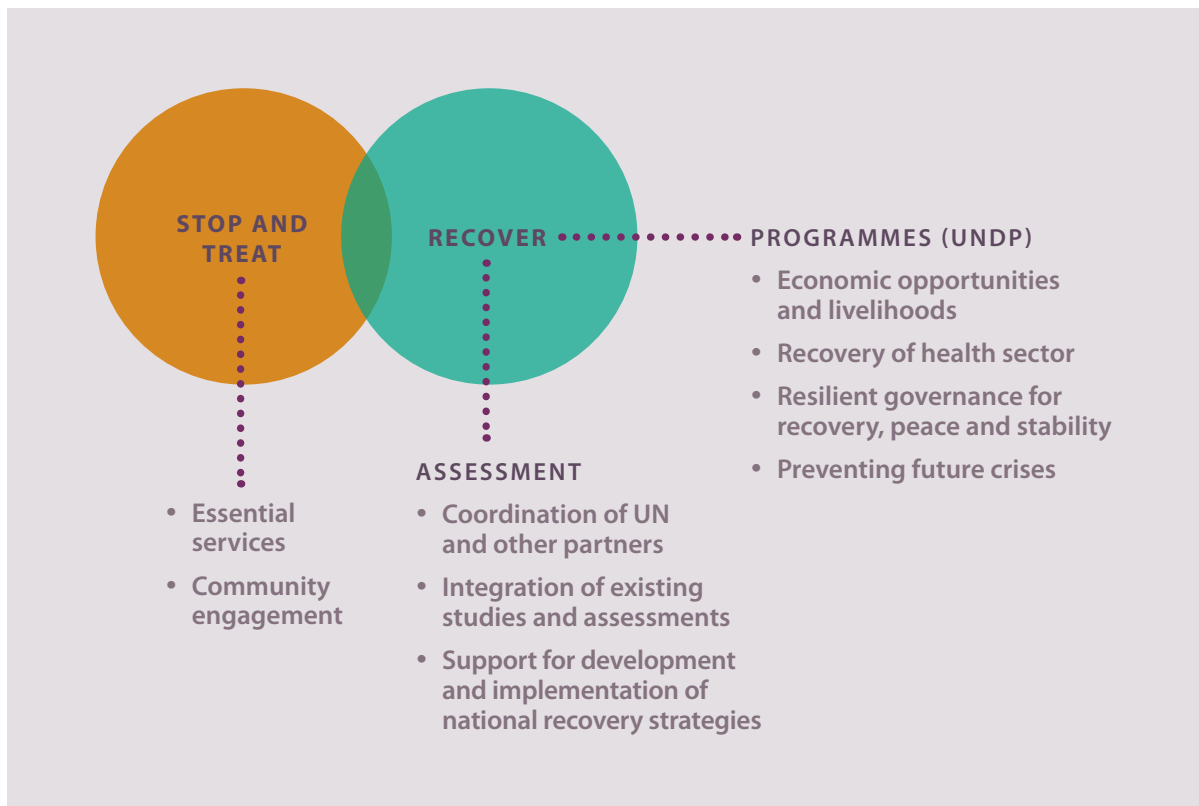
4.2 BUILDING ON OUR ACHIEVEMENTS SO FAR: PRIORITY AREAS FOR EARLY RECOVERY AND RESILIENCE

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 stabilize communities and livelihoods in the short term and to lay the foundations for resilient and sustainable development over the longer term. Our programmatic work focuses on:

- Economic opportunities and jobs
- Recovery of the health sector
- Resilient governance for recovery, peace and stability
- 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.

Figure 4. Priority areas for early recovery and resilience





4.2.1 KEY RECOVERY PRIORITIES

PRIORITY 1: ECONOMIC OPPORTUNITIES AND LIVELIHOODS/JOB CREATION FOR EBOLA-AFFECTED AND OTHER VULNERABLE WOMEN AND MEN

Box 4: Economic opportunities, livelihoods/job creation for Ebola-affected and vulnerable women and men

Key foci under this priority include: i) livelihoods stabilization through emergency employment, start-up packs and grants to revitalize new and existing enterprises; ii) support for local economic revitalization through small, micro and medium enterprise development, vocational training, socio-economic infrastructure rehabilitation; and iii) long-term employment creation and inclusive growth. UNDP's work on Ebola recovery will first focus on short- and medium-term interventions, while policy and institutional support, including private sector development, will begin early, but with lower intensity. In the medium and long terms, the main focus is on inclusive growth.

The main objectives of this priority are to stabilize the livelihoods of affected individuals, households and communities and to revitalize local and national economies. Particular attention will be given to young girls and women who remain disproportionately affected by the epidemic. Key interventions will include:

1. **Socio-economic assessment to inform livelihoods/income stabilization and emergency employment programmes:** Socio-economic impact assessments that consider differentiated impacts on women and men will be undertaken periodically by UNDP and its partners, including the private sector, to inform programming. These programmes will help revitalize economic and social recovery and restore livelihoods. The assessments will build on ongoing monitoring that UNDP has conducted on the socio-economic impacts of Ebola in all three countries ([link](#)). Rapid jobs and livelihoods needs assessment will also be conducted to identify livelihoods needs, alternative livelihoods opportunities and environmental sustainability through community-based livelihood options. These assessments will map vulnerabilities and identify opportunities to build linkages to maximize economic empowerment, including through provision of a diverse range of financial services, in collaboration with UNCDF, for medium-term economic recovery.
2. **Livelihoods stabilization for the individuals, households and communities affected by Ebola:** Through targeted programmes and the integrated livelihoods approach, UNDP will focus on the agriculture, tourism and education sectors, which were among the hardest hit. Early action to stimulate private sector investment in agriculture will be critical. UNDP's immediate livelihoods interventions will include:



Selling soap in Kankan (Photo: Anne Kennedy/UNDP)

- Provision of social cash transfers to stabilize livelihoods and strengthen the resilience of EVD survivors and impacted households, as well as the extremely poor and vulnerable. This intervention will be undertaken in each country through a combination of conditional and unconditional cash transfers based on context-specific needs. UNDP together with UNCDF, will advocate for maximum impact of social cash transfer programmes, including those led by other development partners. This will be achieved by integrating inclusive finance and governance principles.
- Emergency temporary jobs, through cash-for-work and public employment services, as well as basic livelihood and start-up packages and/or grants for the recovery of Ebola-affected micro, small and medium enterprises.
- Rehabilitation of key community socio-economic infrastructure such as water sources, irrigation schemes, health and community centres and feeder roads. This will also be accomplished through methods such as cash-for-work, with beneficiaries encouraged to save part of their daily wages (about 30 percent) for enterprise development. Different models for linking short- and medium-term interventions will be used, with particular attention given to young girls and women, who remain disproportionately affected by the epidemic.



3. **Local economic recovery for employment opportunities, and jobs/livelihoods for Ebola-affected communities and other at-risk populations in the affected countries.** This track of livelihoods and employment programmes focuses on promoting alternative livelihoods opportunities at the local level. Rebuilding communities provides opportunities to address root causes of local economic destruction and to facilitate longer-term social cohesion. The scope of participating economic actors will be wide, with capacity and institution development as the central objectives. The focus is on consolidating the recovery process and achieving a rapid return to sustainable development pathways. These programmes include:

- Capacity development of local governments and other local authorities and institutions (including customary institutions), providers of business services and other associations.
- Community-driven development programmes, comprising participatory investments in local socio-economic infrastructure and social and productive programmes.
- Local economic recovery programmes, including consulting with community groups on private sector development and direct employment support services, such as financial development and microfinance programmes, in collaboration with UNCDF. Key interventions will also include commodity value chain development in many of the competitive sectors of the local and national economy.
- Supporting investments in self-managed, economically viable and environmentally sustainable livelihood alternatives, in partnerships with the private sector and other groups. Business coaching, mentoring and support for this phase will be provided.
- Promoting coping strategies for the poorest and those most vulnerable to food insecurity by providing alternative sources of livelihoods (for example, communities that were heavily reliant on bushmeat).
- Micro, small and medium enterprise recovery/business development. In these cases, UNDP will work with other partners in alternative sources of livelihoods and in developing nutritional education and hygiene awareness modules to complement entrepreneurial and compressed multi-skills training in technical trades, such as welding, market-oriented training in handicraft industries and improving specific commodity value chain development. In addition, key priorities will also support agricultural livelihood and address: market flows, storage facilities and food production for households that are affected by the EVD outbreak, and training in nutrition-sensitive agriculture and bushmeat handling, inter alia, for households affected by the EVD outbreak. UNDP will work with FAO on agriculture-related value chains involving the private sector in value addition, forward market linkages, entrepreneurship and women/youth employment projects. To address the supply and demand sides of economies, vocational and skills training and placement for youth will be key interventions where required. Financial inclusion and market development will be a key focus area, in collaboration with UNCDF.



4. **Sustainable employment and inclusive growth:** UNDP will support the development of institutional capacity at the national level and the creation of a policy framework for social and economic development. The ultimate goal is to promote sustainable long-term development that supports productive employment and decent work while respecting fundamental human rights, promoting gender equality and paying attention to persons in marginalized groups affected by Ebola. More emphasis will also be placed on adding private sector engagement and developing dialogue modalities to continually identify gaps and support jobs and employment. This will include the facilitation of gap-filling and bringing in the right partners to actually enable growth and employment. Depending on the situation, private sector consultations and engagement will happen through, e.g., EPSMG, Global Compact local networks and chambers of commerce through coordinated mechanisms. While most interventions in this track continue to play a role as a country's recovery progresses, work in this field must start immediately during and/or after the Ebola crisis, balancing the need for quick action with the importance of sustainable impact. Key programmes include:
- Supporting macroeconomic and fiscal policies, active labour market, labour law and investment policies and employment-generating sectoral policies.
 - In collaboration with UNCDF, supporting financial sector and business development services.
 - Promoting labour-related institutions that enhance employability, social protection and other aspects of labour administration.
 - Regional programmes of support such as the Growth Triangles in MRU Strategic Plan and other elements of risk reduction, environmental sustainability and economic growth will be considered.



Community project, Matoto, Guinea. (Photo: Dylan Lowthian/UNDP)



Box 5: Key Private Sector Interventions to be Considered Across Countries Based on the Context

SHORT-TERM

- National governments, bilateral and multilateral donors and other stakeholders should consider the importance of **preserving and strengthening the enabling environment to allow business to recover and to attract and sustain inward investment.** Specific support mechanisms and financial instruments funded by the international community with support from national governments should be considered to reduce local and international firms' business costs.
- Ensure that the significant development assistance that will be channelled towards the countries **does not distort local markets.** One important way is to ensure that **significant donor and government procurement is apportioned for local economic development.**
- Support initiatives that promote business development services for local suppliers. Give incentives for collaboration between national and international suppliers and leverage public procurement and large private sector operations (like the largest mining operations) to **develop the capacity of suppliers in promising sectors.**
- Promote access to capital for formal and informal firms.
- Reviving local food security system is critical. Support includes providing farm inputs such as seeds, seedlings, fertilizers, tractors and finance to farmers, their associations and communities. Conditional cash transfers from UNDP and other partners should focus more on making food available in the next year to avert the looming food insecurity in these countries, especially in Liberia and Sierra Leone. UNDP will maximise financial inclusion impact in collaboration with UNCDF.
- Joint advocacy to combat Ebola stigma in all its forms should increase. The public and private sectors should support job opportunities for Ebola survivors and create social mobilization to de-stigmatize families and communities affected by the disease.

MEDIUM- TO LONG-TERM

- Promotion of value chains in export-oriented primary commodities, both agricultural and mineral. There is a need to identify and/or strengthen products that have a local, regional or global market, are labour-intensive and offer several opportunities for SMEs to engage across their value chains. The success of this initiative depends on using the recovery period to address some long-standing bottlenecks in the local private sector, like quality issues, compliance with international standards, packaging, etc. Market-driven projects could be identified, following a feasibility study during the next few months.
- Creation of specific projects addressing income generation and reintegration and human resource development and long-term economic recovery. The private sector could commit to co-finance, with public sources, a series of cash-for-work interventions aiming at the layoff labour force, including in this programme aspects of skills development for market needs.



Box 5: Key Private Sector Interventions to be Considered Across Countries Based on the Context (continued from page 26)

AT REGIONAL LEVEL

- **Address the increase in the costs of shipping in the Mano River Union Countries.** To promote import and export trade, the private sector, through established vehicles and in full equity partnership with multilateral development banks, should explore financing of parks equipped with warehousing logistics, trucking, lift equipment, bagging terminals and other key logistical aspects to foster trade and economic growth.
- The private sector, in collaboration with Mano River Region governments and the international community, could explore **investment in the expansion of ICT and digital payments infrastructure.** Such infrastructure would facilitate cross-border investment and collaboration, create economies of scale and have spill-over effects across the economy. Investments in the expansion of ICT and digital payments infrastructure would give households and SMEs access to information and financial tools necessary to transact efficiently in local markets, which would benefit the wider economy. Further, it could improve health care delivery and other government interventions, through better electronic record management and electronic identification systems.
- **The private sector must continue identifying lessons learned and sharing them with others** to determine what is required to secure and protect employees, families and communities and to quickly mobilize. Implications for affected countries and neighbouring states, exportable response models and contributions to the development of early warning systems are all important longer-term contributions by the private sector. The public sector must recognize and apply such knowledge and expertise in its own policies and planning.

The Kourémalé transport hub was rebuilt to improve hygiene (Photo: Anne Kennedy/UNDP)





PRIORITY 2: RECOVERY OF THE HEALTH SECTOR FOR POST-EBOLA HEALTH SERVICES

Rebuilding the health sector will require medium- and long-term investment. UNDP's role in health sector recovery will focus on governance and management systems and on strengthening and supporting re-engagement with services. Work-streams that characterized the emergency phase of the response will continue and transition as appropriate, including capacity development and collaborating with UNCDF to ensure regular, timely payments to Ebola response workers and environmentally-sound health care waste management. Based on more than 10 years of experience working with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNDP will strengthen local capacities to continue providing basic health services.

Building on its Global Fund mandate, UNDP will provide technical support for the reactivation of HIV, tuberculosis and malaria services, ensuring that case detection is reinitiated as soon as possible and that life-saving treatments continue uninterrupted. UNDP is not a Global Fund principal recipient in the affected countries, but the governments have requested support for the reprogramming of existing Global Fund



Autoclave being installed in Sierra Leone to treat medical waste. (Photo: UNDP)



grants and the formulation of new applications to address recovery needs as necessary. For example, UNDP's support will help in formulating immediate and medium-term health and non-health procurement needs. UNDP will also assess ministry of health needs for the continuation of its Global Fund management function as well as capacities for health system recovery.

Under World Health Organization (WHO) coordination, UNDP and its partners will support ministries of health and national stakeholders to reformulate their current national strategic plans for these three diseases and beyond in order to adapt them to the new structure of the health sector. Integral to this will be supporting community engagement and building trust between communities and a restructured health work force. This will involve the establishment of community-based and local government structures to encourage better accountability between health systems and the populations they serve. UNDP will also contribute to strengthening future health sector preparedness, particularly aspects related to national and local coordination and multi-sectoral responses. The repurposing of human and physical health systems assets deployed for the acute phase of the emergency will allow volunteers and workers to find employment or be re-employed, and for health infrastructure to be rebuilt and made safe as soon as possible. Similarly, UNDP will closely collaborate with partners to ensure that the information, systems and assets ensuring the payment of Ebola response workers, are successfully transitioned to support health sector capacity development within the recovery phase.

HAZARDOUS HEALTH CARE WASTE MANAGEMENT

UNDP is leading hazardous health care waste management in all three countries. Demand for such management is significant. For example, there is a request for 12 autoclave systems as a long-term sustainable solution to medical waste treatment in Liberia. The governments of affected countries want to work with UNDP to select

UNDP is the lead agency of choice selected by governments to support hazardous health care waste management through the use of environmentally-sound technologies such as autoclaves. These technological advances will become a sustainable solution to medical waste treatment within the regular health care system after the Ebola crisis.

the recipient health care facilities and integrate the technologies into the regular health care system after the Ebola crisis as a long-term, sustainable solution to medical waste treatment. There are also plans to develop a national health care waste management plan and roadmap for the country.

In support of the recovery of the health sector, WHO will take the lead in developing technical guidelines, such as training modules for health care workers, protocols for waste disposal and data collection. UNDP plays a complementary and

crucial role in supporting the governments in translating those guidelines into policies and supporting the establishment and management of robust institutional systems.



PRIORITY 3: RESILIENT GOVERNANCE TO ENSURE SUSTAINABLE RECOVERY, PEACE AND STABILITY

Beyond sectoral support to the health sector, UNDP will support the restoration and strengthening of central and local governments' core functioning, with a particular focus on decentralized recovery planning, coordination and public outreach. The Ebola epidemic has significantly affected the functioning of existing national systems, due to loss of staff, fiscal re-orientations and activation of parallel emergency response systems, but it has also highlighted significant longstanding challenges in governance systems and strengthening of social cohesion and state-society relations. Various factors resulting from prolonged civil conflict and political deadlock may have exacerbated the Ebola crisis, of which significant challenges with centralized decision making, inter-governmental coordination and sub-national capacity were highlighted. The Ebola epidemic has also exposed the structural fault lines related to marginalization and lack of social cohesion.

A priority will be to address legacies of centralized decision making, inter-governmental coordination and subnational capacity that hampered the response to the EVD epidemic. Despite existing commitments and policy in all three countries in support of decentralization, substantial investments are needed to improve capacity, both in capability and mandate, of deconcentrated services and/or decentralized authorities, inclusive of all sections of the society. The primary focus of this work will be to restore or strengthen the



Community police, Guinea. (Photo: Anne Kennedy/UNDP)



capacity of local government/authorities to lead and deliver on participatory plans on behalf of central governments, with inclusion of all groups being the key criteria. UNDP will also provide institutional support to national coordination systems, including, where appropriate, the scaling-up of ongoing decentralization initiatives and the rapid expansion of cross-cutting support required for decentralized service delivery, including security provision and access to justice for marginalized or vulnerable groups. This overall support will integrate support for civic education and public outreach and communication, by administrative and representative/legislative branches, noting the loss of trust in government services and systems in many geographic areas.

A second priority will involve addressing challenges of cross-border and regional coordination, including the extension of state services in remote areas, particularly in the Manu River Basin. The implementation strategy will emphasize the restoration of operational capacity (information management, transportation and policy) of decentralized staff to ensure the successful design and implementation of economic opportunity and jobs, recovery of the health sector, and risk management for future outbreaks. Particular emphasis will be given to strengthening rule of law and security institutions and to improve coordination between civil and security sectors to ensure peace and stability through elements such as community-oriented policing. This support aims to rebuild trust between state and society and to avert the breakdown of social cohesion at the community level. In the medium term, it is necessary to focus development efforts comprehensively on the effectiveness of government services in the periphery and border regions.

This work will build on immediate support that UNDP has provided to ensure that the public sector, including the security services, has the proper tools to respond effectively to the EVD epidemic. In collaboration with UNCDF, UNDP has supported the payment of public sector salaries and hazard pay to Ebola response workers and worked through local development financing system to improve capacity to better plan, communicate and share information with focus on prevention. In support of improved policing, UNDP has provided equipment, operational procedures and improved quarantine policing practices that adhere to human rights. In correctional systems, UNDP is supporting measures to contain EVD (e.g., supporting isolation units within prison settings in Sierra Leone), but is also working with the justice system to ease crowding in the prison systems (Liberia and Sierra Leone). UNDP will continue to work with national correctional systems and law enforcement/security services on sustainable solutions for capacity gaps caused by the Ebola crisis with the objective of building back better.

UNDP believes that, at the centre of this response, there must be efforts to restore confidence between communities and between the state and citizens. UNDP will undertake conflict development analysis and will draw from the existing fragility assessment undertaken by each country as part of New Deal, to inform its work on social cohesion and conflict transformation. Public perception of the state's ability to respond equally to the needs of all segments of the population has been questioned, thus exacerbating divisions. Stigmatization of Ebola survivors has further weakened social cohesion. Overall, conflict prevention and peacebuilding will be an integral part of all recovery interventions promoting the four core governance and peacebuilding values of participation, inclusion, cohesion and tolerance.



UNDP will assess the impact of the Ebola outbreak on the country's conflict meditative and mitigation capacity, including local peace committees. Based on such assessments, further support is required to strengthen conflict-prevention capacities that include psycho-social support, mediation of intergroup and intercommunity tensions and trust-building. UNDP will support institutions and processes aimed at addressing recurring local tensions and build conflict-prevention capacities of a cadre of people to replenish depleted capacities. UNDP will also support efforts to start national and local dialogues and create peace architectures in light of post-Ebola realities.

PRIORITY 4: RISK MANAGEMENT FOR FUTURE EPIDEMIC OUTBREAKS

In the Ebola-affected countries, socio-economic vulnerability (e.g., high incidence of poverty and lack of affordable and available alternative sources of protein other than bushmeat) and environmental degradation are the two key factors driving the exposure and vulnerability of communities to Ebola-like epidemics. Traditional practices also affect consumption patterns. In West Africa, bushmeat comprises 30 percent to 80 percent of the population's total protein intake. This percentage increases with food security concerns. The consumption, sale or transmission of bushmeat will continue to be one of the primary mechanisms by which Ebola-like diseases may spread from wildlife reserves to humans. In addition, environmental degradation creates additional transmission channels. (e.g., high incidence of poverty, population growth and density add pressure on natural resources, leading to ecosystem degradation and deforestation and increased direct exposure to infected wildlife).⁷

UNDP will support the governments of countries/areas affected by EVD to establish a long-term risk management strategy to reduce exposure and vulnerability to future epidemic outbreaks and build the resilience of communities. The main goal of this framework is to support the Ebola-affected countries in establishing a functioning national risk governance system, through the following key interventions:

1. **Support government efforts in epidemic risk assessments to identify key sources of Ebola-like diseases and their spreading channels, assess their socio-economic impacts on communities and evaluate the resilience of communities at risk.** The risk assessment will focus on those who are most vulnerable to epidemic diseases, particularly people living in poverty, female-headed households, young children (especially those under five years of age), pregnant and lactating women with poor access to food, the elderly, the disabled and poor households lacking a diversified income and asset base. UNDP's work will be informed by exposure and vulnerability mapping and macro-micro and epidemiological impact assessments that are being undertaken alone or jointly with the World Bank, International Labour Organization (ILO), World Food Programme (WFP) and other organizations working in this area. As part of the preparatory phase, UNDP will support a vulnerability and risk assessment of communities relying on bushmeat as a primary source of protein, to identify sustainable alternative sources of nutrition.

7 Alexander et al. (2014). 'What factors might have led to the emergence of Ebola in West Africa?', *PLOS Neglected Tropical Diseases*, manuscript 11, November 2014.



2. **Develop epidemic risk management frameworks for each of the Ebola-affected countries** that:
 - Define the context and scope for epidemic risk assessment, monitoring and early warning
 - Clarify the role and responsibilities of national stakeholders as well as governance and coordination mechanisms
 - Serve as an overall guide for planning and coordinating epidemic risk management activities
 - Specify action plans and programmes for reducing epidemic-related risks

3. **Enhance the national system of epidemic risk surveillance and early warning** by:
 - Supporting the establishment of epidemic inspection mechanism
 - Conducting poverty and social impact analysis to formulate a sustainable conservation strategy
 - Supporting the development of a science-based regional surveillance platform to monitor outbreaks connected to wildlife as a disease reservoir and help predict and prevent the next pandemic crisis
 - Supporting research on EVD reservoirs and transmission channels, taking into account poverty, vulnerability and environmental degradation assessments, which are essential for refining surveillance approaches

4. **Reduce the exposure and vulnerability of communities to Ebola-like epidemics by addressing the socio-economic and environmental drivers of epidemic outbreaks.**

This track will include the following interventions:

- Reducing the consumption and dependency on bushmeat as a key source of protein by:
 - Providing alternative sources of animal protein for the poorest and most vulnerable, especially among communities reliant on bushmeat (e.g., supporting poultry and pork production and establishing fish farms where economically and environmentally viable) and promoting social protection mechanisms targeting the most vulnerable
 - Promoting a broad-based effective public information campaign to reduce the consumption of bushmeat in remote areas and households which are food insecure

- To reduce exposure of communities to Ebola-like diseases by:
 - Raising awareness to reduce contact with wildlife
 - Controlling waste disposal and protecting water sources
 - Restoring degraded ecosystems in the areas affected by EVD incidence



4.2.2 STOP AND TREAT

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

- A. Mobilization of communities against the disease
- B. Strengthening of coordination and delivery of essential health and other basic services

A. MOBILIZATION OF 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 centres as acceptable and appropriate in the continuum of care; generate demand for services in a timely manner; and enable a smooth flow of information.



Meeting with Youth Associations involved in Ebola Awareness Campaigns. (Photo: Dylan Lowthian/UNDP)



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, cell phone messages and helping local media to promote healthy behaviours and mobilize communities. These interventions will continue to be implemented based on the context in each country.

B. STRENGTHENING OF COORDINATION AND DELIVERY OF ESSENTIAL HEALTH AND OTHER BASIC SERVICES

As part of the overall UN Mission for Ebola Emergency Response and UN response, UNDP is the lead UN agency for coordination of payments to Ebola workers, including treatment centre staff and lab technicians, contacts tracers and burial teams. Specifically, through its Payment of Ebola Workers Project, in collaboration with UNCDF and Better than Cash Alliance, 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 in quarantined neighbourhoods. Military and police are being trained on how to respect human rights and communicate courteously and have committed to engaging with community leaders at all checkpoints and in 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.

4.2.3 STRENGTHENING COORDINATION, COALITION AND PARTNERSHIPS FOR RESILIENT RECOVERY

By building on the multi-partner coalition and the ERA initiative, UNDP will continue to effectively support national governments in their recovery efforts. The focus of support will include country-level and regional government initiatives. At the country level, UNDP will leverage the strength of the multi-partner's coalition to assist national governments to harmonize funding support, promote joint programme initiatives where this has the most potential to deliver greater and efficient outcomes, strengthen frameworks for resource accountability and improve countrywide coordination for national recovery agenda implementation with multiple partners' contributions. The initiative pursued through the rubric of the multi-partner coalition will be additional to UNDP-specific programmatic support to the three countries, although these will complement each other.



4. UNDP APPROACH AND WHY RECOVERY MATTERS



Narassoba market, Guinea. (Photo: Anne Kennedy/UNDP)

At the regional level, UNDP will leverage the multi-partner coalition to strengthen engagement with the MRU and ECOWAS and to support capacity-building for Ebola recovery policy and programmes pursued by the region. Specifically, UNDP will support implementation of the ECOWAS operational strategy for Ebola while positioning support for the MRU. Given the MRU's critical role in the regional recovery process directly within the 'regional space' of Guinea, Liberia and Sierra Leone, UNDP will provide tailored strategic support to the MRU for effective performance of its role. This will include: expertise for costing impacts; analytical capacity for forecasting trends and emerging issues from secondary and unforeseen impacts; policy and programmes; and monitoring and implementation capacities across the three countries.

Further, given the nature of the three countries, UNDP will continue to leverage the New Deal partnership framework, the Chair of the g7+, the International Dialogue for Peacebuilding and Statebuilding (IDPS) and other international partners to ensure that the New Deal approach is taken into consideration and becomes part and parcel of the overall Ebola recovery effort.



The Global Cluster Working Group on Early Recovery has deployed three Early Recovery Advisors to the three countries to support the UN system's coordination of early recovery and resilience. At subnational levels, crisis coordination units will also be set up to coordinate the response to the current and future crises at the local level to feed into national systems. UNDP will intensify its support to governments in the three countries to ensure that they lead and coordinate recovery efforts. The UN system's coordination for recovery and that of the government will be complementary, ensuring seamless coordination between the government and the UN system.

Partnership and coordination with other implementing agencies for early recovery and resilience cannot be overemphasized. The Table in the Annex identifies partner agencies for the Ebola crisis recovery design and implementation and describes areas of possible partnerships, based on experience in similar settings. UNDP sees partnership as a key enabler to achieving Ebola recovery and a rapid return to sustainable human development.

PROMOTION OF SOUTH-SOUTH SOLUTIONS (E.G., SOUTH AFRICAN AUTOCLAVES) FOR CONTEXT-SPECIFIC SUSTAINABLE RECOVERY

More so in the Ebola response, UNDP will make South-South and triangular cooperation core ways of working in its Ebola response and resilience programming and operations at the global, regional and country levels, based on their guiding principles and without substituting other partnership options.

UNDP will target three areas: 1) knowledge of what has worked and what has not, together with information about who is involved and what they can offer; 2) enabling harmonization of policies, legal frameworks and regulations to increase opportunities for South-South exchanges; and 3) strategic funding and technical cooperation from a variety of sources to build the capacity of programme countries to implement South-South cooperation, manage the start-up costs of collaboration and finance the scaling-up of promising ideas. Working with other interested stakeholders, UNDP will act as a knowledge broker, builder of capacities and facilitator of exchanges driven primarily by the three programme countries themselves that are most affected by Ebola.

PARTNERSHIP WITH THE PRIVATE SECTOR IN EBOLA CRISIS AND RESILIENCE PROGRAMMING

UNDP will address growing opportunities for innovative work with civil society organizations, the private sector, foundations, research institutions and other non-state actors, bringing private sector actors to bear on recovery in light of their interest in and contributions to economic recovery and jobs creation. UNDP is partnering with companies such as the Better than Cash Alliance, MasterCard, Visa and overall with the Ebola Private Sector Mobilization Group (EPSMG). The EPSMG is a platform for dialogue among over 100 companies (mining and others) operating in affected countries. As a member of the Donor Committee on Enterprise Development (DCED), UNDP is rallying the Committee to share experiences and lessons on enterprise recovery. As the private sector will provide jobs in the Ebola-affected countries, UNDP must engage it.



UNDP and UNCDF have installed water points at Norassoba market to help prevent Ebola's spread. (Photo: Anne Kennedy/UNDP)



5 UNDP RESILIENT RECOVERY PROGRAMMES AND BUDGETS

Budget requirements and activities

A. Budget Requirements

UNDP COUNTRY OFFICE	2015-2016 BUDGET (USD)
Guinea	27,279,600
Liberia	42,800,000
Sierra Leone	32,650,000
Regional	5,900,000
Total	108,629,600

B. UNDP Activities and Budget Requirements at the Country Level

GUINEA	2015-2016 BUDGET (USD)
Economic opportunities and Livelihoods	15,571,600
Resilient Governance and Peace Building	6,000,000
Recovery of Health Sector	2,508,000
Risk management for future Ebola Response	2,000,000
Recovery coordination	1,200,000
Subtotal	27,279,600

Continued on page 40



5. UNDP RESILIENT RECOVERY PROGRAMMES AND PROJECTS

B. UNDP Activities and Budget Requirements at the Country Level (continued from page 39)

LIBERIA	2015-2016 BUDGET (USD)
Economic opportunities and livelihoods	25,700,000
Resilient governance, peace and stability	4,000,000
Recovery of health sector	6,000,000
Risk management for future Ebola response	5,600,000
Recovery coordination	1,500,000
Subtotal	42,800,000
SIERRA LEONE	2015-2016 BUDGET (USD)
Economic opportunities and livelihoods	13,700,000
Resilient governance	
• Local governance/decentralization	3,500,000
• Rule of law, justice, security and peacebuilding	3,150,000
Recovery of health sector	6,000,000
Risk management for future Ebola response	3,500,000
Recovery coordination	1,050,000
Subtotal	32,650,000

C. UNDP Activities and Budget Requirements at the Subregional Level

REGIONAL	2015-2016 BUDGET (USD)
Mano River operational capacities strengthened	800,000
	900,000
Local governance institutions capacities improved	1,000,000
Local communities, authorities and civil society capacities strengthened for economic opportunities through local development	1,700,000
Conflict prevention, mediation, dialogue and peacebuilding	700,000
Subtotal	5,900,000



Country focus

5.1 GUINEA



Community project, Matoto, Guinea. (Photo: Dylan Lowthian/UNDP)

CONTEXT

The Ebola outbreak started in remote Forest Guinea in late December 2013 before rapidly spreading to Liberia and Sierra Leone and to other parts of Guinea. The latest WHO data from 26 March report a total of 3,482 cases and 2,293 deaths. While the epidemic peaked between August and December 2014, striking poor regions (including Guinée Forestière, Haute Guinée and Moyenne Guinée), it now seems to be almost over in the countryside. Transmission is now confined to an area around and including the capital Conakry (11 confirmed cases), the nearby prefectures Coyah (six cases) and Forecariah (28 cases) in the week to 22 March. In order to contain the recent increase of reported cases, the new awareness campaign *Ebola ça suffit!* was launched in last week of March 2015 and will hopefully succeed in containing the denial about an epidemic often politicized and associated with the ruling power.



Except in the capital Conakry and its surroundings, where a continued focus on ‘Stop and Treat’ is needed, time has come for recovery in the now Ebola-free parts of the country, as expectations are high to address the economic consequences of the epidemic, especially for vulnerable groups including youth and women. The government is currently finalising the revised national post-Ebola Recovery Strategy 2015-2017, which will be officially presented to partners in April/May 2015.

UNDP – PARTNER OF CHOICE

UNDP in Guinea has played a pivotal role in supporting the coordination of the Ebola response through the national coordination centre for the Ebola response, especially on health, awareness and finances/payments. UNDP’s longstanding presence through project offices in N’zerekore and Kankan builds on a developed network of partners and existing interventions. UNDP’s unique mandate at the crossroads of governance, economic recovery and capacity-building allows an integrated, though demand-driven, support framework. UNDP capacity has been enhanced since the Ebola outbreak with multi-sectorial Surge capacity to deliver quickly.

RESULTS TO DATE

Community engagement: In Guinea’s most-affected areas, UNDP, working with the government and other agencies, supported community watch committees consisting of village representatives, community workers, youth, religious leaders, teachers and survivors, who are tracing contacts and identifying new infections and orphaned children. Their mandate also includes promoting peace and dialogue and performing key functions such as safe burials and liaison between health workers and villages. UNDP trained and supports 128 community watch committees as part of the ‘stop and treat’ agenda. Furthermore, UNDP trained 550 young community leaders on preventive measures against Ebola.

Health coordination and payments: UNDP provides technical support for the national coordination of the Ebola response, more precisely in the medical and financial working groups. UNDP and partners are harmonizing payment scales across organizations and improving the Ebola Response Worker lists. UNDP currently ensures timely payments to 1,400 Ebola response workers working in the six ETUs. In partnership with the World Bank and since December 2014, UNDP has made hazard payments to medical personnel working with three NGOs. In addition, UNDP donated and installed two autoclaves, using innovative technology to enable environmentally sound management of waste related to Ebola; twenty-eight additional autoclaves will be installed across the country. Furthermore, 20 military doctors and 550 youth officers deployed in the transit centres, and treatment and intervention units (police – gendarmerie) have been trained to ensure the safety of institutions active in the fight against Ebola.

Sanitation and livelihoods: 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). Furthermore, 15



farmers' organizations (162 households) were given 14 metric tonnes of fertilizer and 59 metric tonnes of seed 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 improve hygiene in facilities around and within health infrastructures, a small number of selected local entrepreneurs renovated 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.

Preparation of recovery: As leading agency within the UN family, UNDP led the integrated Ebola Recovery Assessment along with other partners such as the World Bank, the European Union and the African Bank of Development. This exercise informed the revision of the national post-Ebola recovery strategy currently being finalized by the Government of Guinea.

LEADING EARLY RECOVERY AND RAPID RETURN TO SUSTAINABLE DEVELOPMENT

With the Ebola epidemic regaining strength in and around the capital of Conakry, a continued and deepened focus needs to be on reaching and staying at zero cases. In this regard, the current UNDP 'Stop and Treat' response focusing on community engagement, coordination and payments for Ebola response workers will be intensified with already mobilized resources. This will be done in collaboration with key partners including UNCDF.



Community police project, Matoto, Guinea. (Photo: Dylan Lowthian/UNDP)



5. UNDP RESILIENT RECOVERY PROGRAMMES AND PROJECTS

Apart from that, capitalizing on the results of its Ebola response and in proper articulation with its updated country programme action plan, UNDP is about to roll out an integrated approach to recovery that targets geographical zones that have been hardly hit by Ebola, but that are very vulnerable.. Through innovative partnerships with sister UN agencies, line ministries at central and local levels, local administrations and CSOs, the proposed recovery path integrates livelihoods, governance and health responses to support a rapid return to sustainable development and create resilience and includes:

- **Livelihoods and economic recovery:** (i) Livelihoods stabilization through innovative temporary employment programmes for 3,000 youth and women as well as recapitalization of 1,000 women's groups and social cash transfers to 8,000 households hit by Ebola; (ii) support to priority Ebola-hit economic value chains (among others, rice, potatoes, fruit) and to urban sanitation and waste management sectors, which will benefit up to 2,400 vulnerable youth and women; support to 40 community processing platforms and to vocational training schemes; (iii) Together with UNCDF, financial education for all beneficiaries and use of adapted financial services leading to their financial inclusion; (iv) coordination of cash working group and Ebola recovery working group; support to capacity-building and policy development in the sectors of youth employment, sanitation and municipal solid waste management, and financial inclusion – sectors playing a crucial role for resilience-building from Ebola.
- **Governance and peacebuilding:** (i) Capacity-building of deconcentrated structures of public administration in Ebola-hit zones for improved service delivery and recovery in rule of law, justice and security sector, human rights and local governance; (ii) capacity-building and support to the CSOs in governance in the regions affected by Ebola; (iii) support to local economic development processes in regions hit by Ebola; (iv) strengthening of national and local capacities in conflict prevention management, mediation, dialogue and peacebuilding and establishment of early warning mechanisms to prevent or reduce community and social tensions created by Ebola.
- **Health:** (i) Improved delivery of basic services in health recovery, including improved awareness about key public health topics, community oversight and accountability on local health centre management, local early warning networks and rehabilitation of local health structures; (ii) improvement and mainstreaming of medical waste management; (iii) support for governance and decentralization of essential services, especially in the HR administration and payment of salaries; (iv) improved preparedness of the National Red Cross to face health emergencies.



2015-16 Output Based Programme and Budget – Guinea

AREA	OUTPUT	2015-16 BUDGET (USD)
Economic Opportunities / Livelihoods	Livelihoods of Ebola-affected populations stabilized in the short term, through emergency employment, social cash transfers, infrastructure rehabilitation	6,560,400
	Micro-enterprises recovered and livelihoods diversified in priority value chains for Ebola-affected populations	3,071,200
	Financial inclusion & effective/timely payments ensured to beneficiaries	3,990,000
	National capacity built for improved coordination of livelihoods/ economic recovery at the local and national level	970,000
	Timely and effective program management and M&E are ensured	980,000
Subtotal		15,571,600
Resilient governance and peacebuilding	Institutional capacity strengthened and service delivery improved in the governance, health, social and justice sectors	700,000
	Rule of Law Justice and Security Sector Strengthened for EVD recovery, including border control/security	2,000,000
	Community engagement strengthened and capacity of CSOs improved for recovery	400,000
	Local governance and development promoted	600,000
	Conflict prevention, management, mediation, dialogue and peace building ensured through proper working of institutions and mechanisms	1,130,000
	Timely and effective program management and M&E are ensured	550,000
Subtotal		6,000,000
Health	Improved delivery of basic services in health systems	1,241,000
	Support to medical waste management	81,000
	Support to governance and decentralization of essential services/ administration in health	272,000
	Improved preparedness of the national Red Cross	914,000
Subtotal		2,508,000
Risk management	Risk Management for future Ebola response and preparedness strengthened	2,000,000
Coordination	Coherent and coordinated recovery response by UNCT, public outreach, strategic partnerships strengthened	1,200,000
Total		27,279,600



5.2 LIBERIA



Ebola call centre in Monrovia, Liberia. (Photo: Dylan Lowthian/UNDP)

CONTEXT

EVD has added more suffering and loss to a nation that was still recovering from years of civil war when the virus first struck. As of 4 February 2015, there have been 8,745 suspected, probable and confirmed cases, 3,746 of which have proved fatal. About 1,940 children are estimated to have lost one parent or guardian, with up to 1,000 having lost both parents. Of the people who have perished from EVD, 178 were health workers in a service delivery system that was already extremely understaffed and under-resourced to protect its workers and cure its patients.

Currently, illness and death represent only the most visible effect of EVD, but EVD has affected society and the economy as a whole. Survivors and their households have lost virtually every possession, as they were destroyed to contain the virus. Many have lost their jobs and the stigma of Ebola is making it very difficult to find employment. Economic growth in 2015, which was projected to be 6.8 percent, has been revised



downward further to no growth – or to 1 percent growth, at best. Self-employed and wage workers have been most affected. Food insecurity is worsening due to rising rice prices and falling incomes. Those hit hardest are the 46 percent of the population who live below the poverty line (estimated at 250,000 poor households and 50,000 extremely poor). They have few resources to cope with reduced/lost income, higher food prices and disease-related expenses; the few resources that they had have, for the most part, been depleted. Village Savings and Loan Associations (VSLAs) report that savings accounts have been depleted, loans have gone unpaid and there is no capital from which to grant new loans to those who might qualify for them.

UNDP – PARTNER OF CHOICE

UNDP Liberia’s early recovery and resilience support framework in Liberia will focus on interventions that address the direct effects of EVD. The projects will address immediate EVD-related needs and re-establish the foundation of household, community, county and national resilience to future shocks. One key way will be to strengthen and/or establish official and private sustainable capacities in terms of effective organizational structures, systems, tools and human resources in order to deliver basic services required by Liberian society, particularly the poorest, most vulnerable strata.

UNDP’s recovery programming will relate to several key messages that have emerged from the Multi-partner Early Recovery Assessment (ERA). The recovery projects will be planned and designed with a foundation of systems strengthening and/or development. Furthermore, the design of the project will be gender-sensitive. The projects comprising UNDP Liberia’s recovery framework follow the parallel approach being developed by the UN Country Team (UNCT) – Quick Wins plus Critical and Urgent Structural Reforms – to address the needs of recovery from EVD and to promote necessary structural strengthening so that future medical and non-medical crises are addressed more quickly and effectively. The approach is referred to as the “10 + 10” approach. In programmatic terms, UNDP will support recovery mainly in social protection, governance and decentralization, livelihoods and economic recovery, public health and education, security, justice and rule of law and cross-cutting capacity development.

As the U.N.’s lead organization for the coordination of early recovery strategy and planning, UNDP is uniquely placed to conceive and design its own interventions in close concert with those of like-minded sister organizations in the aid community. UNDP will play a key role in ensuring that the UN Resident Coordinator system has capacity for coordinating recovery for the UN system and working closely with government of the country. UNDP’s experience and capabilities associated with institutional and systems development, as well as organizational strengthening for long-term sustainable development, can and will be employed to fill gaps and compliment a broad range of key recovery efforts. UNDP’s recovery plans will have to be highly adaptable and supportive of the Government of Liberia’s recovery strategy/plan and the interventions of others and emphasize not what UNDP does on its own, but what its added value is for the overall recovery.



LEADING EARLY RECOVERY AND RAPID RETURN TO SUSTAINABLE DEVELOPMENT

- Since EVD erupted, there has been a ban on the sale of bushmeat in Liberian markets. Overnight, hunters and sellers, many of whom had traded only in bushmeat products, saw their livelihoods suspended. While some have sought to shift to other market activities, the revenue from those activities has been significantly lower (up to 75 percent lower) due to working capital constraints and other challenges associated with breaking into a new market. UNDP has initiated a small project of one-time assistance to 400 bushmeat sellers in six markets in urban and peri-urban Monrovia. The initial project has given information about the supply chain from seller to counties of procurement. UNDP wishes to use that information to help households that relied on the hunting and trading of bushmeat to shift to other income-generating enterprises.
- UNDP has signed an agreement with Liberia's Ministry of Gender, Children and Social Protection to provide poor and labour-constrained households with monthly safety net cash transfers. Beneficiaries will be eligible to receive additional benefits to improve their livelihoods. Members of VSLAs will be able to receive 'saving accelerator' grants if they re-start and maintain a habit of savings. Literacy and enterprise skills training will be offered to beneficiaries who opt to participate. The project will provide beneficial multiplier effects on a number of social and economic issues associated with vulnerability and resilience. Benefits of the project include households being able to count on a reliable income stream for a reasonable amount of time; beneficiaries more readily investing part of their monthly income in productive investments such as their children's education, medical attention and investments in IGAs; and adult members of the household perhaps not feeling compelled to rely on negative coping mechanisms such as crime or prostitution.
- Using its excellent working relationship with Liberia's Ministry of Internal Affairs (MIA), UNDP is particularly well-positioned to provide technical assistance in capacity-building to the MIA and county authorities in carrying out organizational and operational capacity assessments; developing strategies and methodologies for community engagement and participatory planning, management and oversight, and reporting; and process strengthening, accompanied by required training and on-the-job technical assistance.
- Ebola response assessments are concluding that community engagement and involvement have been essential elements for response effectiveness. Furthermore, where government entities are actively concerned and engaged in implementing solutions to the problems of communities, they are motivated to become involved in recovery efforts. There is no reason to believe that the situation will be different for recovery and even for community development interventions.



- UNDP/Liberia can draw from and build upon a proven intervention that supports institutional development and capacity-building: The Transferring of Knowledge Through Expatriate Nationals (TOKTEN) and the Senior Executive Service (SES) Programmes, both initiated as part of post-war recovery. By reactivating the programmes in ways that address recovery needs particular to the EVD crisis, Liberian nationals, most from the diaspora, will be recruited to provide select technical and managerial expertise deemed to be in short supply for the strengthening of health delivery systems within the scope of post-EVD recovery.
- UNDP will collaborate with the MOH and allied agencies to align the recruitment process with the needs identified in the Government of Liberia's health recovery plan and within the scope of specific interventions designed to meet the plan's objectives. UNDP will design and manage the programme, working closely with the Office of the President and the Civil Service Agency.
- Containment of the Ebola virus demands the proper and cost-effective treatment and disposal of medical waste. Meeting the strict requirements for treating Ebola waste will easily be beneficial for the health system's treatment and disposal of all biohazardous materials. UNDP will facilitate the provision of improved technology with up to 10 efficient and highly effective autoclave units for as many health institutions along with technical assistance for installation and management of the units. As part of the technical assistance package, strategies will be developed for a safe and efficient feeder system so that other institutions within a reasonable capture radius can efficiently use the improved infrastructure.
- The EVD crisis has raised the urgency to establish national early warning and disaster risk capability. Stakeholders developed and validated a national Disaster Risk Reduction (DRR) policy in 2014; following stakeholder validation, the policy was presented to the Cabinet and has since been sitting with the Minister of Internal Affairs, awaiting submission to the president for endorsement. The Ministry also hosts the National DRR Secretariat, but lacks the requisite capacity for disaster management. When passed into law (for which a draft act has been proposed to the legislature), it will establish an autonomous DRR agency. This support will accelerate this process through direct support to the DRR Unit in the MIA that, in turn, will help in the immediate passage of the pending act and the establishment of institutional arrangements. The support will also comprise training and the provision of supplies for early warning and disaster response at the national and county levels.
- While the policy process goes on, immediate priority is to review: the DRR capacity needs assessment undertaken with support from UNDP in 2013; contingency and preparedness plans; county DRR structures; and training. This will build on the existing three regional DRR centres.



RESULTS

- In collaboration with Better than Cash Alliance and UNCDF, UNDP has provided operational service to the IMS and the Ministry of Health for the payment of Ebola Response Workers (ERW) and the payment of hazard pay to routine health workers. More than 1,300 ERWs are being paid for the period of September 2014 through March 2015. UNDP is supporting the Ministry of Health and Social Welfare to make payments to more than 10,000 routine health workers. The valuable 'ground truthing' involved with making those payments (particularly with regard to financial intermediary systemic and structural limitations) is yielding valuable lessons for strengthening the health sector's staff payment systems as well as for the roll-out of safety net and other forms of cash transfers to scale that are required for recovery and national development.
- UNDP/Liberia has, with the Ministry of Gender, Children, and Social Protection (MGCSP), planned an intervention based on the Ministry's five-year pilot project funded by UNICEF. A project document and full budget have been drafted. A project launch agreement has been signed between the UNDP Administrator and the Minister of Gender, Children, and Social Protection. Implementation of this is awaiting finalization of ministry financial management modalities prior to the first disbursement of budget advances. The Ministry of Education (MoE) and the Village Savings and Loan Association (VSLA) National Apex will participate in implementation.
- A cash transfer project Harmonization Workshop has been conducted, with numerous international and national partners and stakeholders in attendance. Ministry and stakeholders will review the scope and methods of implementation in harmony with similar interventions in other counties with World Bank financing.
- A UNDP pilot intervention has provided quick-impact cash assistance to 353 bushmeat sellers who lost their livelihoods overnight with the ban on bushmeat trade. Limited funding allowed assistance for those merchants in six markets in Monrovia. The beneficiaries are giving a picture of the greater shock to livelihoods, as the ban resonated throughout the supply chain of wholesalers and local hunters/suppliers.
- A post-distribution survey of cash transfer assistance to bushmeat sellers has been completed. The actual survey planning is underway to measure the effect of the one-off cash assistance. Also, the economic plight of the bushmeat supply chain could be factored into targeting of recovery assistance at the county and community levels.



2015-2016 Output-Based Programme and Budget – Liberia

AREA	OUTPUT	2015-2016 BUDGET (USD)
Economic opportunities/ livelihoods	Emergency employment	2,500,000
	Enterprise recovery – alternative livelihoods for bushmeat suppliers/sellers	300,000
	Infrastructure rehabilitation	
	Improvement of livelihood – establishment of a national social fund	10,000,000
	Social protection – social safety net cash transfer	12,900,000
Subtotal		25,700,000
Governance	Strengthening country coordination, mobilization and management capacities	2,000,000
	Decentralized government registry of personal documentation	2,000,000
Subtotal		4,000,000
Health	Safe and effective medical waste disposal	3,000,000
	Capacity development using expatriate nationals' expertise (TOKTEN/SES)	3,000,000
Subtotal		6,000,000
Risk Management	Strengthening of border security	3,600,000
	Capacity-building for organizational and systems development for early warning and disaster preparedness	2,000,000
Subtotal		5,600,000
Recovery coordination	Coordination of recovery strengthened	1,500,000
Total		42,800,000



5.3 SIERRA LEONE



Communities in Grey Bush and Congo Town, Sierra Leone. (Photo: Dylan Lowthian/UNDP)

CONTEXT

Since the end of the civil war in 2002, Sierra Leone had made a remarkable recovery and was on a development trajectory. The security and political situation in the country was relatively calm and stable. National institutions were built or strengthened in democratic governance, elections, human rights, anti-corruption and security sector coordination. The extractive sector, especially the iron ore mining companies, and rising levels of investment were the drivers of the country's impressive economic growth.

In May 2014, the first case of EVD was reported in Sierra Leone after the disease first appeared in Guinea and later in Liberia. Over the next few months, cases permeated the country, triggering the largest crisis since the civil war of the 1990s. Since then, more than 8,500 people in Sierra Leone are confirmed to have contracted the virus, almost half of whom have died, according to the Ministry of Health. The toll of this crisis on Sierra Leone has been vast and staggering and continues during the bumpy road to zero cases.



The social and economic impact of EVD will be felt for years to come. The crisis exposed the country's institutional weaknesses, fragility and eroded public trust in the state's machinery to deliver essential services such as security, health, education and justice. It further derailed efforts to preserve macroeconomic stability – a key enabler of economic growth in the national development plan – and undermined growth prospects in the short, medium and long terms. In addition, core government functions are struggling amidst reduced fiscal space, widening current account deficits, depreciation of the local currency and the depletion of foreign exchange reserves. A combination of international isolation, low investor confidence and unintended consequences from emergency measures resulted in a near collapse of the local economy. It triggered a massive loss of livelihoods particularly affecting the most vulnerable. Other social impacts include the isolation and stigmatization of not only Ebola survivors, but also health care providers and the destitute. Extended periods of hardship on multiple fronts have further exacerbated latent social tensions. This crisis has also highlighted the interdependency of the countries in the subregion and the need for an Early Recovery and Resilience programme that is mutually reinforcing.

UNDP – PARTNER OF CHOICE

In the early stages of the outbreak, UNDP quickly realigned its programming to address the immediate needs that arose out of the Ebola crisis by repurposing most ongoing projects. UNDP was thus able to respond quickly to needs by using established partners and links and drawing on over 40 years of experience in Sierra Leone.

Some key results from the immediate response include:

- Over 1,000 community volunteers reached an estimated 1.5 million vulnerable urban people and 220,000 remote community residents with Ebola prevention messaging and measures. This included 1,547 men and 995 women with disabilities.
- More than 1,200 families at risk or affected by Ebola, including survivors, bereaved and people with disabilities, supported with kits comprising food and non-food items.
- Six Ebola treatment centres and health facilities were provided with biohazard waste management systems.
- The National Ebola Response Centre was supported to make regular and timely hazard payments to over 25,000 Ebola response workers.
- Out of 870 cases reviewed to reduce prison overcrowding, 395 incarcerated people were released from prison (ongoing).
- All 17 Sierra Leone detention centres were provided with Ebola prevention kits and two Ebola observation units were constructed at Freetown's main prison (male/female).
- 2,500 security providers were trained and equipped in standard operating procedures in quarantined areas and homes, at roadblocks and safe burials.
- A one-hour radio programme on Ebola was aired every evening.



- Socio-economic impact assessment reports were prepared and informed national budget and recovery programming for 2015.
- A total of 15 youth led enterprises were supported financially and technically as part of the livelihoods recovery programme.

Resilience is a cornerstone of UNDP's Ebola response plans. UNDP is at the forefront of ensuring a development-oriented response to crises and is laying the necessary foundation for longer-term recovery and development. This approach aims to bridge the immediate early recovery and resilience phases to ensure a smooth transition to longer-term development. While UNDP assists in the 'Stop and Treat' campaign, it simultaneously leads the UN's contribution to the national and regional recovery strategy while developing its own fully-aligned recovery programme outlined below.

LEADING EBOLA RECOVERY AND RAPID RETURN TO SUSTAINABLE DEVELOPMENT

UNDP's recovery programme will help to restore national capacity, livelihoods and peaceful conditions for sustainable human development. The proposed programme spans 18 months, starting in April 2015. Concurrently, UNDP intends to strengthen the Government of Sierra Leone's capacity to effectively coordinate EVD recovery efforts, control EVD outbreaks, address socio-economic impacts and build the resilience of affected communities through comprehensive and targeted responses.

UNDP's proposed recovery programme comprises a package of interventions that are relevant and timely to the present recovery needs; adds value to other recovery efforts; leverages UNDP's comparative advantage, specific mandate, available expertise and delivery capacity on the ground; and lays the foundation for longer-term development. UNDP's recovery programme incorporates key findings and recommendations of the multi-agency Ebola Recovery Assessment undertaken in January 2015. It is contributing to the UN Development Assistance Framework and to the UNCT's Recovery Plan while being aligned and complementary to the Government of Sierra Leone's Recovery Strategy and Agenda for Prosperity. This is in line with the New Deal principles on aid effectiveness, i.e. one vision, one plan. All proposed interventions will be implemented in coordination with the Government of Sierra Leone, civil society organizations and other relevant development partners. Working closely with government, UNDP will play a key role in ensuring that the UN Resident Coordinator system has the capacity to coordinate recovery within the UN system.

The UNDP programming is underpinned by several key engagement principles that include a focus on decentralization and area-based development; continued community engagement leading to sustainable behavioural change; clear targeting of the most vulnerable people affected by EVD, with a focus on women and youth; and ensuring national ownership while strengthening regional coordination and harmonization. All programmes are designed with a human rights-based approach with a conflict-sensitive lens promoting participatory and inclusive community-led development.

The UNDP Ebola Recovery Programme comprises five components as shown in the following table.



2015-2016 Output-Based Programme and Budget – Sierra Leone

AREA	OUTPUT	2015-2016 BUDGET (USD)
Economic opportunities/ livelihoods	1.1 Social protection and safety net for the most vulnerable enhanced 1.2 Sustainable livelihoods and economic recovery of prioritized groups supported 1.3. Micro and small enterprises supported for EVD recovery	11,200,000
	Cash transfer support 1.4 Governance and harmonization recovery cash transfers improved 1.5 Cash transfer programmes shifted to financially-inclusive social protection payment systems	2,500,000
Resilient governance for sustainable recovery, peace preservation and stability	2.1 Public trust in service delivery institutions is rebuilt and enhanced for a resilient governance and social service delivery system in Sierra Leone	3,500,000
	2.2. Capacity of key security and justice agencies strengthened to delivery their mandates 2.3 Cooperation and trust between security agencies and communities strengthened 2.4 Sexual and gender-based violence (SGBV) reduced 2.5 Capacity of justice sector providers enhanced to effectively respond to Ebola outbreak 2.6 Government of Sierra Leone's capacity to prevent and resolve conflicts strengthened 2.7 Access to reliable, unbiased and real time information through radio broadcasting improved 2.8 National catharsis, reconciliation and social cohesion enhanced	4,900,000
Health sector strengthening	3.1 Governance of health systems strengthened 3.2 Safe and healthy work settings enhanced for patients and health workers 3.3 Availability of quality health workforce enhanced 3.4 Delivery of basic and essential health services reinstated 3.5 Community trust in the health sector restored 3.6 Information and surveillance	6,000,000
Risk management of future outbreaks of Ebola and other hazards	4.1 Ebola response-related capacity investments retained and enhanced for improved disaster risk management and response to future crises 4.2 Dependency on bushmeat as a key source of protein reduced 4.3 Future risks of exposure to EVD through contact with wildlife reduced	3,500,000
Policy and recovery advisory and coordination support to the Government of Sierra Leone	5.1. Policy support 5.2 Coordination support and transitioning from recovery to the agenda for prosperity	1,050,000
Total		32,650,000



Young Griots (traditional oral historians) help compile recommendations during the Mano River Union Conference. The conference, supported by UNDP, was called by the Mano River Union to hear grassroots ideas from traditional historians, health workers and leaders about the struggle to prevent Ebola. (Photo: Anne Kennedy/UNDP)



6 ENABLING RESILIENT RECOVERY: REGIONAL

CONTEXT

To date, EVD has caused immense damage to the three Mano River Union States of Guinea, Liberia and Sierra Leone. As recent figures have shown, the three affected countries had recorded about 24,549 cumulative cases, with a total fatality rate of about 41 percent – or about 10,051 deaths. The number of deaths among health care workers in the three countries amounted to 491 out of 840 cumulative cases. Guinea has recorded the highest fatality rate (66 percent), with 2,170 deaths from 3,285 reported cases, followed by Liberia with 4,252 deaths out of 9,645 cases (44 percent) and Sierra Leone with cumulative cases of 11,619 and 3,629 deaths (31 percent).

EVD is a completely new phenomenon in West Africa and has heavily burdened Guinea, Liberia and Sierra Leone, the countries that EVD has most affected since its outbreak in 2014. The three countries belong to the geographical sphere of ECOWAS and are at the same time member states of the Mano River Union (MRU), which is comprised of four countries (Guinea, Liberia, Sierra Leone and Côte d'Ivoire). These countries share common borders and cultural ties. Their total population is estimated to be 45 million inhabitants, more than 2.2 million (5 percent) of whom are categorized as mobile populations, moving constantly across the borders for cultural and socio-economic reasons.

Furthermore, and as underscored in the ERA report (January 2015), EVD has severely affected human lives, livelihoods and social cohesion, health and the economies of the West African region in general and of the three Mano River Union countries in particular, leading to humanitarian, peace and security threats. Many people have lost employment and agricultural fields have been abandoned in the most-affected rural areas. Livelihoods of households and communities have deteriorated. The education of an estimated five million children and youth has been set back as schools closed during a certain period. The outbreak has strained the finances of governments. Additional expenditures to contain the EVD crisis amidst drastic shortfalls in domestic revenue have increased national deficits in the respective countries.

To this end, there was the need to develop a regional approach to respond to recovery needs in the Mano River Basin. The recent MRU Subregional Technical and Ministerial Meetings on Post-Ebola Socio-Economic Recovery held in Freetown from 16 to 18 March 2015 confirmed the MRU Secretariat mandate to lead on the Subregional Post-Ebola Socio-Economic Recovery Strategy and implementation of post-Ebola recovery initiatives on behalf of the MRU-affected countries.



UNDP – PARTNER OF CHOICE

Since the EVD outbreak in the three most-affected countries, UNDP has been at the forefront in emergency response and initiatives. It has worked with national and international partners and across the UN system to shift the approach towards building resilience by simultaneously employing sustainable and nationally-led responses to the humanitarian and development aspects of the crisis in a coordinated fashion. UNDP has given this support as mandated by the UN Secretary-General to lead UN efforts for Ebola recovery.

UNDP believes that the focus on recovery and recovery planning after a crisis should begin as early as possible. But the principles of (early) recovery are also relevant prior to a crisis. Before a crisis, UNDP's development perspective (and early recovery in general) focuses on capacity development and national ownership; this helps ensure that nations, communities and people are more resilient to recurring and/or predictable crises and are better prepared to 'weather the storm' of a pending crisis and maintain normality to the degree possible throughout the worst of the crisis. UNDP supports the early recovery agenda through its leadership of the global cluster on early recovery, its coordination role at the country level and its programming approach.



*UNDP handing over buckets to set up for hand washing to the Mayor of Norassoba, Guinea.
(Photo: Anne Kennedy/UNDP)*



LEADING REGIONAL EARLY RECOVERY AND RAPID RETURN TO SUSTAINABLE DEVELOPMENT

In the four key areas identified to assist the affected countries on health, water and sanitation; infrastructure and basic services, socio-economic recovery and peacebuilding. In order to help people of Guinea, Liberia and Sierra Leone move from humanitarian assistance to recovery in order to secure development gains, UNDP has demonstrated its comparative advantage and leadership role in supporting economic opportunities and livelihoods, recovery of the health sector, resilient governance for recovery, peacebuilding, stability and prevention of future crises – all as highlighted in UNDP’s approach fact sheet ‘Stop and Treat, Help Recover’.

In addition to the existing UNDP Ebola early recovery and resilience programming at country and HQ level advocacy and resource mobilization, UNDP, through its MRU Country Offices, has vigorously engaged with government counterparts and national stakeholders of the MRU to buttress the response to EVD. However, the support has been limited to national initiatives and responses and the regional dimension was less present in the overall recovery strategy. Hence, UNDP has positioned itself and is a key partner of the MRU Secretariat to advance national to regional efforts under the leadership of the MRU Secretariat in close interaction with ECOWAS and the Africa Union.

UNDP support and programming for recovery in promoting regional activities will be guided by the **three strategic outcomes of the UNDP Strategic Plan 2014-2017**, which take into account regional, national and continental priorities and focus on ensuring that:

- Growth and development are inclusive and sustainable, incorporating productive capacities that create employment and livelihoods for the poor and excluded.
- Citizen expectations for voice, development, the rule of law and accountability are met by stronger systems of democratic governance.
- Countries can reduce the likelihood of conflict and lower the risk of natural disasters, including those due to climate change.

The 2015-2016 Output-Based Programme and Budget, outlined below, presents the regional priorities and UNDP-proposed areas of support to respond to MRU cross-border challenges and to avoid the spread of the EVD beyond frontiers of the MRU countries. These regional initiatives address challenges on the Guinean side of the border and complement existing activities.

2015-2016 Output-Based Programme and Budget: Regional

AREA		OUTPUT ACTIVITIES	2015-2016 BUDGET (USD)
Operational Capacity	Mano River Union operational capacities strengthened	Support to operational capacity	800,000
		Support to project/programme implementation	
		Support to coordination in recovery interventions	
		Support to communication and advocacy	
Coordination	Coordination capacity and mechanism strengthened	Support to the development of technical documents	900,000
		Support to development of tools	
		Recruitment of expertise	
		Resource mobilization	
		Monitoring and evaluation	
		Procurement	
Local governance capacity	Local governance institutional capacities strengthened	Support to the rehabilitation of local administrative infrastructures	1,000,000
		Support to local authorities, social workers, administrative and decentralized structures	
		Support to equipment of health infrastructures	
Local communities and civil society	Local communities, authorities and civil society strengthened for economic opportunities through local development	Support feasibility studies to enhance cross-border security (police, gendarmerie, customs) units and civil joint cross-border units for confidence-building capacities	1,700,000
		Promote entrepreneurship in support for women and youth initiatives in cross-border areas	
		Promote microfinance initiatives in cross-border areas	
		Support the development of a strategy to increase microfinance institutions in cross-border areas	
Conflict prevention	Conflict prevention management, mediation, dialogue and peacebuilding strengthened	Support the promotion of infrastructures for peace in border areas	700,000
		Capacity strengthening of joint cross border and confidence-building units	
		Support to peace education	
		Support to community dialogue and strengthening of existing insider mediation platforms	
		Support to cross-border mechanisms for conflict prevention management, social cohesion and peacebuilding	
		Support to the establishment of early warning mechanisms at community level	
Total			5,900,000



ANNEX: KEY PARTNERS AND EXAMPLES OF PREVIOUS WORK IN CRISIS AND POST-CRISIS RESPONSES

PARTNER AGENCY	AREA(S) OF PARTNERSHIP	COUNTRIES OF PARTNERSHIP
International Labour Organization (ILO)	Important partner in all employment-related issues. Extensive experience in vocational and skills training (including apprenticeships/job placements and scholarships), local economic development and business development services. Labour market surveys, micro, small and medium enterprise development and value chain analyses are additional areas where joint engagement of UNDP and ILO typically adds value.	Kosovo, Nepal, Somalia
World Food Programme (WFP)	Partnership with WFP is essential in projects that involve food aid, such as a cash-and-food-for-work project. WFP and FAO are also essential partners when enterprise activities are related to food security and agricultural production.	Eritrea, Haiti, Iraq, Nepal, Somalia
Food and Agriculture Organization of the UN (FAO)	Cooperation with FAO and WFP is essential when enterprise activities related to agricultural production and food security are involved. FAO provides skills development for small-scale business enterprises. Recent joint work includes: <ul style="list-style-type: none"> • Collaboration in the Food Security Cluster • Joint livelihoods assessments using the Livelihoods Assessment Tool Kit (LAT) developed in 2008 • Memorandum of understanding between UNDP and FAO on support to early recovery interventions, including farming as business 	Somalia, Uganda, Zimbabwe
Office of the UN High Commissioner for Refugees (UNHCR)	Addresses the return/resettlement needs of IDPs	Iraq, Syria, Lebanon, Jordan
UN Capital Development Fund (UNCDF)	Provides investment capital, capacity-building and technical advisory services to promote inclusive finance and local development financing and governance. Leads inclusive finance aspects of UNDP programming.	35 LDCs including Guinea, Sierra Leone and Liberia
UN Environment Programme (UNEP)	Ecosystem management approaches can be adapted in the creation of 'green jobs', i.e., jobs that contribute to preserving or restoring environmental quality.	Refer to the UNDP-UNEP Poverty-Environment Initiative, Ivory Coast, Sudan, Zimbabwe, Kenya

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PARTNER AGENCY	AREA(S) OF PARTNERSHIP	COUNTRIES OF PARTNERSHIP
UN-HABITAT	Significant expertise in community infrastructure rehabilitation and shelter interventions, which is relevant in emergency employment interventions	Haiti, Philippines
UN Volunteers (UNV)	UNV maintains a pool of relevant capacities that has been useful in past initiatives (for example, UNVs act as site supervisors or coordinators for reintegration programmes).	Burundi
UN Women	Joint programming on women's economic empowerment; for example, tracking Indicator 18 of the UNSCR 1325 on women's and girls' benefits (monetary, in-kind) from temporary employment.	South Sudan, Zimbabwe
WHO	<p>WHO (along with CDC) leads the epidemiological and laboratory testing aspects of the EVD response, working in support of UNMEER achieving its 70-70-60 goals.</p> <p>UNDP and WHO coordinate their work through the UNCT cluster mechanisms (with WHO leading the health/nutrition cluster and UNDP leading the early recovery cluster), but complement each other's work, as well as through the National EVD Incident Management system, the apex coordinating structure for EVD response. UNDP is the leader in hazardous health waste management through autoclaves.</p>	Sierra Leone, Liberia, Guinea
World Bank (WB)	<p>Has supported the establishment of a dedicated one-stop-shop facility at the municipal level to streamline business regulations.</p> <p>Macroeconomic recovery and development; budget support for different sector recovery.</p> <p>Recent joint work includes:</p> <ul style="list-style-type: none"> • Collaboration on the PCNA/PDNAs and GFDRR • Global Facility on Job Creation in Fragile and Conflict States (a joint initiative of UNDP, WB, PBSO, ILO, UNECA and AfDB) • Collaboration on the HIVE, a platform for knowledge management on employment creation in fragile and conflict countries; partnership in the reintegration of displaced people 	Burundi, Sierra Leone, Lebanon
WFP	<ul style="list-style-type: none"> • Collaboration on emergency employment, such as cash for work, early infrastructure rehabilitation • Collaboration in the Better Than Cash Alliance; Memorandum of Understanding between UNDP and WFP on work on economic revitalization, reintegration, climate change/DRR and Cluster System 	Uganda, South Sudan, Kenya
Private sector	Core business connections, e.g., to support employment and livelihoods creation through jobs, skills development, etc., innovative solutions, goods and services for development challenges, pro bono support	Jordan, Haiti, Burundi, Philippines, Ebola-affected countries



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United Nations Development Programme
One United Nations Plaza
New York, NY 10017, USA
www.undp.org