

RESTORING LIVELIHOODS AND FOSTERING SOCIAL & ECONOMIC RECOVERY



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Resilient nations.*



UNDP Response to the Ebola Crisis in Sierra Leone

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ACRONYMS

AfDB	African Development Bank
A4P	Agenda for Prosperity
AIDS	Acquired Immune Deficiency Syndrome
APC	All Peoples Congress Party
CCC	Community Care Centres
CD	Country Director
CO	Country Office
CPD	Country Programme Document
CSO	Civil Society Organization
DCD	Deputy Country Director
DMD	Disaster Management Department
ECA	Economic Commission of Africa
ECOWAS	Economic Community of West African State
ERA	Ebola Recovery Assessment
ERW	Ebola Response Workers
ETC	Ebola Treatment Centre
EU	European Union
EVD	Ebola Virus Disease
FSE	Financial Sustainability and Effectiveness
FTA	Fixed Term Appointment
GDP	Gross Domestic Product
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GNI	Gross National Income
GSL	Government of Sierra Leone
HACT	Harmonized Approach to Cash Transfer
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HRC	Human Rights Commission
IC	Individual Contract
ICT	Information Communications & Technology
ILO	International Labour Organization
IMF	International Monetary Fund
MAF	MDG Acceleration Framework
MCC	Millennium Challenge Corporation
MDG	Millennium Development Goals
MDGR	Millennium Development Goals Report
MICS	Multi-Indicator Cluster Survey
MOE	Ministry of Education
MOFED	Ministry of Finance and Economic Development
MOHS	Ministry of Health and Sanitation
MPI	Multidimensional Poverty Index
MPTF	Multi Partner Trust Fund

MSME	Micro Small Medium Enterprise
MTEF	Medium Term Expenditure Framework
NAS	National AIDS Secretariat
NEC	National Elections Commission
NER	Net Enrolment Ratio
NERC	National Ebola Response Centre
NEX	National Execution
NIM	National Implementation
ONS	Office of National Security
PLHIV	People Living with HIV
PRS	Poverty Reduction Strategy
RBA	Regional Bureau of Africa (RBA)
RC	Resident Coordinator
RSLAF	Republic of Sierra Leone Armed Forces
SC	Security Council
SLAJ	Sierra Leone Association of Journalist
SLDHS	Sierra Leone Demographic and Health Survey
SLP	Sierra Leone Police
SLPP	Sierra Leone People's Party
SSR	Security Sector Reform
TA	Temporary Assignment
TRAC	Transferred Resources Allocated from Core
TRC	Truth and Reconciliation Commission
TVET	Technical Vocational & Educational Training
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNCDF	United Nations Capital Development Fund
UNDSS	United Nations Department for Security Services
UNFPA	United Nations Population Fund
UNIPSIL	United Nations Integrated Peacebuilding Office in Sierra Leone
UNJMS	United Nations Joint Medical Services
UNLP	United Nations Laissez Passé
UNMEER	United Nations Mission for Emergency Ebola Response
US	United States
USA	United States of America
USAID	United States Agency for International Development
USD	United States Dollar
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Statement by the UNDP Resident Representative

Before the outbreak of the Ebola Virus Disease (EVD) in May 2014, Sierra Leone was making serious peace building, economic and human development gains. Peace had held since the end of the civil war in 2002, and three peaceful elections had taken place. Government institutions and a culture of democracy were being strengthened, and through good policy, the economy grew by over 20% in 2013.

EVD put much of this at risk, striking the economy, communities and state systems. It added significant stress to societal cohesion, putting fragile peace building gains at risk, and has left millions more vulnerable. Livelihoods have been hit hard, about 1.8 million students did not attend school for nearly a year and social support services in many parts of the country were stopped or suspended. The IMF predicts a recession in 2015.

The Government of Sierra Leone showed decisive leadership in fighting Ebola, and communities took huge, brave risks in working hard to stamp out the disease. The UN in Sierra Leone including the UN Development Programme (UNDP) helped, by maintaining health care, supporting poor communities and helping pay front line health workers.

As the Government of Sierra Leone and its partners gear up for post Ebola recovery, it is vital that the international community continues to support the country to protect and build on fragile, yet significant development gains made before Ebola, and to fully recover from the crisis.

The UN Secretary General has tasked UNDP to lead the UN system's support to recovery in all three of the hardest-hit countries; Guinea, Liberia and Sierra Leone. This document, 'Restoring Livelihoods and Fostering Social and Economic Recovery' details UNDP's planned support to the government and people of Sierra Leone for the first 18 months of the recovery phase.



This programme framework builds on the aims laid out in Sierra Leone's National Ebola Recovery Strategy and action plan. It aims to restore livelihoods and foster socio-economic recovery for those most affected, strengthen the government's capacity to restore essential services and co-ordinate the recovery and to ensure a rapid return to a sustainable development path, while preserving and promoting peace, stability and social cohesion.

The actions in this document highlight the clear commitment of the United Nations and the UN Development Programme to stand with the Government and people of Sierra Leone as they work to build back better for a full, robust recovery from the Ebola epidemic.

A handwritten signature in dark ink, appearing to read 'David McLachlan-Karr', with a stylized, flowing script.

David McLachlan-Karr
UN Resident Coordinator &
UNDP Resident Representative

1.0 BACKGROUND AND SITUATIONAL ANALYSIS

Introduction

As stated by His Excellency Dr. Ernest Bai Koroma during the EU Ebola Conference that was held in Brussels on 3 March 2015:

“Sierra Leone and its region have been at the forefront of a war waged by the Ebola virus against all humanity, which the country never saw coming and for which no one was prepared. Policies were being implemented that were making the country one of the fastest growing economies in the world. The economy grew by 20.1 percent in 2013 and was projected by the IMF to grow by 11.3 percent in 2014. But the outbreak is moving the country’s economy towards recession this year. Private sector job losses are now set at 50%, 33% of loans are non-performing and five new private sector investment ventures worth an estimated US\$1.2 billion have been suspended. Agricultural output has declined by 30% and 280,000 made food insecure. 1,760,000 children have not attended schools for the last six months. Over 8,320 people have been infected by the virus and over 3,100 lives lost including over 440 children. There are over 8,000 orphans and the country has also lost thousands more to non-Ebola diseases which incidences were being reduced before Ebola struck. However, a joint effort amongst all partners is turning the tide against the virus and a battle is still raging to get to zero cases as there can be no recovery before zero”.

Sierra Leone before Ebola

Prior to the EVD outbreak, Sierra Leone had made substantial progress in recovering from the impacts of its decade-long civil war. The security and political situation in the country was relatively calm and stable. National institutions were built or strengthened in the areas of democratic governance, elections, human rights, anti-corruption, and security sector coordination. Rising levels of investment were driving economic growth, and attention was turned to addressing

large-scale development challenges. The country was fast transitioning to a new era of development guided by its third Poverty Reduction Paper, the Agenda for Prosperity (A4P) 2013-2018.

The peaceful elections of 2012, and subsequent launching of the Constitutional Review Process in 2013 were critical indicators of the collective aspirations of the people of Sierra Leone for political consolidation, social cohesion and economic well-being. The drawdown of UNIPSIL in 2014 offered the UN the opportunity to reposition itself and respond to the country’s longer-term development needs and address persistent issues related to fragility emanating from systemic poverty, high levels of youth unemployment, and capacity constraints. The expectations of a dramatic economic turn-around linked to investments in the extractive industry raised the stakes during and after the 2012 elections, and the expectations of a better future for all Sierra Leoneans.

On 20 December 2013, H.E. President Ernest Bai Koroma addressed the State opening of the fourth parliament of the Second Republic of Sierra Leone. In his address, the President gave an overview of his Government’s achievements and elaborated on the challenges ahead. In highlighting some of these challenges, in particular in the health and energy sectors and in combating corruption, the President pledged to continue to do more for the country and its people through improved socio-economic development and various reform processes, including by strengthening the health sector and investing in education.

The President also underscored that the prevailing peace in Sierra Leone allowed the country to move from recipient to contributor of United Nations and regional peacekeeping forces in various conflict areas. He furthermore stressed the Government’s commitment to promote prosperity and human rights for all through well-grounded system of good governance. The President gave specific details on how he hoped to achieve the objectives set forth in the eight pillars namely:

diversified economic growth, managing natural resources, accelerating human development, international competitiveness, labour and employment, social protection, governance and public sector reform and gender and women's empowerment in the country's Agenda for Prosperity.

A Fragile State in Transition Prior to the Ebola Virus Disease Outbreak

A November 2013 Assessment report¹ of the Peacebuilding Commission (PBC) of Sierra Leone acknowledged that Sierra Leone had made significant progress in consolidating peace since the end of the civil war in 2002 and was then increasingly focusing on sustained economic development. The country was on a positive trajectory towards transforming into a resilient and stable country. In particular it noted that the security and political situation in the country were relatively calm and stable and that independent national institutions have been built or strengthened in the areas of democratic governance, elections, human rights, anti-corruption, and security sector coordination and that rising levels of investment are driving economic growth and attention has turned to addressing large-scale development challenges.

It further noted that Sierra Leone's vision of becoming a middle-income country by 2035, coupled with significant foreign investment in the natural resources sector, will continue to raise public expectations. Hence, delivering improved governance and corruption, basic social services and youth unemployment, and economic gains will be essential for convincing the broader population that they will continue to enjoy the dividends of peace. A few areas had been identified as requiring additional assistance from the UN or other international partners, including reform to the security and justice sectors, area-based development focusing on conflict prevention, and the protection and promotion of human rights.

At the opening of the International Dialogue on Peace Building and State Building (IDPS) on 18 June 2014, which was followed the next day by a Consultative Group (CG) meeting for potential investors, President Bai Koroma declared Sierra Leone "open for business".

However, while Sierra Leone has achieved significant gains, the country remains a fragile state in transition, which must tackle a number of key challenges according to the Government led Fragility Assessment² undertaken in 2012.

To this end, a number of recommendations and priority actions have been formulated. Recommended priority actions to foster legitimate politics included the support of multi-party and local actors constructive cooperation, conflict sensitive political reporting in the media, effective capacity building of local government, with active involvement of local communities, and development of civil society organisations and civil oversight mechanisms for more effective government scrutiny. Under security major priority actions comprised improving the state security services response time nationwide, enhancing security oversight capacity, ensuring that the security sector is adequately trained, equipped and paid and listens to grievances of the population without excessive responses to demonstrations.

With regard to Justice, priority actions included improving coordination and collaboration between the formal and the informal justice systems and across the justice and security sectors, developing a well capacitated justice system with necessary budgets, vehicles and logistics, and issuing sentencing guidelines to enhance harmonisation and reduce judiciary discretion.

With regard to strengthening economic foundations, priority actions comprised developing adequate road infrastructures and market linkages, diversifying the economy and reducing

¹ Report of the Peacebuilding Commission Assessment Mission to Sierra Leone, 18-22 November 2013, http://www.un.org/en/peacebuilding/cscc/sl/pbc_visits/PAM%20Report%20-%20Final.pdf

² <http://www.newdeal4peace.org/wp-content/uploads/2013/05/Fragility-Assessment-SierraLeone-border-180313.pdf>

dependencies on few sectors especially the extractive sector that requires the development of accountable and transparent systems that involve and benefit more local communities, creation of jobs, livelihoods and development of private sector through domestic food production, access to financial services and developing required skills in demand on the labour market.

Preliminary findings of the updated Fragility Assessment conducted in 2014 in conjunction with the IDPS as part of the New Deal initiative, revealed that fragility indicators remained relatively

weak for Sierra Leone. The Assessment was carried out through a series of consultations conducted in 13 Districts³ and measured the public's perception of improvements against the Assessment carried out in 2012. Initial findings suggested that Sierra Leone had made incremental improvements in some areas but largely remained in a transition stage from crisis to resilience. While public confidence in security institutions seemed to have been "sustained" since the 2012 Assessment, people's sense of justice appeared

³ There are 14 Districts in Sierra Leone. For the purpose of the Fragility Assessment the Western Area (Freetown and environs) Urban and Rural Districts were combined.



to have “slipped backwards” with growing concerns about political and regional divisions and about the management of natural resource exploitation⁴.

Socio-economic Situation Prior to the Ebola Virus Disease outbreak

There had been a remarkable economic recovery in the post-conflict period with real GDP (including iron ore mining) growing at double digit in recent years. The real GDP growth (inclusive of iron-ore GDP) was 15.2% in 2012 and 20.1% in 2013, and was projected to reach 11.3% in 2014. This robust economic growth was accompanied by tight monetary policy that reduced inflationary pressures. The country enjoyed a stable macroeconomic environment with moderate macroeconomic risks, indicated by falling consumer prices, declining domestic interest rates, stable exchange rate and with moderate risk of debt distress⁵. Inflation continued its downward trend and returned to single digit (year-on-year) of 6.39% by April 2014 from 11.4% in December 2012. Interest rate on Government securities declined sharply in 2013. The 91-day treasury Bills rate fell to 3.45 in December 2013 from 18.99% in December 2012. Gross foreign exchange reserves at the Central Bank reached US\$475 million, equivalent to 3.0 months of imports as at end December 2013 compared to US\$420 million in December 2012. Over the last five years, substantial foreign investment was made in the extractive industry, agriculture, energy, and tourism sectors that were expected to further drive the economy. According to Fragility Report of 2012, Sierra Leone made rapid progress from a fragile state to a more stable development path.

Incidence of poverty declined from a high value of 66.4% in 2003 to 52.9% in 2011. The Hu-

man Development Index (HDI) increased from 0.329 in 2005 to 0.374 in 2013 reflecting progress in health, education and income dimensions of HDI⁶. However, unemployment rates were still high, especially among the youth and women. Low participation of women in the economy remains an issue -Sierra Leone is ranked 139 out of 149 in gender inequality index for 2013 (HDR 2014).

Sierra Leone’s private sector was already weak prior to the Ebola crisis, and hampered by a poor business environment. The private sector’s engagement in the development of livelihoods and employment opportunities has been limited due to insufficient promotion of Public Private Partnership (PPP) and other Corporate Social Responsibilities (CSR). High population growth rates are resulting in increasing demand for renewable and non-renewable natural resources.

Although the country made progress towards achieving the MDGs, according to the Government progress report for 2010, only MDG 6 related to HIV/AIDS, Malaria and TB was likely to be achieved by 2015. However, this has experienced substantial setbacks due to the impacts of the EVD crisis.

Agriculture is the largest contributor to GDP, and represented about 41 of GDP in 2013 compared to 52.3% in 2010. Growth in agricultural production is limited by lack of investment in improved land use methods, land tenure issues, and the small scale of new commercial projects, although a new government focus on self-sufficiency in rice production (supported by external donors) and a major bio-ethanol programme could produce benefits. Though actual figures are not available yet, it is clear that the agricultural sector has been substantially impacted by the EVD crisis.

Manufacturing remains the weakest sector, plagued by supply-side constraints and competi-

⁴ From the validation workshop presentation: “Results and initial Analysis, Sierra Leone Fragility Assessment”, 10 June 2014. The final report has not yet been released by GoSL.

⁵ From the Debt Sustainability Analysis done by the IMF and World Bank in August 2014.

⁶ Human Development Report 2014

tion from cheaper imports. Services will continue to see healthy growth, mainly as a result of mining-related services and donor-supported reconstruction efforts to improve roads, power, water supply and sanitation, while growth in telecommunications is also expected to continue its upward trend. However, persistent inflation, caused in part by the removal of fuel subsidies, and rising expectations in the wake of increased mining activities poses challenges to the Government.

Long-term risks exist, especially with regard to persistent youth unemployment of around 60%⁷. Within the West African region, Sierra Leone has one of the highest rates of underemployment amongst the youth, with the total number of young workers living on less than US\$1 per day constantly increasing both before and after the post-conflict period⁸.

The Mo Ibrahim Governance Index for 2014 ranked Sierra Leone 25th out of 52 countries, with very good performance in Safety and Rule of Law (16th out of 52); Participation and Human Rights (19th out of 52) and Sustainable Economic Opportunity (33rd out of 52). The country, however, was ranked 45th out of 52 in Human Development. The ongoing amendments in the Local Government Act 2004 and drafting of a Local Finance Law echoes the political commitment to accelerate inclusive and diversified growth and poverty reduction at all levels and human development.

The Right to Access Information Act in 2013 represents a major step to ensuring greater transparency, the rule of law, and respect for human rights. However, women's access to livelihood opportunities including land-ownership, finance and basic services remains limited. Sierra Leone is ranked 139th out of 149 in the Gender Inequality Index for 2013. Furthermore, the Gender Equality Bill proposed in 2013 remains to be present-

ed to the Parliament, and female representation in Parliament decreased from 13.2% to 12.4% (HDR 2014).

A global environmental performance index ranked Sierra Leone at 173rd out of a total of 178 countries (Columbia University CIESIN 2014), and the country was assessed as extremely vulnerable (ranked 3rd out of 193) in the 2013 Climate Change Vulnerability Index. Overall deforestation rates of woodlands are estimated at 0.7% per year (AfDB 2012). High environmental degradation rates resulting from weak legislative and monitoring structures, unsustainable land management, unplanned urbanization and pollution, are increasingly resulting in reduced environmental resilience and disaster risks.

The Impact of the EVD crisis

The first laboratory confirmed case of EVD in Sierra Leone was reported in mid-May 2014.

The state of emergency initially declared early September 2014 has been extended until mid-June 2015. Preventive measures have included district wide quarantines, embargoes on markets and trading, closure of several recreational facilities, roadblocks and checkpoints and reduced opening hours for shops and commercial enterprises and public transport were introduced. Some of these measures have been relaxed after the conclusion of the Western Area surge and the noticeable reduction in new infection rates in the first two months of the year. However, the emergency restrictions have recently been extended for an additional three months following the slight increase in the number of new EVD cases, particularly in the Western Area (see Epidemiological Situation in Figure 1). Expectedly these measures have also had unintended negative socio-economic impacts.

The Ebola Virus Disease, which started in May 2014, has so far infected 8,383 people and 3,199 deaths (3 March 2015). In recent weeks the trend of decline in new EVD cases in the country more

⁷ African Economic Outlook Report (2012)

⁸ Sierra Leone Youth Report 2012 (p.13)

Epidemiological Situation (as of 3 March 2015)

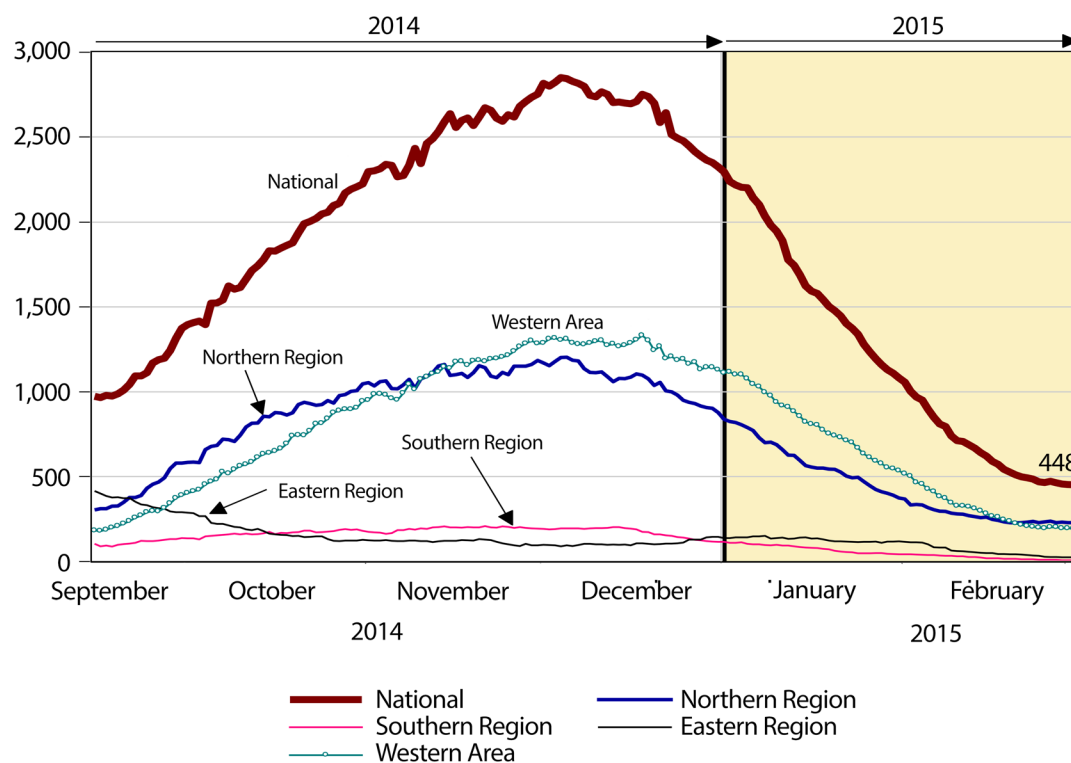


Figure 1: 42-Day Moving Sum of Confirmed Cases by Region (Source: MoHS)

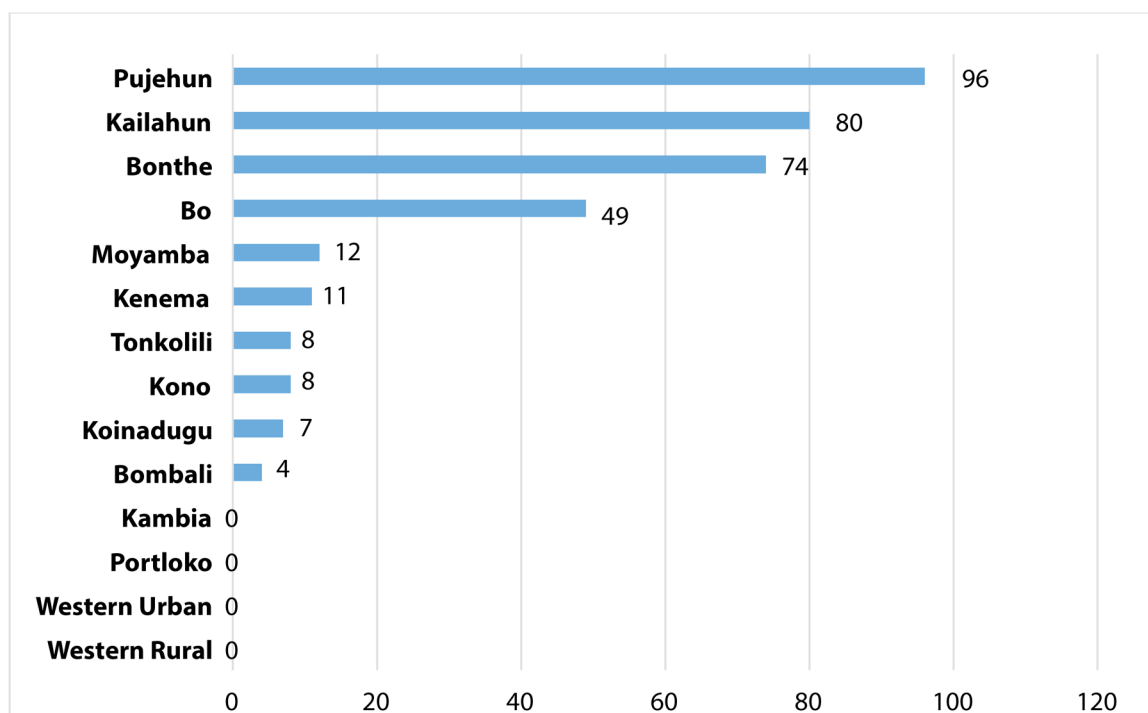


Figure 2: Days since last confirmed case by district (date from 3rd March 2015, Source: Ministry of Health & Sanitation).

or less stalled. Most new cases have been fuelled by unsafe burial practices. In that regard, NERC informed the General Public the Standard Operating Procedures (SOPs), and in particular those around Safe and Dignified Burials (SDBs), are a critical part of the response, if the country is to get to zero EVD cases. Most cases have been recorded in the Western Area and the Northern Region, as can be seen in Figure 1.

Ebola has complicated the planning process of the country. As noted by the President of Sierra Leone, H.E. Dr. Ernest Bai Koroma during the EU Brussels conference on 3 March 2015, the country is still in a **battle to get to zero cases**. As shown in figure 1, while the Southern Region and Eastern Region are close to zero (for 42-days), the Western Area and Northern Region are still far from it. Indeed, as of 3 March 2015, the total number of infections within a 42-day period is 448. This figure must be brought to zero for comprehensive recovery to take place⁹.

⁹ Statement made by HE President Dr. Ernest Bai Koroma at EU Brussels Conference March 2015

As shown in figure 2, Pujehun and Kailahun districts (Southern and Eastern regions) have experienced 96 and 80 days respectively without a confirmed EVD case.

Socio-Economic Impact of Ebola Virus Disease in Sierra Leone

EVD and the extraordinary measures to contain it are having a profound negative effect on daily life and on the economy. The quarantine and other restrictions have had a marked effect on economic activity, including reduced demand for manufactured products/services, higher fiscal deficits, rising consumer prices, and depreciation of the national currency. The agricultural sector, the backbone of the local market, has suffered significant declines in production and disruptions in the planting cycle that may take many years to fully recover, with far reaching effect on agro-processing firms.

On the social front, the death of health care



workers, the strain on existing health care infrastructures, has made it difficult for firms to provide health care services for their employees, with some institutions deciding to evacuate staff or dependants from the country. The closure of schools and other learning institutions will not only yield negative dividends for human resources development but also means there are no functioning education facilities for employees to enrol their children.

Other social impacts include diversion of efforts aimed at improving water and sanitation and reduced social cohesion that harms especially vulnerable groups (people living with disabilities, people living with HIV (PLHIV), the elderly, etc.) that are dependent on community support for daily survival. The emergence of large numbers of Ebola orphans is a particularly tragic and poignant consequence of this terrible disease.

Economic impacts

Domestic output: Prior to the EVD Sierra Leone had impressive growth. The real GDP growth (inclusive of iron-ore GDP) was 15.2% in 2012 and 20.1% in 2013. The EVD crisis has undermined growth prospects in the short, medium and long-term with real GDP growth forecasted by GoSL and IMF at 4% in 2014 and -2% in 2015¹⁰. This is as a result of the combined effects of disruption of activities in agriculture, mining, manufacturing, construction, tourism and transport sectors, among others.

Macroeconomic stability: The EVD has derailed efforts to preserve macroeconomic stability- a key enabler of economic growth in the Agenda for Prosperity.

Consumer prices: The disruption of the food supply chains, panic buying, inflationary expectations, and depreciation of the Leone has led to increase in consumer prices for goods and services. Inflation increased from 6.74%

in June 2014 to 7.6% in January 2015 2014. The inflationary pressures have been cushioned by the declining crude oil prices. It has serious implications on the food-poor and other groups with fixed income such as pensioners.

Increased financial instability: The EVD crisis has undermined financial stability with potentially damaging implications for the real economy.

- The EVD crisis has negatively affected balance sheets for the households and corporates thus undermining core-banking business of deposit mobilization and lending.
- Suspension of flights impacted on commercial banks' ability to replenish their stocks of foreign currency.
- Evacuations of expatriates, scaling down of operations and substantial transfers of customer deposits to other countries deemed safe has affected businesses.
- There have been increased non-performing loans in a number of commercial banks.
- Some bank branches (especially in epicentres) have closed denying customers much needed banking services

Government finances: The EVD crisis has led to widening fiscal deficits, wiping out fiscal space. The dampening of economic activities has affected domestic revenue collection. The outbreak has led to extra-budgetary expenditures. Domestically funded capital (investment) expenditures have been cut with serious implications on long-term growth and development.

Balance of payments and exchange rate: The EVD crisis has led to widening current account deficits and depreciation of the exchange rate. Measures taken by member states to close borders, and the suspension of flights have affected exports and imports. The exchange rate has also depreciated.

Employment and livelihoods: Employment and livelihoods opportunities (especially for the poor

¹⁰ High Ebola scenario in the budget for 2015

and vulnerable) have been negatively affected.

- Loss of income for farmers in epicentres
- Suspension of weekly community markets
- Loss of income for farmers and traders involved in cross-border trade in MRU
- Street traders and commercial motorbike riders lost livelihoods
- Retrenchments of staff employed
- Lull in construction activities imply unemployment, especially for the youth
- Loss of income in the tourism and hospitality sectors
- Stigma on the survivors

Social impacts

Health sector: The EVD crisis has reversed efforts of government to provide universal coverage of quality health care in Sierra Leone. There has been substantial impact of the crisis on the health sector, including through morbidity and mortality of health care workers, lack of curative and preventive care for non-EVD ailments, and diversion of resources from other health-related programmes to EVD response. Evidence shows that limited infection prevention and control

contributed to the rapid spread of EVD.¹¹

A total of 296 health care workers are known to have been infected with EVD with 221 deaths, 11 of whom were the few specialized physicians, further reducing the already low ratio of skilled providers to population at 3.4:10,000 - against optimal levels of 25:10,000.

A survey conducted in October 2014 among 1,185 PHUs, noted 47 (4%) were closed at the time of assessment, with a similar number reporting temporary closure since the start of the epidemic. Although 96% of PHUs remain operational, the country recorded a 23% drop in institutional deliveries; 39% drop in children treated for malaria; 21% drop in children receiving basic immunization (penta3); and a 63% drop in family planning service utilization.¹² The EVD outbreak has led to a decline in the utilization of health care facilities for non-Ebola related health needs, particularly in urban areas such as Free-

¹¹ Ebola response roadmap – Situation report. <http://www.who.int/csr/disease/ebola/situation-reports/en/>. [Accessed on 18 January 2015].

¹² MOHS, Utilization trends report, 2014



town.^{13,14} The health and nutrition sectors experienced a range of direct and indirect effects as a result of the epidemic, with the potential to reverse recent progress towards the MDG targets.

Education sector: Closure of all learning institutions in the country has suspended human resource development for the country.

Water and sanitation: Diversion of resources, closure/scaling down of NGOs in WASH sector as well as evacuation of expatriates dealing has affected the water and sanitation work. This increases the potential for future water and hygiene related diseases such as cholera.

Stigma: Stigma on the survivors, widows, children, healthcare workers has affected social cohesion.

Other vulnerable groups: Livelihoods of women, elderly, people living with disabilities, and sex workers are greatly affected.

Sectoral impacts of EVD

Health: In the first half of 2014, prior to the EVD outbreak, Sierra Leone had made marked progress towards a number of the MDG targets in the health and nutrition sectors. However, with rapid spread of EVD and diversion of resources towards its containment, gains made in addressing child mortality (MDG4), maternal mortality (MDG5) and HIV/AIDS, malaria and other diseases (MDG6) may have been reversed.

Human assets: Health workers responding to the Ebola crisis are uniquely affected by the epidemic given their high risk of exposure and infection through routine service delivery. By January 2015, a total of 296 health care workers are known to have been infected with EVD with 221 deaths,

11 of whom were the few specialized physicians¹⁵. Prior to the EVD outbreak, the ratio of skilled providers to population was very low at just 3.4:10,000- against optimal levels of 25:10,000.

Service delivery: Since the EVD outbreak many health units have closed and use of services has declined due to a number of factors such as: the absence of trusted health staff; loss of confidence by communities in the health system (as non-Ebola cases would mingle with Ebola cases); and safety-related reasons. While the outbreak continues and services remain constrained, there is a high risk of concurrent health vulnerabilities that must be immediately addressed including possible outbreaks of vaccine preventable diseases (particularly measles), a surge in malaria cases and deaths, acute malnutrition, and maternal-new born deaths due to home deliveries.

Agriculture: Agricultural areas under quarantine (Kailahun and Kenema), restrictions imposed on movement of workers, reduced farm labour owing to the disease affecting people of productive age (20-50 years); Overall consumer food prices have increased, although in farming areas where quarantines are in place, prices have declined due to their inability to move their products to market. Women are particularly hard hit as many of them work as farmers or sell farming products on the market. In December 2014 FAO and WFP estimated that 120,000 Sierra Leoneans have become food insecure as a result of EVD. This number is predicted to rise to 280,000 by March. The outbreak has caused a significant shock to the food and agriculture sectors in the affected countries.

While estimated crop losses appear relatively modest at national level, sharp disparities in production have emerged between areas with high infection rates and other regions in the three worst-hit countries. In particular, labour shortages have marred farming operations such as planting and weeding while movement restrictions

¹³ The Socio-Economic Impacts of Ebola in Sierra-Leone, World Bank, January 2015

¹⁴ MOHS, Utilization trends report, 2014

¹⁵ Ministry of Health & Sanitation

and fear of the disease have disrupted agricultural market chains.

Mining: The impact on this sector is still not very clear. Some mining companies have already exceeded their half-year target in 2014, whilst others have scaled down operations, and evacuated expatriate staff. The country's second largest iron-ore producer, London Mining, went into administration in October 2014. The company had been hard hit by the 40% drop in global iron ore prices, but it seems that the disruption caused by EVD also contributed. London Mining had been one of the country's largest employers, providing jobs for 1,400 people.

Manufacturing: Closure of bars, night clubs, cinemas and related activities; lull in construction-led to significant drop in demand for manufactured products e.g. beer and impacted on breweries, bottling companies and cement manufacturing.

Construction: Construction activities have been

put on hold. This sector is critical for future growth prospects and provides employment opportunities for youth.

Tourism: Reduced tourist arrivals, low bed-occupancy rates in hotels.

Transport: Suspension of flights due to the risk of spreading disease to other countries-disrupted cross-border trade and efforts to fight EVD. Ship crew reluctant to dock in Freetown. Public commercial transport also affected-operation below capacity and increased prices

Environmental Protection: Due to the restrictions, EPA staff are not able to engage in routine activities to monitor compliance with environmental legislation, thus exposing the country to possible accelerated environmental degradation.

Medium Term Macroeconomic Outlook (2015-2016)

The medium-term macro-fiscal framework agreed

Table 1: Selected Economic Indicators and their projections based on EVD scenarios
(Source: Budget Framework Paper 2015)

Indicator	2013	2014		2015	
	Actual	Proj. (a)	Proj. (b)	Low EVD Proj.	High EVD Proj.
Real GDP growth (%)	20.1	11.3	4.0	2.5	-2.0
Consumer prices (% end period)	8.5	7.5	10	12.0	14.0
Consumer prices (% annual average)	9.8	7.8	8.7	11.6	12.6
External balance (% of GDP, including grants)	-12.4	-11.1	-15.4	-15.2	-15.7
Domestic revenue (% of GDP)	12.7	12.8	11.3	10.1	10.6
Expenditure and net lending (% of GDP)	17.6	20.7	22.3	19.5	21.3
Overall budget balance (% of GDP, including grants)	-1.9	-4.2	-6.4	-6.4	-7.1
Broad money (% of GDP)	21.0	15.2	10.2	14.5	10.3

with the IMF in April 2014 indicated a strong growth, declining inflation, and improving external and fiscal position. This was anchored on the assumption of expansion in agriculture, iron ore mining, services coupled with scaling-up of investment under the A4P. The 2015 budget is based on revised medium-term outlook that reflects the medium-term economic and social impact of the EVD, including the heavy toll of EVD on human lives and dampening effect on economic activities. There were two possible scenarios:

Optimistic scenario: *Assumed the containment of the EVD by end 2014 (not achieved):* Economic recovery will emerge over the course of 2015. Economic activities will rebound led by agriculture, manufacturing, tourism and construction. Real GDP growth of 2.5% in 2015 compared to the 9.0% originally projected. Inflation will hit double digits to 12.0% compared to the initial projection of 6.0% (see table 1).

Pessimistic scenario: *Assumes that the EVD is not contained until the 3rd quarter of 2015:* Output will fall dramatically due to large scale disruptions in agriculture and services. Economic buoyancy will largely depend on government expenditure with a lot of uncertainty. Overall GDP will contract by 2% in 2015 compared to the 9.0% originally projected (see table 1). Inflation will be high reaching 14.0% due to poor harvests in 2014 and losses of the planting seasons in 2015. The Government adopted the Low Ebola (optimistic) scenario. Although there are challenges to forecast the time when EVD will be contained, the optimistic scenario (i.e. containing EVD by end of next month) is not likely to materialize. A more realistic assumption is early or mid-2015 given the significant support in the containment of EVD that the country has received recently.

Millennium Development Goals

MDGs: Sierra Leone ranks below most African countries in many social-wellbeing indicators and progress towards meeting the MDGs remains a critical challenge. An assessment of the MDGs in 2010 revealed that out of the eight MDGs, only MDG 6 (HIV/AIDS, Malaria and TB) will be achieved by 2015¹⁶. The Demographic and Health Survey (DHS) 2013 showed remarkable progress in a number of health indicators including child mortality. The EVD is a health crisis and has ramifications on education and other sectors-reverse progress towards achieving MDGs.

While Sierra Leone has made notable progress toward many of the MDGs, it is unlikely to attain the majority of them by 2015. Over 52.9% of the Sierra Leonean population was living below the poverty line in 2013, with the average life expectancy of 48.6 years at birth. Prior to the EVD outbreak, only one (HIV/AIDS, malaria and TB) of eight MDG was likely to be achieved, with a high probability of meeting HIV/AIDS targets, but less regarding achievement of the malaria and TB targets. However, since the EVD outbreak, the implementation of the national HIV program has been significantly affected, with a marked decrease in the rollout of HIV testing campaigns and the loss to follow up of PLHIV accessing treatments.

An additional three MDGs (child mortality, maternal mortality and development partnership) had a chance of being substantially achieved, with sustained effort. On gender equality and women empowerment in particular, Sierra Leone has been making limited progress. The country was ranked 139th out of 149 in the Gender Inequality Index in 2014. An estimated 43.8 % of female headed households lived below the poverty line. A UNICEF report showed that 50% of teenage girls had experienced forceful sexual relations.

¹⁶ However these prospects have been compromised by the EVD outbreak which has led to significant drop in HIV positive people accessing ARV treatment.

MDGs Indicators (year in brackets)

Population below \$1 (PPP) per day, percentage MDG1, indicator 1.1 UN MDGs data	51.7 (2011)
Population undernourished, percentage MDG1, indicator 1.9 UN MDGs data	29.4 (2012)
Total net enrolment ratio in primary education, both sexes MDG2, indicator 2.1 UN MDGs data	n/a
Seats held by women in national parliament, percentage MDG 3, indicator 3.3 UN MDGs data, GHDR 2013	12.4 (2013)
Children under five mortality rate per 1,000 live births MDG 4, indicator 4.1 UN MDGs data, SL-DHS 2013	154 (2013)
Maternal mortality ratio per 100,000 live births MDG 5, indicator 5.1 UN MDGs data	890 (2010)
People living with HIV, 15-49 years old, percentage MDG 6A, indicator 6.1 UN MDGs data	1.6 (2011)
Malaria death rate per 100,000 population, all ages MDG 6C, indicator 6.6 UN MDGs data	177 (2010)
Proportion of the population using improved drinking water sources, total; MDG 7, indicator 7.8 UN MDGs data	57 (2011)
Proportion of the population using improved sanitation facilities, total; MDG 7, indicator 7.9 UN MDGs data	13.0 (2011)

The 2007 Child Rights Act prohibits marriage under 18 years, yet the practice is still prevalent. An estimated 16% of girls under 15 are married. Only 8% of teenage mothers reported that their first partner was of the age or younger, when 35% indicated that the partner was more than 10 years older (Sierra Leone Demographic and Health Survey-SLDHS 2013).

In Sierra Leone, 34% of all pregnancies occurred among teenage girls (SLHDS 2008) and 40% of maternal deaths occurred as a result of teenage pregnancy (Multiple Indicator Cluster Survey-MICS 2010), one of the highest in the world. The Gender Equality Bill proposed in 2013 is yet to be presented to the Parliament, and female representation in Parliament decreased from 13.2% to 12.9% (Human Development Report 2013).

The remaining MDGs (poverty & hunger, primary education, and environmental sustainability) were unlikely to be met. Information from

various surveys indicated that widespread poverty as a result of high rates of unemployment and illiteracy were the key factors that continued to slow down overall progress in the country's performance on achieving the MDGs. Enhancing transparency and maintaining efforts to halt corruption were also important for accelerating progress toward achievement of the MDGs

The EVD crisis is having the following impacts on achievement of the MDGs:

MDG 1

- Reduced social cohesion and stigmatisation of HCWs, survivors, burial teams, etc.
- Disproportionate impact on vulnerable groups (people living with disabilities, PLHIV, the elderly, etc.) that are dependent on community support for daily survival.
- Devastated communities and households and emergence of Ebola orphans.

MDG 2

- The indefinite closure of schools will yield negative dividends for literacy and for an education system that is still recovering from the devastating effects of the civil war.

MDG 3

- Women are particularly at risk as primary care givers and active role in trade and agriculture

MDGs 4, 5 and 6

- Reversing gains achieved in preventive and curative health care:
- As of January 2015, a total of 296 health care workers are known to have been infected with EVD with 221 deaths, 11 of whom were the few specialized physicians. Loss of front-line health workers has exacerbated already inadequate human resources for health. Improving the number and capacity of the

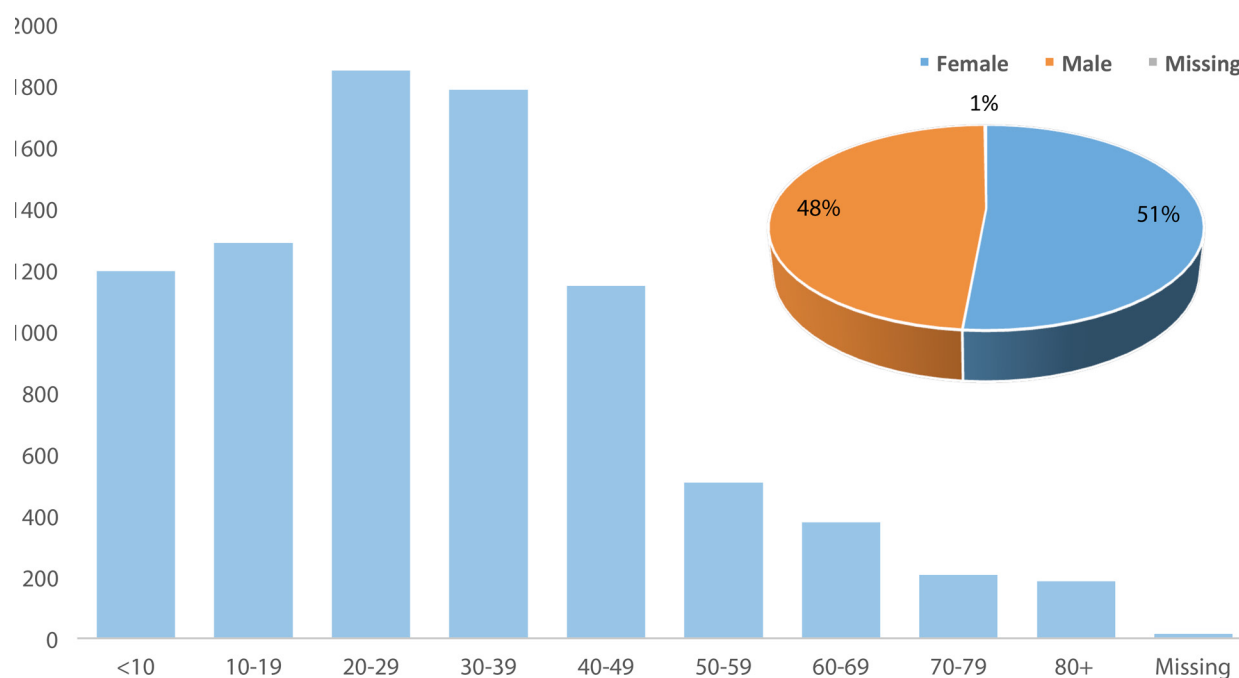
skilled health workforce and ensuring patient and health worker safety is a central priority for the post-Ebola recovery period.

- Significant increase in fatalities and morbidity from treatable ailments and childbirth due to: i) Near collapse of existing non-EVD health care and ii) Generalized fear within the public to seek medical attention for non-EVD ailments.
- EVD threatens to reverse efforts towards prevention and control of HIV/AIDS with the significant decline in national HIV testing campaigns and the loss to follow up of PLHIV accessing treatments
- EVD is also reversing efforts to contain malaria, which is a leading cause of deaths in Sierra Leone.

MDG 7

- Diversion of efforts aimed at improving water and sanitation increased the likelihood of water-borne diseases.

Figure 3: EVD cases by gender and by age group, May 23rd, 2014 to January 23rd, 2015 (Source: EVD VHF Database)



Impact of EVD on Women

According to the Human Development Report of 2013, Sierra Leone ranked 139th out of 148 in the Gender Inequality Index, and the Gender Equality Bill proposed in 2013 is yet to be presented to the Parliament. This inequality has also been represented in the impact of Ebola as women have been disproportionately affected by EVD. A stratified analysis of cumulative EVD cases indicates that the numbers of cases in males (48%) and females (51%) are roughly equal, with adults (15 years and over) being more likely to be affected than children.

Women are the primary care-givers in the family, and have been infected while taking care of both immediate family members as well as relatives. The closure of community markets in some areas has also impacted women economically. Similarly, the closure of local clinics has meant a loss in vital health services. Discriminatory inheritance practices in traditional jurisdictions may also make women more susceptible to economic marginalization following the death of male relatives.

Figure 3: EVD cases by gender and by age group, May 23rd, 2014 to January 23rd, 2015 (Source: EVD VHF Database)

Impacts of EVD on other vulnerable groups in Sierra Leone

Deprived, densely populated communities in urban areas: Highest EVD transmission rates of the three most affected countries were found in Freetown; wage and non-farm self-employed workers saw the largest declines in employment in urban areas of Sierra Leone.

Remote rural communities, border communities: As the agricultural sector has been heavily impacted by the EVD crisis, livelihoods from rural communities that largely depend on agriculture have substantially been affected. Some reports suggest that EVD suspected cases from

urban areas and from Liberia fled to remote rural and border communities, contributing to increased transmissions in these areas.

People living with Disabilities: PWDs are often discriminated against in Sierra Leone – many still believe them to be a demon possessed or even causing EVD. Many live communally in dilapidated “homes”. There are 19 homes (2,000 residents) in Freetown and estimated 50-100 countrywide, many of which are not registered.

Prisoners: people in police detention, juvenile homes and prisoners (nationwide 3,683 inmates; 1,940 in FT central prison designed for only 324 – 500% overcrowded). Possible far-reaching implications if EVD confirmed case amongst inmates e.g. could create panic in prisons, officers abandoning posts and possible break outs etc.

Street Children: Sometimes said to accompany PWDs for protection and because of shared rejection.

Children of EVD patients and Orphans; some children are discharged but their parents are sick, still at treatment centres or have passed away and can no longer provide for them. Many children in Sierra Leone have been orphaned or have lost one parent as a result of Ebola, and many are rejected by their relatives for fear of infection. Children in affected communities are also suffering from increased mental health problems and psychological distress as a result of the crisis.

EVD survivors (more than 3,300 in March 2015): Many survivors are stigmatized and rejected by their communities and even their own families, and need extra support. In October 2014, a UNICEF survey of 1,400 households across the country found that 96 per cent of Ebola survivors have experienced some form of discrimination and over three-quarters of respondents would not welcome an Ebola survivor back into their community.

Health care workers: Health care workers rejected by the community by fear of contagion, e.g. the so-called “Ebola Boys” who are involved in burials.

Impact of EVD on peace & social cohesion

As underscored above, stigmatization of survivors, orphans of deceased parents from EVD and health care workers has resulted in exclusion and social isolation caused by fear and discrimination from their communities. There are many unaccompanied and separated children and communal responsibility for children appears to have weakened or does not exist.

Overall, social cohesion of communities has been seriously affected by rejection of members who have been closely associated with EVD by fear of contagion, often exacerbating acute vulnerabilities and calling for enhanced support for reintegration into communities, which has heretofore been limited.

While Sierra Leone has made significant strides in achieving greater social, political and national cohesion in recent years, Ebola has nevertheless precipitated several incidents of tension and violence. Violent clashes between police and protesters erupted on at least two occasions in October 2014. There have been intermittent strikes by health workers, and resistance by community workers to burial teams (deployed to stay the spread of infection through the conduct of traditional burial ceremonies).

Public concern has been expressed regarding the effectiveness of quarantine methods, and the ad hoc nature of procedures deployed at checkpoints. More widely, there has been a perception among members of the Mende community in the south and east of the country, from where Ebola initially vectored into Sierra Leone, that they did not receive a prompt and effective response from the state.

These incipient tensions have been accompanied

by a reduction in capacity in the area of rule of law. Courts have scaled down work as they tend to become crowded during normal periods, and the congregation of large numbers of individuals could allow the spread of Ebola. Close quarters in prisons make both guards and prisoners more susceptible to Ebola.

2.0 RESPONSE AND RESULTS

In August 2014, UNDP reprogrammed its interventions to address the immediate needs that arose out of the Ebola crisis that also impacted UNDP projects that were suddenly unable to carry on. By reallocating existing UNDP funds and modifying ongoing projects, UNDP was able to respond quickly using established partners and links, and drawing on over 40 years of experience in Sierra Leone.

Community Engagement & Sensitization

People living with disabilities

- **52 homes** of people living with disabilities (PWD) reached
- Emergency Operation Centres established in **45 PWD homes** with **225 people engaged** at the District Emergency Operations Centres
- **1,547 men and 995 women** with disabilities sensitized

Vulnerable urban communities

- **548 community disaster volunteers** trained and equipped
- **300 buckets, 1,500 soap bars, 100,000 awareness leaflets** and **548 uniforms** distributed
- Estimated **1.5 million vulnerable urban people** reached

Okada (motorcycle taxi) riders

- **1,000 Okada riders** trained in face-to-face sensitization
- **6,000 vests, 10,000 posters, 126 buckets, and 420 soap bars** distributed
- Estimated **40,000 people reached**

Rural poor and vulnerable

- **220,000 remote-community residents** reached
- **520 volunteers** reached out to **350 remote villages**
- **461 traditional leaders** made aware of safe burials and referrals of suspected cases
- **1,200 quarantined homes** supported with basic hygiene kits and livelihoods' items

Reaching the unreachable

Sierra Leone's most vulnerable people, who were already at the fringes of society, were especially hard hit by the EVD crisis. Communities of marginalized people were initially largely overlooked in the Ebola prevention campaigns. Remote communities were further isolated, and people with special needs did not receive targeted messaging. In all cases, there was a one-sided approach to Ebola prevention driven from outside the affected communities, and dialogue was missing. UNDP's work instead placed the power in the hands of the communities by using people centred approaches focusing on vulnerable communities and groups.

For people living with disabilities, UNDP produced EVD literature in Braille for the blind, and delivered messages for the hearing impaired in sign language. Prevention messaging reached those who lacked mobility, even in the most remote areas.

For PLHIV, UNDP assisted the National HIV/AIDS Secretariat and UNAIDS to reprogram the existing national HIV program in order to restore testing and treatment services within the EVD context.

For survivors and bereaved families, UNDP provided supplies to help them restart their lives after Ebola. The solidarity kits comprising clothing, food, household supplies and money, helped many people get back on their feet.

Supporting the Healthcare Sector

Ebola and other infectious waste

- **2 autoclaves** fully installed and operational in Ebola treatment centres with a further **8 machines** planned for installation
- Non-Ebola healthcare providers working group established to help restart essential health services
- **24 tents** and rolls of tarpaulins provided for an Ebola treatment centre managed by International Medical Corps.

For the poorest communities, previously trained disaster volunteers, under the Disaster Management Department, engaged their UNDP-trained force to go house-to-house, face-to-face and help prevent the spread of Ebola; in some cases their hard work kept Ebola entirely at bay.

Maintaining Health Care

To improve worker and patient safety in Ebola treatment centres, UNDP with support from the Republic of Korea, pioneered autoclave technology built in Africa for Africa. The technology protects healthcare workers who handle infectious waste and the environment at large once the waste is disposed.

Paying the workers

UNDP in partnership with UNCDF, assisted the Government to manage its hazard payment programme for all eligible healthcare workers exposed to increased risks. UNDP, as an EVD frontline agency delivered a highly innovative programme which combined inclusive finance, public health, and governance expertise as well as breaking new ground on the use of mobile payments, cloud computing, and open source information management systems to deliver scale and efficiency in a crisis.

With payment cycles measured in weeks and over 30% growth in workers each pay cycle compounded by a 20% turnover rate and lateral movement of workers across different eligibility amounts and Health Centres, this required

Cash Transfers

Hazard pay for Ebola Response Workers

- **100%** registration in the National Hazard Payroll System
- **90%** registered ERWs paid on time
- **100% paying organizations** reporting inside the system
- **25,000 ERWs** paid the correct amount at the right time

UNDP to balance the digitization of hazard payments to ensure fiduciary compliance while at the same time leveraging a real-time payroll system to affect timely payments to workers aiming at averting strikes over non-payment. The digitization of hazard payments to over 19,000 workers improved security, efficiency and cost savings for the Government and for the recipients. The payroll system, built on innovative open source architecture, utilizes biometric technology to prevent double entries, ghost workers and mis-payments, making it a potentially attractive system for curbing fiduciary risks across Government ministries for years to come.

Media Support

UNDP contributed to responsible journalism and consistent messaging through its network of journalists and previous support to Sierra Leone media.

Responsible Media Outreach

- **91 one-hour radio programmes** on Ebola aired every evening for three months
- Refurbished the Independent Radio Network studio in Freetown enabling better technical outreach to over **50 network stations nationwide**

Preserving the peace through strengthened security sector

UNDP helped to improve the overall security and protection of the population during the State of Emergency through assisting police and army in maintaining human rights and dignity in Ebola quarantines and checkpoints.

With the corrections system, UNDP and its partners helped with mass overcrowding by reviewing hundreds of cases, identifying those that could be paroled or charges dropped and released. Furthermore, UNDP provided observation facilities for new inmates to ensure Ebola did not enter the overcrowded facilities. Training and equip-

Decongesting Correctional Facilities

- Out of **870 cases reviewed**, **395 incarcerated people** were released from prison (ongoing)
- **2 Ebola observation units** constructed and operational; male/female
- **153 men** and **20 women** housed in observation units prior to the start of their incarceration
- **2,365 corrections officers and personnel** trained and equipped (including nurses, managers and leaders)

ment for corrections officers was coupled with civil society partnerships, bringing these organizations together with security officials in times of quarantines and roadblocks.

Counting the Costs

UNDP economists have assessed the socio-economic impact of the Ebola crisis in Sierra Leone and its effect on households, businesses and the nation as a whole. The results of three reports have informed the Government on evidence-based socio-economic impacts and enabled the Government to address emerging priorities through budget allocations and programming. Most notably, the results influenced the recovery objectives going forward. With thousands of people left unemployed by the crisis, UNDP reached out to its network of youth entrepreneurs who had been affected by the crisis. UNDP helped them adapt their businesses in the new economic climate. The changes made to small businesses during times of Ebola helped to improve customer confidence in safer measures such as hand-washing and cleaning procedures at local hair salons. UNDP also

Security Sector

- **2,500 security providers** trained and equipped on standard operating procedures on quarantined areas and homes, roadblocks, and safe burials
- All **17 detention centres** nationwide provided with prevention kits
- **40 security vehicles** restored and repaired for nationwide monitoring of checkpoints and quarantines
- **6 Sierra Leone Police** command and control centres made operational and equipped including **500 batteries** for VHF and other communications devices

Economic Impact Assessment & Mitigation

- **3 reports prepared** (households, businesses and joint report on the impact at the national level)
- **Database created** for the micro analysis of Ebola 2015 Government of Sierra Leone budget developed based on UNDP's reports
- Youth entrepreneurs*
- **15 youth entrepreneurs** awarded grants through a competition for best business (Ebola) adaptation plan
- Market survey conducted nationwide

helped to identify new businesses opportunities born out of the crisis like home delivery.

3.0 UNDP'S RECOVERY STRATEGY

Until reaching zero EVD case in Sierra Leone, UNDP will continue to implement a number of EVD response interventions, which will contribute to the "Stop and Treat" priority objective, namely (i) technical and advisory support to NERC for cash transfers to Ebola Response Workers, (ii) Health Sector Strengthening through provision of autoclaves to Ebola Treatment Centres and Healthcare facilities for effective infection prevention and management and community engagement and (iii) sensitization of at-risk groups.

Given the fact that more than half of the districts have not had any new EVD cases for more than 42 days, UNDP has already initiated recovery interventions in the most affected communities. Further scaling up will be contingent upon the mobilization of required resources.

The overall objective of UNDP's Sierra Leone's Recovery Programme is to restore livelihoods and foster socio economic recovery for those most affected by the Ebola Virus Disease (EVD), strengthen the Government's capacity to restore essential service delivery and to ensure rapid return to sustainable development trajectory while preserving and promoting peace, stability and social cohesion. The proposed Programme spans over 18 months, starting in April 2015. Concur-

rently, UNDP intends to strengthen the Government of Sierra Leone's capacity to effectively coordinate the EVD recovery efforts, control EVD outbreaks and address socio-economic impacts and build resilience of affected communities through comprehensive and targeted responses.

Over the years, UNDP has accumulated a capital of trust and established reliable partnerships with a large network of Government Counterparts and Civil Society Organizations, which have been activated and leveraged to add value and respond to the EVD Crisis in keeping with UNDP's mandate. Based on the demonstrated recent success of this approach, UNDP is building on its experience during the EVD immediate response phase and will capitalize on successful partnerships and in-house expertise. In particular populations that have been targeted during the "Reaching the Unreached" campaign will be further supported to recover from negative EVD socio-economic impacts in order to (i) continue UNDP's support to these communities to adopt safer practices and behaviours and effectively prevent future contamination and (ii) carry on to the next level the remarkable work undertaken by Implementing Partners and Community Volunteers in densely populated, remote and inaccessible communities.

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 and 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, is contributing to the UNDAF and to the United Nations Country Team's (UNCT) Ebola Recovery Plan while being aligned and complementary to the Government of Sierra Leone's Ebola Recovery Strategy and the Agenda

For Prosperity. All proposed interventions will be implemented in coordination with the Government of Sierra Leone (GoSL), Civil Society Organisations (CSO) and other relevant Development Partners.

The UNDP Recovery Programme comprises seven components, which are succinctly presented below:

- Component 1: Policy and Recovery Advisory and Coordination Support to the GoSL
- Component 2: Resilient Governance and Service Delivery Support
- Component 3: Livelihood and Enterprise Recovery Support
- Component 4: Health Sector Strengthening
- Component 5: Crisis Prevention and Disaster Risk Management
- Component 6: Cash Transfer Support
- Component 7: Ensuring Peace Preservation

These components will be implemented concurrently and in an integrated manner under the umbrella of the proposed recovery programme. The seven components embrace a broad range of EVD issues and address many of the impacts that must be tackled during recovery and bridge across a wide variety of stakeholders and beneficiaries, including the most EVD affected and the destitute. These recovery programme components are fully aligned to and support the implementation of the National Ebola Recovery Strategy as highlighted in the following sections.

4.0 PRINCIPLES OF ENGAGEMENT

The following are key principles that underpin the implementation, monitoring and evaluation of UNDP's Ebola recovery interventions:

Promote and strengthen decentralised recovery programming and implementation. Based on lessons learnt during the EVD response, which demonstrated the pivotal role of sub-national entities in the preparedness and response to the

EVD crisis, UNDP will engage relevant partners at the sub-national level, with interventions that will **adopt area based approaches, wherever feasible**. UNDP will support inclusive and participatory planning and development processes that are geared towards addressing priority issues within clearly defined geographic areas in a sustainable way. This approach will enhance the impact of limited resources by fostering synergies and promoting effective prioritization of interventions.

Continue community engagement and social mobilization. Until zero case has been achieved and beyond engagement with communities must continue as an critical public health investment. Further, successful prevention of possible reoccurrence will require effective warning and management systems to be established at community levels.

Target the most vulnerable and build on Partnerships of the Response Phase. UNDP commits to address the needs of the most vulnerable and affected communities and will endeavour to collect further information to understand, reflect and address their respective most important needs and priorities in its recovery programme. UNDP will capitalize on successful partnerships to formulate, implement and monitor recovery interventions.

Sub-Regional Partnerships and Coordination. Closely coordinate with Mano River Union (MRU) and UNDP Liberia and Guinea Country Offices on sub regional programmes. Building strong partnerships and dynamic relationships, promoting joint efforts based on common interests and objectives, which encourage innovations. Partnerships with the WB, AfDB, ECOWAS, the MRU and other UN agencies will promote integrated analyses and multi-sectoral approaches.

National Ownership. UNDP will use current country systems, build on existing institutions and develop capacities as a foundation for sustain-

able local development and service improvement. To ensure national ownership of the recovery process, UNDP will promote active participation of national and local authorities in the planning, implementation and monitoring of recovery interventions.

Human Rights Based Approach. UNDP will ensure that its Recovery Programme is underpinned by a Human Rights approach and serves affected communities without discrimination. UNDP will coordinate with civil society organizations and the Human Rights Commission to apply a rights-based approach to its Recovery Programme.

Participation and Inclusiveness. UNDP will adopt a participatory approach throughout the formulation, implementation and monitoring of its recovery Programme.

Transparency and Accountability. In compliance with corporate rules and regulations and similarly with all its activities, UNDP will ensure 100% transparency on its plans, budgets and programme. In addition, information on project delivery, progress and evaluation will be made public.

Do No Harm-Conflict Sensitive Approach. Recovery strategies and interventions will be conflict sensitive and underpinned by the Do-No-Harm principle. This will be done through a sound analysis of the impact of EVD crisis on relational and power dynamics, structural fault-lines exposed by the crisis, stakeholder analysis and identifying approaches that foster social cohesion. Recovery interventions will take into account longer term development perspective and will be based on the principle of “Build Back Better” setting the basis for reform wherever appropriate.

Alignment with National Recovery Strategy and Plans. UNDP is committed to aligning its recovery strategy and programme to the National Recovery Strategy.

5.0 PROGRAMME COMPONENTS

Component 1: Policy and Recovery Advisory and Coordination Support to the GoSL

The UN Secretary-General has tasked UNDP with leading the UN System’s initiatives on Ebola-related recovery. UNDP has agreed to undertake these tasks in consultation with the World Bank, the Economic Commission of Africa, the African Union, the Peacebuilding Support Office, the Office for ECOSOC Support and Coordination, UNESCO and the Office of the Special Advisor on Africa. At the country level on Sierra Leone, UNDP together with the MoFED (which is leading Government’s Ebola recovery programming) and the World Bank Co-Chairs the Ebola Recovery Working Group – a joint Government-Development Partners technical platform for Ebola recovery. A multi-agency (UN-WB-EU-AfDB) Ebola Recovery Assessment was undertaken in January 2015 to feed into the national Ebola Recovery Strategy.

ALIGNMENT TO THE NATIONAL EBOLA RECOVERY STRATEGY

Agenda for Prosperity PILLAR 7: Governance & Public Sector Reform

- Ensure Sector Coordination and Aid Effectiveness as embedded in the New Deal and Mutual Accountability

Building on the current technical and coordination support to the Government of Sierra Leone (through MoFED) and development of a comprehensive and inclusive Ebola Recovery Strategy, UNDP Sierra Leone will continue to provide policy and coordination support going forward during the implementation phase of this national Ebola Recovery Strategy. UNDP will also continue to advise the GoSL in its peacebuilding transition and stabilisation process to resilience. To this

end, UNDP will assist in preparing and launching an updated fragility assessment. The following policy and recovery coordination support have been prioritized for the next 18 months.

Proposed Outputs & Indicative Activities

1.1. Policy support

1.1.1 Advisory support to MoFED, in its leadership role in formulating and overseeing implementation of the Recovery Programme and strengthening regional cooperation of the Ebola Recovery Strategies and its implementation through the MRU coordination mechanism.

1.1.2 UNDP in collaboration with the Government of Sierra Leone, the World Bank, African Development Bank and the IMF undertook an assessment on socio-economic impacts of EVD in October 2014. **A second round of socio-economic assessment** will be launched during second quarter of 2015 to capture the latest situation to inform recovery programming of the Government and other stakeholders.

1.1.3 UNDP will support Government in strategic visioning to identify potential reforms in tackling the connected issues of poverty, inequality and exclusion. A key process in this work is continuous monitoring of macroeconomic and MDG-related information to help pinpoint development gaps, measure post-Ebola progress and flag warning signs.

1.1.4 Following up on the donor conferences (Brussels Conference, 3 March 2015; the World Bank Spring Meeting, planned/16-18 April 2015; UN Ebola Conference, planned/10th July 2015) and local level DEPAAC meetings, **UNDP will support the Government in establishing a baseline overview of financing for Ebola recovery**. Through the New Deal support facility, technical support will be provided for strengthening aid transparency, use of country systems, and application of the New Deal principles.

1.1.5 Support GoSL in organizing national dialogue on lessons learned from the EVD crisis to facilitate discussion and actions around addressing the systemic gaps in the implementation of ongoing development programmes.

1.2 Coordination support and transitioning from Recovery to the Agenda for Prosperity

1.2.1 UNDP will support the Government-Development Partners' coordination mechanism for Ebola Recovery and continue to Co-Chair the Ebola Recovery Working Group meeting together with the MoFED and the World Bank, until the Agenda for Prosperity thematic Pillars are operational to monitor recovery implementation.

1.2.2 In line with the National Ebola Recovery Strategy, UNDP will support the use of existing national coordination and reporting systems for recovery implementation.

Support will be provided to the Government to adapt the existing Agenda for Prosperity institutional framework for implementation, monitoring and evaluation to capture the role of emerging institutions coordinating national response to the EVD. UNDP will use its ongoing aid effectiveness project with DACO/MoFED to support this. The implementation of Recovery programmes shall be guided by the principles of Mutual Accountability Framework and the New Deal on aid effectiveness.

1.2.3 Increased coordination among Mano River Union (MRU) countries. Given the interconnectedness between the MRU countries, the recovery program will work with government to push for increased coordination among them in areas such as cross-border security and control, disease surveillance and disaster risk management, including addressing underlying policy and institutional gaps promoting resilience in the MRU sub-region. At the Country Office level, the leadership will step up coordination with the other MRU UNDP CO leaderships that

would promote sustained information sharing and monitoring of any future outbreak of similar magnitude.

1.2.4 Share and disseminate lessons learnt to inform EVD recovery planning and Implementation.

1.2.5 Revise and update the benchmarks of the Mutual Accountability Framework to reflect the EVD crisis with the support of the New Deal facility.

1.2.6 Support the preparation of a post EVD revised fragility assessment.

Component 2: Resilient Governance and Service Delivery Support

The unprecedented outbreak of the Ebola Virus Disease (EVD) has created a devastating social and humanitarian crisis with negative impact on service delivery and functioning of governance institutions, as well as reversing the impressive economic growth Sierra Leone has achieved in recent years. In particular, the epidemic has exposed governance shortcomings especially in terms of capacity to effectively deliver essential services and capacity to provide quality assurance and oversight of social services.

Since its outbreak in May 2014, the effective functioning of many institutions including those

relating to health, education, security and judiciary has been grossly affected due mostly to lack of access, temporary closure or suspension of services either specifically in affected areas or across the country. The health sector, for example, which leads government response in disease outbreak of this nature was the first hardest hit by the epidemic. Arguably, whilst the overall health system was weak both in terms of availability and accessibility even before the EVD outbreak, the epidemic has further exacerbated the situation.

For example, preceding the outbreak, the national health facility strength stood at 1,264 public and private health facilities including 40 hospitals (25 government owned) nationwide. However, following the outbreak with the disease infection rate high among health care workers (HCW) (296 HCW infected with 221 deaths), the use of the service was further reduced, as 48 (4.1%) out of 1,185 PHUs were closed with 23% decrease in institutional deliveries; 39% decrease in children treated for malaria; and 21% decrease in childhood immunization.

In the area of education, institutions have been closed since April 2014, which has resulted to pupils/students losing two full terms in the academic year, while school buildings in few locations across the country have been used as holding or treatment centres. In addition, students have been indirectly and directly affected by EVD through loss of parents, economic circumstances; and for girls it has led to increased teenage pregnancy. Teachers and lecturers of private educational institutions have not received salaries for considerable period of time, a situation that has disrupted their livelihoods. A recent UNICEF report has estimated that over 80% of schools across the country are in need of repairs; around 56% are lacking safe drinking water; 27% lack toilets and only 10% have electricity.

With the launch of the decentralization program in 2004, local councils became the main engine for service provision in their municipalities.

ALIGNMENT TO THE NATIONAL EBOLA RECOVERY STRATEGY

Agenda for Prosperity PILLAR 7: Governance & Public Sector Reform

- Restoring full operations in the Judiciary and Security
- Strengthening capacity for Local Governance and Rural Development
- Re-activating Public Sector Capacity and Accountability

While progress has been made in the provision of some services, the program has suffered significant setbacks owing to the inability of some central government ministries, departments and agencies (MDAs) to meaningfully devolve functions and resources, thus weakening councils' ability to provide services.

Thus once there was the epidemic, even the basic services delivered by the councils were considerably disrupted. The outbreak has also affected local councils' revenue mobilization efforts, since they have not been able to effectively collect taxes and other revenues accruable to them.

The impacts of the EVD have also been felt in both the justice and security sectors, further worsening what was already a challenging situation. Even before the outbreak of Ebola, some districts were without resident magistrates; and in many, cases lasted in courts longer than necessary since they relied on roving magistrates who only visited infrequently. The outbreak has thus compounded the situation, as courts have not sat in many parts of the country for more than six months, especially in Ebola affected districts that were quarantined. As a result, crime rates increased in most of those areas across the country.

Proposed Outputs and Indicative Activities

2.1 Building Resilient Governance and Social Service Delivery Systems

In response to the above situation, UNDP under its recovery program and in collaboration with GoSL and other development partners will support the building of resilient governance and social service delivery systems. As the national Ebola infection rate continues to decline, part of this recovery efforts will focus on strengthening resilient governance and service delivery systems that would contribute to the effective restoration of livelihoods, the economy and affected social services. As in the fight against EVD, for maxi-

mum impact, this program will promote better coordination of both Government and development partners' efforts in providing the required platform on which resilient governance and robust service delivery will be anchored to speedily return the country to its pre-Ebola development trajectory. Specifically, the recovery efforts will focus on the following areas of interventions that aim at addressing governance and service delivery challenges posed by the EVD, and hence prevent similar outbreak in the future.

Support the rebuilding of public trust in service delivery institutions; In the short term, the program will support government and its partners in ensuring that public trust is rebuilt within social service delivery systems including in public health and environmental services and medical care services, in order for the public to feel comfortable to access and utilize them.

2.1.1 This will involve **educating 'frontline managers' of service delivery structures on fundamental principles of good governance** including transparency, accountability and client oriented approaches.

2.1.2 To this end, **client satisfaction survey and community feedback on perceived quality of services** will serve as a basis to promote greater involvement of communities in identifying and addressing common bottlenecks and systemic issues and in contributing to effective prioritization and focus of interventions. If issues of corruption and discrimination arise, these will be discussed openly and addressed specifically in the service improvement plans and mutual accountability processes (see 2.1.3 and 2.1.4).

2.1.3 **Service improvement planning and setting local quality standards** that will meet public expectations as well as promoting dialogue between service providers and users.

2.1.4 Ultimately, it is expected that public trust will be enhanced through **mutual accountabili-**

ty processes including the use of citizen charters, actual performance measurement and improved quality of service delivery. In addition, the programme will educate government officials on issues of accountability and transparency in the general use of public funds, and in establishing proper mechanisms for the reallocation and utilization of assets accrued in the fight against the EVD alongside **measures to fight politicization of assistance, corruption or extortion.**

2.1.5 Enhance local accountability through transparent public budgeting and spending.

In target locations, UNDP will work with select service providers and beneficiaries on measures for greater transparency in public spending as it relates to funds that are being utilized to the recovery programme.

2.1.6 Engage communities in a participatory and inclusive planning process; in a number select districts, together with the UNCT key agencies, UNDP will take the lead to work with local councils, chiefdoms, essential service delivery providers and other key stakeholders,

to assist districts to prepare their own local and integrated recovery plans in an inclusive and participatory manner, which will articulate local needs and priorities and be aligned with GoSL recovery strategy. These plans will form the basis for UNCT further coordinated and integrated support in these districts. District level discussions will include the Government, Members of the Parliament, local authorities and traditional actors, political parties, civil society and the private sector, and should ensure participation by youth and women. Discussions should also focus on rebuilding public trust in the government and its institutions, enhance social cohesion and ameliorate inter-group tensions. Dialogues at the district level will then feed into a conversation at the national level.

Component 3: Livelihood and Enterprise Recovery Support

Provide Livelihood and Enterprise Recovery Support for Improved Social Protection of the Most Vulnerable.

This component is structured around three main sub-components, focusing on (i) Enhancing social and safety net protection for the most vulnerable, (ii) Supporting Sustainable Livelihoods and Economic Recovery of prioritized Groups and (iii) Supporting Micro and Small Enterprises for EVD recovery.

The main target beneficiaries of this component will be EVD survivors, women headed households and other at-risk and stigmatized groups including Ebola Response Workers. Systematic efforts will be made towards gender mainstreaming of project processes and sensitization of staff during project implementation to ensure that the needs and interests of both female and male beneficiaries are taken into consideration and duly responded to throughout the various phases of the project cycle.

ALIGNMENT TO THE NATIONAL EBOLA RECOVERY STRATEGY

Agenda for Prosperity PILLAR 1: Diversified Economic Growth

Agenda for Prosperity PILLAR 5: Labour & Youth Development

Agenda for Prosperity PILLAR 6 & 8: Social Protection, Gender & Women

- Stimulating Trade and Private Sector
- Supporting Productive Livelihoods for the Youth EVD Survivors
- Restoring livelihoods for youths
- Employment for EVD Response Workers
- Support to EVD widows, orphans and other vulnerable
- Re-integration of EVD survivors
- Cash transfers and other livelihood support for EVD survivors

To this end, monitoring and evaluation frameworks will be particularly target specific in terms of expected results and the projects will be implemented with a gender lens taking gender specific actions as and when necessary. Whenever possible and funding permitting, these activities will be supplemented by inclusive and participatory community engagement and community led development interventions, which will ensure community-level strategic focus and overall coherence and synergies, identify and cater to the most vulnerable groups in the community and will address issues of stigmatisation through collective mobilisation of efforts and enhanced awareness.

Proposed Outputs and Indicative Activities

3.1 Social Protection and Safety-net for the most Vulnerable Enhanced: Social Protection will be enhanced through the provision of direct financial support, e.g. in the form of monthly stipends, to the most affected and the most vulnerable and through the provision of solidarity packages (food and non-food items) especially to EVD survivors that have just been released from Ebola Treatment Centres. In addition, based on UNDP's experience in supporting the National Ebola Response Centre for incentive payments to Ebola Response Workers, UNDP will strengthen capacity of relevant institutions to ensure the establishment of a platform for all cash transfers during the recovery phase. Eligible recipients will be identified in close consultation with all relevant stakeholders, in an inclusive, participatory and transparent manner and in compliance with agreed eligibility criteria.

Key interventions will comprise the following:

3.1.1 Support the establishment of a platform for cash transfers during the recovery phase by building the capacity of relevant institutions such as the National Commission for Social Action (NaCSA), which is set to provide unconditional cash transfers to the extremely poor or the Na-

tional Social Security and Insurance Trust (NAS-SIT), which is primarily responsible for partial replacement of income lost as a result of the contingencies of old age, invalidity and death; To this end, capacity will be strengthened to establish a functioning platform for all cash transfers aiming at ensuring effective coordination and harmonization amongst all key actors and constituting an enhanced social protection system reinforcing national, subnational and community-level social welfare and protection systems to address vulnerabilities of persons affected by the EVD epidemic, particularly women and children.

3.1.2 Provide direct financial support to the most vulnerable to mitigate the immediate social and economic impacts on poor households and vulnerable groups;

3.1.3 Provide solidarity packages (food and non-food items) for the most vulnerable Solidarity packages for Ebola survivors and the most destitute families will be provided; one of the most frustrating yet crucial measures to contain the spread of the EVD consists in disposing safely, usually by incinerating, all potentially contaminated belongings of EVD confirmed cases in order to prevent further infection at their homes. As a result, survivors (including lactating mothers and children) discharged from treatment centres find themselves with few to no belongings. Therefore, the provision of solidarity packages of basic commodities (house furniture, toiletries, food and kitchen utensils) will support the well-being of survivors.

3.2 Sustainable Livelihoods and Economic Recovery of Prioritized Groups Supported: Sustainable livelihoods and Economic Recovery will be supported through (i) promotion and implementation of labour intensive public works, which will generate cash-for-work opportunities and result in improved public infrastructures for better service delivery, (ii) improved access to adapted Technical and Vocational and Education and Training that correspond to skills currently

highly in demand in the labour market and (iii) cash transfers to poor households and vulnerable groups, which will enable them to recover from the crisis and resume their pre-EVD livelihoods. Eligible recipients will be identified in close consultation with all relevant stakeholders, in an inclusive, participatory and transparent manner and in compliance with agreed eligibility criteria. This programme sub-component will deliberately target the most EVD affected populations including EVD survivors, temporarily employed Ebola Response Workers (burial teams and response volunteers including contact tracers and social mobilizers amongst others), the destitute, orphans, the aged, People Living With Disabilities (PLWD), and EVD affected female headed households.

Once identified, recipients will be provided by customized face-to-face counselling, which will comprise individual situation assessments that will look into current family resources including dependents and productive members and assets as well as specific mapping of skills, interests and opportunities. In addition, it will be particularly relevant to understand how the family was making a living prior to Ebola and review coping mechanisms in use during the outbreak and their present consequences on the current status of the household with regard to asset depletion and current level of debts and viable and promising opportunities on the way forward.

As a result, each recipient will be guided to develop his/her own personalised recovery plan, which will identify preferred avenues for utilizing their mini-grants (cash transfer) and take advantage of skill development opportunities made available to them addressing clearly identified market demands.

Electronic money transfers through micro-finance institutions, mobile network operators and commercial bank modalities will be preferred where possible as these modalities of payment will enhance accountability and transparency, en-

courage savings and reduce risks while providing educational exposure to modern banking facilities to recipients.

In addition, for all categories of interventions, psycho-social support shall be provided as necessary. A responsive approach informed by review of current EVD crisis assessments and reports will be put in place. Other assessments shall be carried on a need and gap basis.

Key interventions will comprise the following:

3.2.1 Support the design, packaging and implementation of public works to make them more labour intensive to generate employment through cash for work redesign and cash-for-work. New construction and rehabilitations of public infrastructures will be undertaken comprising the following categories:

- Catalytic to economic recovery such as rehabilitation of markets (*lumas*); repairs and maintenance of rural access/feeder roads;
- Enhancing rural development and food security e.g. land clearing for vegetable gardens, irrigation schemes, etc.;
- Providing essential community services e.g. schools, health centres and other public institutions; waste collection and debris management;
- Learning facilities, skills training centres, community centres and social protection offices; enhancing public health and hygiene e.g. water and sanitation, drainages, and other related works (i.e. construction of latrines, plumbing for supply of water to public institutions including markets, schools, and health institutions amongst others).

These interventions will provide cash-for-work opportunities and create short-term employment in rural and urban areas by making use of employment-friendly approaches, systematically preferring labour-intensive approaches versus using heavy machinery.

In order to reduce stigmatisation and strengthen social cohesion, investments under this sub-component shall deliberately focus on *mixed* groups including the most vulnerable such as EVD survivors, ex-Ebola Response Workers, foster-parents of children whose parents died from EVD Ebola. Further, youth employment will be prioritized in order to ensure that employment losses do not further alienate a youth population in a region that is prone to cross-border security challenges while at the same time effectively contributing to the development of public infrastructures.

3.2.2 Support the design and implementation of Technical and Vocational Education and Training (TVET) schemes for youth and the most vulnerable: In order to ensure longer-term sustainable employments, the parallel development of skills in high demand in the market is essential.

To this end, UNDP will conduct regional market surveys to assess the demands for specific trades and skills while inventorying existing TVET centres and assessing their respective capacity, issues and challenges and priorities and needs to provide responsive quality TVET services. Expected skill development may comprise (i) Traditional building skills such as masonry, carpentry, mechanics, electrical, welding etc., (ii) Agricultural/agroforestry livelihood such as fruit, cassava, coconut, cashew, peanut, bee wax processing, (iii) Animal husbandry such as poultry, pork, cane, etc. and other alternatives to bush meat e.g. insect, fish, (iv) Green livelihoods e.g. handicrafts, woodcarving, waste-to-wealth (W2W) businesses.

UNDP's Sponsorship of a number of trainees selected amongst the most vulnerable and youth will assist their enrolment and effective access to TVET, while UNDP's effective liaison and dialogue with private sector companies will enhance internship and job placement opportunities and will provide feedback to TVET institutions on quality and relevance of current curricula; Candi-

dates that demonstrate an interest and potential for entrepreneurship will be proposed advanced entrepreneurship courses through the nearest Business Development Service Centre (refer to output 3.3)

3.2.3 Provide cash transfer to poor households and vulnerable groups so as to enable resumption of livelihoods; UNDP will transfer cash to poor households and vulnerable groups thus benefitting their local economy and allowing households to purchase necessary inputs (tools, equipment, consumables, raw materials, seeds etc.) and/or repair/rehabilitate their production tools and/or recover sold assets to resume their pre-EVD livelihoods, particularly in the agriculture sector.

UNDP will also encourage recipients to set aside a percentage of the cash earned to build up their savings, for future investments. Individual or group savings will be multiplied by UNDP to provide a larger start-up capital for economic activities that hold the largest potential for success.

3.3. Micro and Small Enterprises Supported for EVD Recovery: Fully Interwoven and complementary with the first two components, the third component consists in providing specific support to Micro and Small Enterprises (MSE) for EVD recovery because of the crucial role they play in job and growth creation. Market and need assessments findings and value chain analyses will provide pointers to viable and required businesses and activities, and MSEs will be capacitated through provision of Business Development Services and Health, Safety and Environment training and access to financing institutions. Lastly, UNDP will support the GoSL to develop appropriate measures and policies that enable MSEs to rapidly recover.

Key interventions will comprise the following:
3.3.1 Conduct participatory community needs assessments and market analyses: UNDP will conduct participatory community needs assess-

ments and market analyses in order to identify market demands (skills, services, goods etc.) and potentially viable businesses and activities for micro and small enterprises. At sub-national level and in specific target areas, UNDP will engage with local stakeholders and micro and small enterprises and businesses in analysing bottlenecks and root causes to EVD-induced disrupted existing supply/value chains and will identify corresponding required catalytic recovery interventions and investments that will assist to resume pre-Ebola value-chains and enhance where possible aiming at achieving significant impacts on inclusive economic development, Ebola containment, community resilience, food security, employment generation and basic service provision.

3.3.2 Identify viable income generating opportunities for micro and small enterprises; Based on need assessments and market surveys, UNDP will identify viable business opportunities such as transport services to reconnect consumers and producers to markets, bakeries-catering, garri processing and marketing, on-the-job vocational training provision e.g. in heavy duty equipment, trucks, and light vehicle driving skills, micro application (phone repairs), smithy, weaving, tailoring, event planning and decoration, and business development skills; Through affirmative procurement, local companies will be invited (and supported) to bid for public contracts while committing to agreed and specific creation of local employment and skills development while contributing to new construction and rehabilitation of public infrastructures and other enabling interventions that aim at reconnecting disrupted supply/values chains from producers to consumers and market outlets.

3.3.3 Provide access to finance to support business enterprise recovery; UNDP will provide micro grants to support businesses and Micro and Small Enterprises in Ebola affected communities;

3.3.4 Build capacity of MSEs in Health, Safety

and Environment (HSE) standards and adoption of preventive measures; During the EVD crisis, many businesses suffered from the general fear of EVD contagion, which significantly influenced people in their consumption patterns and behaviours, often resulting to reduced consumption and service provision. UNDP will provide EVD-sensitive HSE training to youth, micro and small enterprise managers and owners to adopt safer practices and standard operating procedures and restore customers' confidence and consumption.

3.3.5 Establish and support Business Development Service (BDS) centres to provide business training to entrepreneurs. UNDP will establish and support existing Business Development Service (BDS) centres that were established by UNDP in collaboration with the National Youth Commission (NAYCOM) and other partners in Freetown, Bo, Newton, Kenema and Makeni to provide training and business technical advisory service to business enterprises.

In addition, Kailahun, Moyamba and Bombali will also be covered by BDS support. BDS Centres provide support in areas such as business management, financial education, business planning, mentorship and coaching, ICT training, business plan development and market information management. UNDP will supplement available knowledge in the BDS Centres with training workshops specifically targeting innovation and diversification aspects relevant to (post-) EVD crisis service delivery needs. Further, BDS centres will provide support through Business Plan Competitions (BPC) and subsequent provision of micro-grants and one-year customized advisory support and mentorship to youth led enterprises to revitalize livelihood programmes;

3.3.6 Policy Support and Advocacy for Enabling Measures for MSE Business Recovery; Policy support and advocacy for enabling measures for MSE business recovery will be provided

to relevant GoSL institutions. It is essential that GoSL is supportive of MSEs that hold the keys to employment creation and creation of growth in Sierra Leone. To this end, UNDP will provide technical and advisory support to GoSL on suitable measures and policies for the swift and unimpeded recovery of MSEs.

Component 4: Health Sector Strengthening

Under this Component, UNDP will work to support the GoSL efforts with others to restore and strengthen health systems, in conjunction with working with communities to restore trust and confidence in the health system. Crucial and prioritised areas of support include strengthening Infection Prevention & Control (IPC) measures, particularly the safe disposal of health care waste; community based public health management systems and supporting the MoHS and the National AIDS Secretariat (NAS), as the Principal Recipient of the Global Fund to Fight AIDS, TB and Malaria (GFATM) grant, to re-programme the national HIV program in the context of the EVD crisis, in addition to the development of concept notes for the next round of GFATM funding.

In light of this, UNDP will support components of the strategic objectives of the GoSL six-year (2015-2020) recovery strategy to: (1) Establish safe and healthy work settings; (2) Produce adequate number and ensure equitable distribution of skilled human resources for health; (3) Make essential (basic) health services available; (4) Fos-

ter community trust in the health system, take ownership and access essential health services; (5) Improve health system governance processes and standard operating procedures; (6) Improve sustainability of health care financing over the intermediate and longer term; and (7) Implement the International Health Regulations (IHR), for instance through early warning and reporting of potential inter-country threats.

Proposed Areas of Interventions and Indicative Activities

4.1 Governance of Health Systems strengthened

UNDP will support the rebuilding of health management systems at the national and district level through the following activities:

4.1.1 Improve the involvement of community structures such as paramount chiefs, women's associations, CBOs, local NGOs etc. in planning, implementation and monitoring of health interventions

4.1.2 Establish accountability frameworks and voice mechanisms at all levels to promote the engagement of citizens to hold government accountable for the provision of health services

4.1.3 Provide technical assistance and strengthen the capacity of the MoHS and NAS, as the principal recipient for the Global Fund HIV programme

4.2 Safe and healthy work settings enhanced for patients and health workers

4.2.1 Support health care waste management through the rollout of appropriate technologies and approaches for the safe disposal of health care waste, for example autoclaves

4.2.2 Strengthen infection prevention and control measures for the sterilization of medical/

ALIGNMENT TO THE NATIONAL EBOLA RECOVERY STRATEGY

Agenda for Prosperity PILLAR 3: Human Development

- Restoring Access to basic Healthcare
- WASH services for recovery

surgical equipment through the use of international gold standard technologies and providing supplementary training of health care workers at the community level;

4.3 Availability of Quality Health Workforce Enhanced

4.3.1 Support the incorporation of current EVD workforce into the relevant professional corps in the health and other related sectors

4.3.2 Support the professionalization of health care workers and developing a code of conduct that articulates the responsibilities and expectations between citizens and the health workforce;

4.3.3 Strengthen the regulatory systems for pre-service education and professional development of health care workers, for example through the use of UNDP's cash transfer database

4.4 Delivery of Basic and Essential Health Services Reinstated

4.4.1 Support the rehabilitation and refurbishment of existing primary health care infrastructures;

4.4.2 Support the delivery of essential health services to vulnerable populations such as PLHIV through: (i) reprogramming the current HIV national programme for the Ebola and recovery context; and (ii) implementation of the current HIV grant

Address the immediate post-Ebola vulnerabilities to support delivery of essential interventions and primary health care

4.4.3 Support MoHS planning processes for the rational allocation and distribution of resources (budget and personnel) to meet norms and standards

4.4.4 Support PPP-based service delivery mod-

els such as national ambulance service, bio-medical hazardous waste treatment etc.

4.5 Community Trust In the Health Sector Restored

4.5.1 Collate and analyse existing information on community structures for health care service delivery to (i) integrate existing structures or (ii) establish new community structures

4.5.2 Engage community health care workers in outreach and health promotion activities.

4.5.3 Engage community based entities such as traditional leaders, community leaders, secret societies, etc. to promote health seeking behaviours through formal health care system. Because of their status as highly respected and trusted members of the communities, traditional leaders will also be engaged in other community issues related to stigmatisation social cohesion and conflict prevention (see Component 7)

4.6 Information and Surveillance

4.6.1 Support the development of early warning systems that enable the health sector to more quickly recognize and respond to hazards.

4.6.2 Ensure clear linkages between the MoHS early warning system and the national disaster management unit

Component 5: Crisis Prevention and Disaster Risk Management

This component is structured around two main sub-components: (i) capitalizing on lessons learnt and systems used and developed during the EVD crisis to institutionalise responsive disaster management capacity in Sierra Leone and (ii) work at community level to reduce dependency on bush meat as a key source of protein and to reduce future risks of exposure to EVD through contacts with wildlife.

Institutionalised Disaster Management Capacity

The EVD crisis exposed grave weaknesses in national and local disaster risk management capacities. The national Disaster Management Department (DMD) in the Office for National security has the mandate to coordinate disasters, which also includes medical health emergencies (e.g. outbreaks of cholera). However, structures that had been put in place by DMD were largely over-

ALIGNMENT TO THE NATIONAL EBOLA RECOVERY STRATEGY

Agenda for Prosperity PILLAR 7: Governance & Public Sector Reform

- Review & reform the current disaster management systems.
- Establish an integrated national emergency system with a central emergency call centre.

looked during the crisis (with exception of the Community Volunteer Groups who were active as social mobilisers).

Coordination of EVD response mechanisms was instead performed by MoHS and the NERC, partly because of the weak position and limited capacities of DMD and its structures. Since the establishment of NERC as part of the EVD response, substantial capacity investments have been made by the Government and the Development Partners. These capacities include a fully equipped and resourced situation room; national emergency telephone number (117); ambulance services; district level emergency coordination and response structures etc. It is critical that these capacities are retained and mainstreamed through a clearly mandated appropriate national institution to enable the country to be better prepared for future emergency response and disaster risk management.

Proposed Outputs and Indicative

Activities

5.1 Ebola response related capacity investments retained and enhanced for improved disaster risk management and response to future crises.

5.1.1 UNDP will work together with DMD, MoHS, NERC, WHO and UNMEER to identify lessons learned and find opportunities to retain some of the capacities invested in the NERC as well as in the DERCs in order to better respond to crises.

5.1.2 Support institutionalization to sustain and mainstream disaster management capacities created during EVD response; UNDP will strengthen existing Disaster Risk Management structures and coordination mechanisms, integrating DRM into development plans, capacitating the National DRM Platform and its local representatives, as well as continued nation-wide sensitization and awareness raising are key priorities for improved management and response to future crises. UNDP will ensure that the capacities (response mechanism and institutions, physical assets, human resources etc.) that have been developed during the Ebola response phase are institutionalized and mainstreamed within the national system to strengthen emergency preparedness and response capacity.

5.1.3 Strengthen capacities of relevant national and sub national institution(s) to generate and use multi-hazard Early Warning information. UNDP will support optimizing community-based DRM and optimizing risk identification, assessment and surveillance, and multi hazard Early Warning System (EWS).

5.1.4 Support expansion and enhancement of community based disaster volunteer system and community awareness of disaster risk management: UNDP will review and strengthen the DRM system both at national and sub-national levels while efforts will be made to promote

community based disaster management capacity, including expansion of the existing community DM volunteer system. Further, community knowledge and understanding of DRM will be strengthened countrywide.

Risk Management for future outbreaks through reduction of dependency on bush meat and decreasing future risks of exposure to EVD through contact with wildlife.

UNDP will support the GoSL to put in place a long-term risk reduction strategy that reduces vulnerability and builds resilience of communities to future outbreaks. This strategy will aim to develop ways to combat the effects of bush meat consumption and ecosystem degradation on human health by converging interventions on poverty reduction and conservation towards the goal of pandemic prevention.

As part of the preparatory phase, UNDP will support a vulnerability assessment of communities which are relying on bush meat as primary source of protein to identify sustainable alternative sources of nutrition. An immediate and long term risk reduction strategy to Ebola will include multi-sectoral interventions such as:

5.2 Dependency on bush meat as a key source of protein is reduced.

5.2.1 Promote a broad-based effective public information campaign: advocacy and awareness campaigns to reduce the consumption of bush meat in remote areas and households which are food insecure; and;

5.2.2 Promote coping strategies for the most poor and vulnerable to food insecurity by: Providing alternative sources of animal protein, especially among communities reliant on bush meat (e.g. support poultry and pork production and establish fish farms where economically and environmentally viable); and promoting social protection mechanisms targeting the most vul-

nerable.

5.3 Future risks of exposure to EVD through contact with wildlife are reduced.

5.3.1 Support the development of a science-based global surveillance platform to monitor outbreaks events connected to wildlife as a reservoir of diseases, to help predict and prevent the next pandemic crisis.

5.3.2 Support research on EVD reservoirs and transmission channels –taking into account poverty, vulnerability and environmental degradation assessments – which are essential for refining surveillance approaches.

5.3.3 Conduct poverty and social impact analysis to formulate a sustainable conservation strategy to restore degraded ecosystems in areas affected by the EVD incidence.

Component 6: Cash Transfer Support

UNDP has been working closely with the National Ebola Response Centre (NERC) as its principal Technical Advisor as well as serving as a Secretariat for the incentive/hazard payment and cash transfers programme to Ebola Response Workers. UNDP's technical assistance programme, Payments Programme for Ebola Response Workers (PPERW) was a highly innovative programme which combined inclusive finance, public health, and governance expertise as well as breaking new ground on the use of digital payments, cloud computing, and open source information management systems to deliver scale and efficiency in a crisis.

Technological advancements in payment systems, fiduciary compliance and evolving policy priorities toward financial inclusion and asset building continue to influence a rapid shift from delivery of physical cash to more efficient, electronic methods. Given the significant number of recovery cash-transfer programmes, coordinated by the

ALIGNMENT TO THE NATIONAL EBOLA RECOVERY STRATEGY

Agenda for Prosperity PILLAR 6 & 8: Social Protection, Gender & Women

- Support to EVD widows, orphans and other vulnerable
- Cash transfers and other livelihood support for EVD survivors

Ministry of Social Affairs, Gender and Children's Affairs and the National Commission for Social Action (NaCSA), UNDP intends to build on its cash transfer capabilities and investments made in building inclusive systems and capitalize on the system that has been put in place and will use it for both conditional and non-conditional cash transfer/safety net programmes to assist EVD affected populations and the destitute, and other vulnerable groups such as women and youth.

UNDP faces an opportunity and an imperative to innovate at the intersection of cash transfers and financial inclusion. The ongoing shift toward cash-lite and cashless policies and practices will work only if the new systems created benefit all of the various parties involved: governments, financial institutions and the private sector, NGOs, and, most importantly, individuals in need. To that end, UNDP will build an inclusive financial services sector and leverage technology to ensure nationwide effective coordination, standardization and harmonization of all separate social safety net interventions and numerous cash transfer initiatives implemented by various development partners.

6.1 Governance and Harmonization Recovery Cash Transfers are Improved

6.1.1 Establish and operationalize CT Coordination Platform: Taking a lead role with the existing Cash Transfer working group currently being led by NaCSA will be important to promote coordination of the multiple agencies that are

planning to implement cash transfers and social protection payments and establish and activate a Cash Transfer coordination platform.

6.1.2 Provide technical advisory services to GoSL to develop CT Policy and related SOPs:

UNDP will provide technical advisory support to the GoSL to develop adapted policy and Standard Operating Procedures (SOP), building on the work already underway around mapping where different organizations are implementing, guidelines on targeting criteria, establishment of the database and information systems management, issuance of identity cards, evaluation of potential electronic payment modalities, and guidelines on specific uses for cash transfers such as cash-for-work.

6.1.3 Promote and advocate for universal adoption of harmonized Policy and SOPs:

UNDP will advocate and support the GoSL to ensure that all development partners involved in cash transfer effectively coordinate and utilize harmonized policy and SOPs.

6.2 Cash Transfer Programmes are shifted to Financially-Inclusive Social Protection Payment Systems.

6.2.1 Advocacy, Policy and Regulatory Support for Digital Payments:

Where feasible, UNDP will encourage electronic payments as opposed to physical cash handouts. This approach is believed to offer multiple benefits including safer practices by avoiding having large sums of money being delivered at a given place where beneficiaries might have to travel long distance to and feel concerned with their own security. Most importantly, the push of large volume electronic transfer will deepen the payments ecosystem, thereby deepening financial sector outreach and access points.

Electronic payments reduce risks of multiple payments to the same individuals, payments to the

wrong persons, and leakage where the recipient does not receive the full amount due. It can enhance the transparency and ability to more easily trace payments from the payer to the recipient. It also promotes more accountability of the whole process, generating detailed reports in a timely fashion, and efficiencies that enable scaling. Lastly, transferring money through Mobile Money Service Providers (card or mobile based), Commercial Banks and/or Microfinance Institutions will introduce a large number of beneficiaries to payment mechanisms that can be linked to financial services and thereby promote financial inclusion. An important component will be to link this introduction to new financial accounts and/or mobile money with thorough education on financial and digital capabilities.

6.2.2. Invest in payment technologies and financial services to link cash-transfers to financially-inclusive and asset building opportunities: In order to reach out beneficiaries in all parts of the country regardless of available facilities and network coverage, UNDP will invest in new technologies and/or green fielding solutions from the Region.

6.2.3 Design and operationalize smart database with biometric data of all CT beneficiaries UNDP will support the provision of identity cards, in particular using biometric data as an enabler for low-income people to access financial services such as bank accounts and mobile money wallets. Given the lengthy timeline to deliver identity cards, it may be advisable to proceed in advance using appropriately tiered Know Your Customer (KYC) criteria which might be a simple letter from the village chief. Identity cards will help facilitate review of eligibility of beneficiaries.

6.2.4 Design and establish a fiduciary monitoring mechanism: UNDP will further enhance the capabilities of the existing database to automatically enable fiduciary monitoring on real time basis.

Component 7: Ensuring Peace Preservation

Under this component, UNDP will be focusing on: (i) strengthening the Security Sector through reinforcing rule of law and security institutions, border management and community policing in collaboration with other UNDP COs and the Mano River Union; and on (ii) strengthening social cohesion and conflict prevention through promotion of credible and responsible media based reporting and public outreach and national catharsis and reconciliation through dialogue and the institution of symbolic re-burial ceremonies.

ALIGNMENT TO THE NATIONAL EBOLA RECOVERY STRATEGY

Agenda for Prosperity PILLAR 7: Governance & Public Sector Reform

- Restoring full operations in the Judiciary and Security.
- Re-activating Public Sector Capacity and Accountability.
- Rebuild trust through promoting social cohesion and local consultation and participation.
- Support reintegration of EVD victims and related persons & local conflict resolution processes.
- Strengthen border security and cooperation with neighbouring countries.

Proposed Areas of Interventions and Indicative Activities

Rule of law and security institutions strengthened: The overall intended objective is to promote coexistence and peaceful resolution of conflicts, and to enhance national and local capacity to prevent breakdown in rule of law and social unrest at the community level.

7.1. Capacity of key security and justice agencies strengthened to delivery their mandates: From a sector wide approach there is a need to

ensure the financial viability of security and justice sector planning. The design of accountable budgeting, expenditure management and procurement arrangements are key for overall planning and predictability. The last review took place in 2006 funded by Dfid. A gap remains in assessing progress since the last review. There is also a need to ensure the sector as a whole is integrated into the broader budgetary framework (adopting a whole of government approach) so that it is financially enabled to meet the security and justice needs of Sierra Leone citizens.

This will be complemented by putting in place asset management systems nationally to enhance budgetary predictions pertaining to recurrent costs enabling rapid access to equipment and for repair as well as improving overall organizational effectiveness. Whilst the SLP and RSLAF have developed such systems, SLP's in particular needs to be operationalized across the country. The Prisons and Judicial institutions do not currently have such systems in place.

7.1.1 Public expenditure review against key functions and priorities in order to identify recommendations for efficient and effective financing of key agencies and integration in broader budgetary planning

7.1.2 Action plan with budgets and responsibilities informed by public expenditure review

7.1.3 Build on SLP asset management policy and database to expand to other agencies and roll out across the country for efficient and transparent use of assets and resources .

7.2 Cooperation and trust between security agencies and communities is strengthened.

7.2.1 Support the Office of National Security to undertake a comprehensive review of emergency, security, and quarantine procedures as the Ebola crisis wanes, with the appropriate points for such reviews and the implementation

of their results identified with the involvement of the public and with the assistance of credible national and external experts. Given that the emergency procedures such as quarantines and travel restrictions have generated significant hardships, they also run the risk of undermining the citizen's confidence in the state. Any further continuation of these procedures (as well as temporary suspension of core governance processes) would have to be on the basis of empirical and neutral analysis rather than bureaucratic or political decision-making alone.

7.2.2 Enhance effectiveness and collaboration of communities (including border communities) and local security structures based on lessons learnt during EVD crisis and best practices: UNDP will provide technical support to conduct a review of community security structures including Local Police Partnership Boards (LPPBs), Chiefdom Police, ONS security architecture (CISECS, DISECS, PROSECS). District Taskforces established during the EVD crisis and other community policing structures with a view to identifying lessons learnt/good practices during the crisis. Interventions thereafter will aim to strengthen community and security agency relationships, information sharing and enhance trust and confidence as well as local accountability to Policing Services. It is recognised that there is a need for more robust community policing particularly in border areas as well as a need for increased citizen and CSO involvement.

To that end UNDP will seek to prioritise programming in targeting them. Interventions will also seek to enhance the capabilities of local police that is able to enter into constructive dialogue with communities, is accessible and acceptable to the communities to mitigate and reduce conflict as well as improving confidence. Across the ONS security architecture, training will be provided to enhance security work force's awareness and capacity for engaging with communities in a conflict and gender sensitive, consultative and participatory manner, aiming at enhancing community

trust and social cohesion.

7.2.3 Conduct baseline and periodic community satisfaction and perception surveys amongst target communities: UNDP will undertake surveys (including desk reviews of existing information) to measure the effectiveness of initiatives outlined in 7.2.1. measuring community satisfaction/perceptions as well as the understanding of local community policing structures particularly in border areas where they are weakest. This will be conducted at the commencement of engagements and periodically throughout the programming cycle.

7.2.4 Build capacity of Institutions mandated to improve command and control, provide oversight and ensure accountability for the security sector and enhance cooperation and coordination between them: UNDP will prioritize capacity development of National Accountability mechanisms overseeing the security sector including the Human Rights Commission, Independent Police Complaints Board, SLP Complaints, Discipline and Internal Investigations Department(CDIID), RSLAF Disciplinary Section, Ombudsman's Office and Human Rights Defenders Network. Our engagement will work on enhancing cooperation and coordination between these institutions – an area which has to date been found wanting. UNDP will also provide technical support to the Constitutional Review Process & Police Act to ensure accountability mechanisms for the Security Forces are strengthened. This will complement efforts to strengthen local accountability as set out in 7.2.1. including engagements with LPPBs, CSOs and community policing structures.

The need for clear adherence to clear lines of command and control go to the heart of police accountability. Poor compliance has been raised as a concern as it relates to SLPs approach to civil disorder, use of force including lethal force. To date an assessment of current SLP command and control systems was undertaken prior to the

EVD crisis by ISAT (funded by UNDP). The next phase will focus on development of and approval of command and control reforms by the SLP Executive Management Board and thereafter roll out targeting Police Commanders (including border officials). UNDP will partner with SLP to monitor their compliance/adherence

7.2.5 Review application of chieftdom by-laws, lessons learnt, continued relevance during recovery, and Human Rights implications arising from them in order to formulate recommendations for improvements/annulling and supporting those affected by by-laws (see 7.5.5): Many have been affected by application of by-laws which criminalize a range of acts and omissions with penalties of up to six months in prison and/or fines of up to Le 500,000 (\$110). Concerns have been raised concerning due process and rights to fair trial. This has been evidenced by the increased remand population in heavily over-crowded correctional centers.

UNDP in partnership with GoSL will review their continued applicability as the crisis abates with a review to revising/annulling these laws as well as measures including legal assistance and re-integration (see 7.5.5.) to assist those affected by them.

7.3 Sexual and Gender Based Violence (SGBV) is reduced: UNDP sponsored studies as well as other research undertaken during the crisis have indicated a rise in the number of cases of gender based violence during the crisis and a decrease in access to justice for women. Evidence suggests this is due to a number of factors including lack of access to services for complainants and downgrading of such services; economic factors and issues related to the state of emergency (e.g. closure of schools, restrictions in movement etc.). Other components in the recovery programme will seek to address some of those economic factors whilst the lifting of the state of the emergency will also reduce effects. UNDP's focus here will focus on restoring and improving access to service provi-

sion in the Justice and Security as well as work on prevention.

7.3.1 Provide legal counsel/aid, information on service provision and referrals to medical assistance for SGBV survivors: UNDP will work through its CSO partners across Sierra Leone to provide legal advice as well as referrals for medical, psychosocial and other service provision as well as information to ensure communities are aware of the existence of SGBV response services (including medical, legal)

7.3.2 Activate and build capacity of SLP Family Support Units and Saturday courts through budgetary and technical support: Support will seek to reactivate GoSL structures that have become downgraded during the EVD crisis including FSU's and Saturday Courts (in concert with access to justice services). This will include both technical support and capacity development and will be done in collaboration with UNICEF, ASJP and other agencies engaged in the criminal justice system.

7.3.3 Conduct study to better understand motivations, values and behaviours of populations at-risk and perpetrators of SGBV: UNDP will work in partnership with CSO's engaged in SGBV prevention activities and GoSL and undertake research into this issue (employing desk based, FGDs and survey tools). Target locations would be informed by GoSL and CSO statistics focusing on areas where statistics and the prevalence of SGBV has been particularly high. Recommendations arising from the research will inform subsequent programming.

7.3.4 Conduct information and education campaigns targeting at-risk groups based on study findings: Programming will seek to implement recommendations arising from research conducted at 7.4.3 and be implemented in close collaboration with CSOs and other service providers to ensure complementarity.

7.4 Capacity of justice sector providers enhanced to effectively respond to Ebola outbreak.

7.4.1 Enhance local accountability mechanisms to increase trust: Given the erosion of trust particularly at the local level, good practices will be identified to reach out to local communities to restore trust in essential justice services. UNDP will support a government led lessons learnt assessment to identify priority engagements which may restore trust. Such initiatives should focus on increasing accountability at source of such services at the local level and increasing checks and balances between justice services and the communities as well as practical measures to reduce bottlenecks. This would look at measures such as court monitoring, increased use of paralegal services, diversion/ADR and decentralisation mechanisms including locally led case management meetings. There will be particular emphasis on women and children who have been disproportionately affected by the crisis.

7.4.2 Provide technical support to enhance efficiency and effectiveness including supporting mobile courts, increased courts sittings, alternative sentencing (including diversion), sentencing /bail guidelines: Restoring the provision of justice services across the country is a priority. Circuit Courts particularly in the south and east of the country have not sat for many months whereas backlogs have increased during the crisis. In the short-term UNDP will focus on reactivating mobile courts accompanied by Legal Aid provision particularly in those parts of the country where the Courts have not been present for many months Local accountability measures (mentioned above) will serve to increase community confidence as well as introducing local solutions to reduce backlogs and empower local members of the Police, Judiciary, Prisons and communities.

In the medium term and in order to reduce backlogs and decongest the Prisons, UNDP will focus

on non-custodial sentencing alternatives. Once the Criminal Procedure Act is passed, bail and sentencing guidelines can provide a mechanism to institutionalize this. Further the approval of the Sierra Leone Child Justice Strategy approved by the President in 2014 has a strong focus on diversion also presents an opportunity (in partnership with UNICEF).

7.4.3 Provide technical support based on international best practices for the constitutional review to strengthen national accountability systems for the judiciary: National accountability within the Judiciary is currently weak. The Parliament also does not play a role in ensuring checks and balances are in place including meeting the Chief Justice and Judicial Commission to address wider systemic issues. UNDP through the Constitutional Process will provide technical support to develop recommendations to ensure a more robust oversight mechanism is in place based on international best practices in this area. UNDP will also support the introduction of international instruments to the Sierra Leone context such as a judicial code of conduct.

7.4.4 Provide access to legal counsel for priority legal issues including inheritance, land and property from spouses/family members lost to EVD with a focus on women, children and those in pre-trial detention: With the support of partner CSOs, UNDP will prioritise those legal issues that have worsened during the crisis and those groups that have been most affected particularly women and children. Where possible, UNDP will work with the newly constituted Legal Aid to better ensure the sustainability of these interventions.

7.4.5 Roll out a case management system in prisons to support the decongestion of prison and support early release of those imprisoned because of EVD by-laws: the success of our interventions depends to a large extent on having reliable records as to those in prison and the current status of their case. UNDP have been

working with the Prison Authorities for the last 5 months on development of a case database in collaboration with the Courts, DPP's Office and Police. Once utilised, this will allow for better management of cases, with the aim of reducing the number of persons in prison as well as case backlogs.

7.4.6 Launch a pilot rehabilitation programmes to prepare inmates nearing the end of their sentence for release and successful re-integration into society: During the EVD crisis UNDP has supported additional infrastructure in selected prisons in Sierra Leone. Post crisis, UNDP will work in pilot locations to put in place rehabilitation and reintegration programmes for nearing release (including those imprisoned as a result of EVD by-laws). This programme will draw on our livelihood programme as well as international expertise UNDP has gained in implementing such programmes internationally. Following the approval of new Corrections Act, this initiative also has strong support from the Prison Service and Justice Leadership Group.

Conflict Prevention and Social Cohesion Strengthening

7.5 GoSL's capacity to prevent and resolve conflicts strengthened

7.5.1 Activate and build capacity of existing local conflict resolution structures to mitigate, resolve or diffuse potential conflicts. Activities will include increased counselling, various types of psycho-social support, reinsertion of survivors and introduction of symbolic burial ceremonies: The crisis has caused deep shocks across the country including stigmatization/isolation of survivors & EVD workers & trauma associated with mass burials (including non-ceremonial disposal of bodies) and has the potential to lead to sporadic outbreaks of violence. Conflict resolution processes which were suspended at the outset of the crisis have the potential to fester and lead to violence. Within the Si-

Sierra Leonean security architecture, the Provincial Security Committees (PROSEC) and District Security Committees (DISEC) regularly bring together key actors within the security sector, local government, civil society and traditional leaders and, have been an invaluable tool in finding solutions to security issues. UNDP will strengthen these and other local structures to support increased counseling; various types of psycho-social support; reinsertion of survivors; introduction of symbolic re-burial ceremonies as well as defusing potential conflict.

UNDP will in partnership with ONS & the West African Network for Peacebuilding (WANEP) will train a minimum of 50 mediators (including 40% female participation) drawn from the existing ONS structures and drawn from the communities where they serve.

7.5.2. Support GoSL to establish an early warning and response system including security and natural disasters and epidemics: Following a review undertaken in section 5 of the current architecture plus that introduced during the EVD crisis (including the NERC, “117” Ebola Hotline), the recovery program will build on the early warning and emergency response infrastructure to identify early signs of conflict, other emergencies, including epidemics and other disasters, and effectively respond to them in ways that will considerably minimise their impacts on society. Its functions will among others include – ensuring preparedness, mitigation, early warning, emergency response and recovery mechanisms. Programming will need to focus on adapting the current structure to enable its sustainability post EVD crisis, to respond to both conflict and natural disasters and to ensure effective interfaces with the existing local early warning architecture.

7.6 Access to reliable, unbiased and real time information through radio broadcasting improved: As the country gradually recovers from the EVD crisis, the need for up to date, reliable and unbiased reporting is key to encourage dis-

course on governance and rule of law issues, promote discussion on national policy issues and ensure citizens receive reliable and timely information. There is a need to promote and strengthen relations between the media profession and judicial/sector to promote better education around the role of both sectors, to increase awareness of the public on rule of law issues, keeping them abreast of reforms as well as advocating for change. In addition to that the media can play a more prominent role in defusing conflict particularly by reporting real time events accurately, reliably and objectively.

Currently, the majority of media houses do not have sufficient budgets to undertake outdoor broadcasting to report real time events; most journalists have also not received sufficient training and in particular the skills required for investigative journalism. It is also recognised that many also not understand the law and the security & justice sector to be able to report objectively. This is compounded by the fact that the Judiciary do not have a media office whereas the SLP’s Office is under-developed and under-utilised. Interventions will focus on:

7.6.1 Supporting the procurement of outdoor broadcasting equipment for credible radio networks: this will enhance democratic discourse on Governance & Rule of Law issues. Support will also provide for deployment of an IRN radio link with capacity to connect all radio stations to a central hub in Freetown. The intervention will not only increase capacity to broadcast events from across the country in real time, but also ensure that national level policy makers are provided with national, regional, district and chiefdom information that helps determine policy actions on a range of issues including Ebola.

7.6.2 Support The Sierra Leone Association of Journalists (SLAJ) to establish a self-regulatory system to improve the quality of reporting, abide by international codes of conduct to enhance broadcast reliability: SLAJ will be capac-

itated to establish and operationalize a self-regulatory mechanism to enforce adherence to a Code of Conduct in conformity with international standards of ethical/professional journalism.

7.6.3 Build capacity of the media profession to improve the quality of investigative journalism, advocacy capacities and real time reporting: UNDP has finalised with tertiary education providers in Freetown on a course on journalism including investigative journalism. This will be provided to selected practitioners through scholarships (including at least 50% women) with the course including both this and techniques of advocacy.

7.6.4 Build capacity of the media profession and security and judicial institutions to build the confidence between them and improve the quality of media interfacing and communication with GoSL: this will comprise both confidence building activities, education on the sector to the media profession as well as targeted support to strengthen the communications offices of the sector.

7.6.5 Provide technical support based on international best practices for the constitutional review to protect freedom of speech and the specific role of the media: technical support will be provided through our Constitution Project to the committees addressing this issue. A report will look at good international practices and provide recommendations to feed into the process

7.7 National Catharsis, Reconciliation and Social Cohesion Enhanced: The EVD crisis has profoundly affected the social fabric in Sierra Leone through large-scale trauma associated with mass burials and the non-ceremonial disposal of bodies; the continued isolation of survivors and possible survivors' guilt; villages that have lost a large number of their community, the stigmatization of families of Ebola Response Workers and enforced safe behaviours that are counter-intuitive and against the prevalent culture, beliefs and

social norms determining what is the right thing to do in a given situation that one is expected to perform.

The ABC rule i.e. "Avoid Body Contact" is contrary to values of friendship, hospitality, trust and openness while showing respect to the deceased is believed by many to be their ultimate responsibility. Sporadic outbreaks of violence, potentially violent targeting of particular individuals, families or communities, the inability of affected persons and communities to re-engage with normal social and economic life; and listlessness and personal state of isolation and anxiety among youth and affected children may be some of the visible effects of the shock caused by the EVD outbreak.

Further, the EVD and its response unexpectedly acquired an uncalled political colour during the course of the crisis. This derailed, to some extent, the work of the institutions mandated to work on EVD thereby affecting the overall EVD response in the country. The perception that institutions at the helm ought to have responded in a more cohesive and focused manner was further highlighted in the public media wherein questions about the efficacy of national institutions in performing their constitutionally mandated roles were raised. This resulted in noticeably strong responses from sections of the public with a potential to impact the stability and peace in the country.

The concern regarding any further intensification of the growing tensions, the actual application of the public emergency regulations with direct impact on individual rights and the somewhat chaotic response to the crisis, brought to the fore, the fragility of the governance institutional framework in the country.

There is therefore, an urgent need to reaffirm the roles of national institutions in the context of separation of powers with a particular focus on conflict prevention and peace consolidation role especially of Parliament and to strengthen its ability to perform its constitutionally mandated

role of holding the government accountable and improving transparency on governance issues. This will ensure better preparedness in the wake of a crisis by allowing for a more participative, inclusive and quicker decision-making mechanism at the helm leading to an overall cohesive response.

In order to trigger such a change of engaging more active involvement of the elected representatives in their communities may require a more concerted effort from the various UN agencies to share information to empower the various committees to perform its mandated oversight of government institutions, MDAs, etc. and to hold them accountable.

Proposed interventions will comprise the following:

7.7.1 Support local governments to launch a public education and community engagement effort for the institution of symbolic re-burial ceremonies and provision of appropriate counselling and various types of psycho-social support to facilitate the reinsertion of survivors.

7.7.2 Support GoSL and the people of Sierra Leone to conduct national and civic meetings for national catharsis and reconciliation: Sierra Leone, like its neighbors, has called for moments of national catharsis and reconciliation to move beyond significantly disruptive and traumatizing events caused by the EVD crisis. The role of the leaders of government, political parties, communities, the media, the private sector, and traditional leaderships will be especially critical. Sierra Leone should implement national and civic meetings in consultation with all critical stakeholders and citizen of Sierra Leone to provide a public space for healing rituals, memorialization, reconciliation and systematic and structured conversations to address intra- and inter-group tensions reignited by the impact of Ebola. This may involve two to three dialogue exercises involving several individuals at both national and local levels.

7.7.3 Supporting the Parliamentary Committee on Health and other relevant Committees(Environment; Youth; EVD response; Social Welfare, etc.) which have the responsibility to oversee ER related MDAs: This would require sharing of relevant information and provision of technical advisory services to the Parliamentary Committees to conduct effective oversight of the EVD related work.

7.7.4 Strengthen the Public Communications in Parliament and other Departments to follow up on recommendations and fulfilling essential legislative responsibilities: This would imply resources for effective communication of the work related to oversight at Parliament, work of the Transparency Committee, etc.

6.0 CROSS-CUTTING THEMES

Gender: Women in Sierra Leone continue to suffer more than their share of the adverse consequences of the EVD crisis even while they continue to play a significant role in promoting social cohesion and community related recovery measures. There is a clear need to ensure that women have access to information about the latest developments on EVD, on how to prevent and to respond to the epidemic and fully participate in the planning and implementation of the recovery programme.

Gender is a cross cutting issue and prioritizing Women's health, education and access to paid work can have a spill over effect on the whole socio-economic fabric and the larger polity. Gender will be integrated into each of the outputs of recovery programme and will be monitored to measure the impact of activities. The programme will focus on setting up gender sensitive disaster prevention, risk mitigation and management schemes and will work towards developing programmes to mitigate the economic losses incurred by women in order to position them for economic recovery and empowerment in the aftermath of the Ebola outbreak.

Youth: Youth in Sierra Leone constitute about 34 percent of Sierra Leoneans or around 2 million of the estimated 5.8 million populations¹⁷. The Sierra Leonean youth remain confronted with a series of economic and social challenges with high incidences of extreme poverty. However, young people are bankable and during this crisis have shown exemplary courage in being part of burial teams and other support tasks and have undertaken community centric tasks in a serious and responsible manner.

Young people want access to opportunities and in particular a nurturing programme or dedicated service where they can develop. Therefore, under this programme as a key cross-cutting issue, UNDP will focus on recovery activities for youth which are multi-sectoral in nature with an emphasis on restoring livelihoods to the vulnerable groups, low-income groups and coordinate youth development activities at the national level with a purpose of enhancing youth empowerment in the country.

Capacity development: Early recovery from the impact of EVD hinges on having requisite capacity at all levels to restore livelihoods, accountable management of resources, etc. As a cross cutting theme, capacity development will underpin all activities undertaken within the programme. Given the linkages of the recovery programme with the medium term and long term sustainability of development outcomes in Sierra Leone, the overall approach to capacity development will strive to be holistic with an aim to strengthen, create, adapt and maintain capacities over time. This would require a clear focus at the policy level by creating an enabling environment for capacities to develop and thrive; at the institutional level by putting in place systems and structures to allow for innovation and growth, and at the individual level by continually building skills and knowledge for effective and efficient implementation of strategic and creative solutions. Another

core focus, while developing capacities, will be on the interface between an institution and its clients; a shift from vertical accountability to more of public accountability which can translate into a greater visible impact of recovery interventions with focus on improving service delivery of governance institutions. At the same time, there is need to underscore the fact that capacity development is a perpetually evolving process and at the heart of the transformation, driving the process of change, is a set of essential management skills that allow for planning, implementing, monitoring and evaluating the activities. Also, in line will be the functional/technical capacities that help to guide the overarching development outcomes.

Environmental sustainability: UNDP will ensure that its recovery programme supports the transition to sustainable development, and that environmental sustainability factors are integrated into its EVD response programming. Working together with partner agencies, UNDP will promote pollution control in general, and seek to address issues of pollution resulting from the EVD crisis in particular. UNDP will furthermore ensure that interventions related to livelihood support, strengthening of enterprises, food security, and the WASH sector are implemented in a manner that is environmentally sound.

Social Cohesion: UNDP will ensure that throughout its recovery programme, all interventions are conflict sensitive and contribute to preserving or restoring social cohesion by focusing on strengthening community relations, addressing issues of stigmatization and improving state-society relations. The EVD crisis has profoundly affected the Sierra Leonean social fabric by the sheer trauma caused by the many deaths from EVD as well as from the socio-economic impact of the EVD. Sierra Leone was still a fragile state prior to EVD in transition and in need of consolidation of its institutions to deliver quality services to all and achieve a more equitable distribution of economic dividends. To this end, the UNDP recovery programme encompasses a

¹⁷ NAYCOM, 2012: Status of Youth Report

broad range of interventions that will all contribute to reinforced social cohesion through a clear focus on the most vulnerable and at-risk fringe of the population including stigmatised groups, improved, transparent and accountable service delivery that takes into account people's views and priorities, security sector services that works very closely with communities and improved access to justice through legal aid and decentralised services, skills development, creation of jobs, support to micro and small enterprises.

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Effective EVD recovery coordination mechanism operationalized and aligned with A4P. Number of GoSL, Development Partner and MRU coordination meetings reports A4P thematic pillar operationalized (Yes/No) Number of regional cooperation and information sharing conferences held MAF benchmarks revised and updated (Yes/No) Post EVD fragility Assessment completed (Yes/No)	Baseline Not available No 1 No No Target At least 12 meetings Yes 2 Yes Yes	1.2.1 Support to GoSL and Development Partners' coordination mechanism	UNDP, GoSL		
		1.2.2 Operationalize A4P thematic Pillars to monitor and evaluate recovery implementation	UNDP, GoSL		
		1.2.3 Increase coordination among Mano River Union (MRU) countries and UNDP COs in areas such as cross-border security and control, and disease surveillance, disaster risk management.	UNDP, GoSL, MRU		
		1.2.4 Share and disseminate lessons learnt to inform EVD recovery planning and implementation	UNDP, GoSL, MRU		
		1.2.5 Revise and update the benchmarks of the Mutual Accountability Framework to reflect the EVD crisis with the support of the New Deal facility.			
		1.2.6 Support the preparation of a post EVD revised fragility assessment.			
Programme Component: 2					
UNDAF Result Area					
GoSL Recovery Result Area					
Outputs and Indicators					
Baseline and Target		Indicative Activity		Responsible Party	Required Funds (USD) Budget Unfunded
Output 2.1: Public trust in service delivery institutions is rebuilt and enhanced for a resilient governance and social service delivery system in Sierra Leone	Baselines 0	2.1.1 Educate frontline managers of service delivery structures on fundamental principles of good governance		UNDP, GoSL	3,500,000
	TBD TBD TBD (ii) TBD TBD	2.1.2 Conduct client satisfaction surveys to assess the perceived quality of services and to identify bottlenecks and systemic issues		UNDP, GoSL	

Indicators: Number of frontline managers trained (data disaggregated by sex) in good governance and client oriented service delivery Number of satisfaction surveys conducted per service, per district Number of improved service delivery plans in place Number of (i) citizens charters and (ii) public spending transparency measures in place per district, per service	Targets: 300 frontline managers trained 6 satisfaction surveys conducted in 3 district over 18 months 3 improved service delivery plans in place 3 citizens charters in place (ii) 3 public spending transparency measures 3 recovery plans prepared at local level	2.1.3 Develop service improvement plans and establish local quality standards that meet public expectations	UNDP, GoSL		
		2.1.4 Set up systems and processes that use citizens charters and actual performance measurement to support mutual accountability processes	UNDP, GoSL		
		2.1.5 Work with local service providers and beneficiaries on measures for greater transparency in public spending on Ebola recovery interventions	UNDP, GoSL		
Number of local participatory recovery plans prepared		2.1.6 Engage communities in a participatory, inclusive and integrated planning process, which will produce local recovery plans based on national recovery strategy and local perceptions on most important needs and priorities for recovery	UNDP, GoSL		
Livelihood and Enterprise Recovery Support					
UNDAF Result Area	OUTCOME 6: Strengthen Social Protection Systems – (i) By 2018, vulnerable populations including adolescent girls have increased access to livelihoods, education and improved nutritional status. (ii) By 2018, 20% of extremely poor households have access to social safety nets.				
GoSL Recovery Result Area	OUTCOME 6: Strengthen Social Protection Systems – (i) By 2018, vulnerable populations including adolescent girls have increased access to livelihoods, education and improved nutritional status. (ii) By 2018, 20% of extremely poor households have access to social safety nets.				
Outputs and Indicators	Baseline and Target	Indicative Activity	Responsible Party	Required Funds (USD) Budget	Unfunded

<p>3.1 Social Protection and Safety-net for the most vulnerable enhanced</p> <p>Cash transfer platform operational Yes/No</p> <p>Number of orphans, widows and EVD survivors covered by the UNDP safety net programme</p> <p>Number of destitute families receiving solidarity packages</p>	<p><u>Baseline</u></p> <p>No</p> <p>TBD</p> <p>TBD</p> <p><u>Targets</u></p> <p>Yes</p> <p>7,500</p> <p>750</p>	<p>3.1.1 Support the establishment of a platform for cash transfers during the recovery phase by building the capacity of relevant institutions</p>	<p>UNDP, GoSL</p>	<p>14,000,000</p>	<p>11,200,000 (Already funded: MPTF USD1.5mil; Japan USD1.0mil, MPTF PWD USD300k)</p>
		<p>3.1.2 Provide direct financial support to the most vulnerable¹</p>	<p>UNDP, GoSL</p>		
<p>3.2 Sustainable Livelihoods and Economic Recovery of prioritized Groups Supported</p> <p>Number/size/type of public infrastructures rehabilitated/newly constructed</p> <p>Number of people who received TVET (disaggregated by youth, most vulnerable, male and female)</p> <p>% of TVET beneficiaries with employment/IGA</p> <p>Person days of employment generated through public works (men/women)</p> <p>Number of beneficiaries of cash transfer (poor HH, most vulnerable, man, woman etc.)</p> <p>Cash received per person disaggregated by group</p>	<p><u>Baselines</u></p> <p>TBD</p> <p>TBD</p> <p>TBD</p> <p>TBD</p> <p>TBD</p>	<p>3.1.3 Provide solidarity packages (food and non-food items) for the most vulnerable</p> <p>3.2.1 Support the design, packaging and implementation of public works to make them more labour intensive to generate employment through cash for work redesign and cash-for-work</p>	<p>UNDP, GoSL</p>		
		<p>3.2.2 Support the design and implementation of TVET schemes for youth and the most vulnerable</p>	<p>UNDP, GoSL and CSOs</p>		
	<p><u>Targets</u></p> <p>TBD</p> <p>5,000</p> <p>At least 70% of TVET graduates</p> <p>250,000 person days</p> <p>3000 beneficiaries</p> <p>USD 400</p>	<p>3.2.3 Provide cash transfer to poor households and vulnerable groups so as to enable resumption of livelihoods</p>	<p>UNDP, GoSL and CSOs</p>		

4.1 Governance of Health Systems strengthened	<p>Baseline TBD No TBD Procurement and supply chain system exists</p>	<p>4.1.1 Engage community structures such as paramount chiefs, women's associations, CBOs, local NGOs etc. in planning, implementation and monitoring of health interventions with the aim to institutionalize inclusive and participatory processes</p>	UNDP, GoSL, Community Leaders, CSOs, CBOs	7,000,000	6,000,000 <i>(Already funded: ROK USD1.0mil)</i>
<p>Evidence of community participation (meeting records and reports) Accountability framework in place Evidence of strengthened capacity in the principal recipient by professional units Procurement and supply chain management systems (HIV programme) utilized</p>	<p>Target Yes (meeting records and reports)</p>	<p>4.1.2 Establish accountability frameworks and voice mechanisms at all levels to promote the engagement of citizens to hold government accountable for the provision of health services</p>	UNDP, GoSL		
	<p>Yes TBD Yes-utilized</p>	<p>4.1.3 Provide technical assistance to strengthen the capacity of the MoHS and National AIDS Secretariat (NAS) as the principal recipient for the Global Fund HIV programme</p>	UNDP, GoSL		
4.2 Safe and healthy work settings enhanced for patients and health workers	<p>Baseline autoclaves in place TBD TBD</p>	<p>4.2.1 Support health care waste management through the rollout of appropriate technologies and approaches for the safe disposal of health care waste, for example autoclaves</p>	UNDP, GoSL		
<p>Number of waste management technologies are in place Types and numbers of medical and surgical equipment distributed Number of medical personnel and health workers trained</p>	<p>Target 10 autoclaves TBD 350</p>	<p>4.2.2 Strengthen infection prevention and control measures for the sterilization of medical/surgical equipment through promoting the use of international gold standard technologies and providing supplementary training of health care workers at the community level</p>	UNDP, GoSL		
Availability of quality health workforce enhanced		<p>4.3.1 Support the incorporation of current EVD workforce into the relevant professional corps in the health and other related sectors</p>	UNDP, GoSL		

Number of EVD response volunteers recruited as relevant professional cadre Code of conduct prepared and popularized and incorporated into individual performance appraisal system Essential educational qualification and competency requirements for different professional categories codified	Baseline 0 No TBD	4.3.2 Support the professionalization of health care workers and developing a code of conduct that articulates the responsibilities and expectations between citizens and the health workforce	UNDP, GoSL		
	Target 2000 Yes Yes	4.3.3 Strengthen the regulatory systems for pre-service education and professional development of health care workers, for example through the use of UNDP's cash transfer database	UNDP, GoSL		
Delivery of basic and essential health services reinstated Number of existing health infrastructure rehabilitated / refurbished % of PLHIV receiving essential health services MoHS planning process with equitable distribution of allocation and resources in place Number of PPP piloted Coverage areas (population and geographical)	Baseline TBD TBD	4.4.1 Support the rehabilitation and refurbishment of existing primary health care infrastructure	UNDP, GoSL		
	No TBD TBD	4.4.2 Support the delivery of essential health services to vulnerable populations such as people living with HIV (PLHIV) through: (i) reprogramming the current HIV national programme for the Ebola and recovery context; and (ii) implementation of the current HIV grant	UNDP, GoSL		
	Target TBD 100% by end of 18 months Yes 3 Coverage (national for ambulance service and 5 districts for bio-medical hazardous waste treatment	4.4.3 Support MoHS planning processes for the rational allocation and distribution of resources (budget and personnel) to meet norms and standards	UNDP, GoSL		

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GoSL Recovery Result Area		OUTCOME 2: Managing Natural Resources: By 2018, communities within targeted districts demonstrate increased resilience to natural and man-made disasters.			
Outputs and Indicators	Baseline and Target	Indicative Activity	Responsible Party	Required Budget	Unfunded Funds (USD)
5.1 Ebola response related capacity investments retained and enhanced for improved disaster risk management and response to future crises. -Review and lessons learning exercise completed - Proportion of newly created capacities institutionalized - Proportion of districts with capacities to generate and use multi hazard early warning No of community disaster management volunteers No of community DRM education campaigns conducted	Baselines 0 0 TBD 520 Targets - Zero education campaigns -80% -50% - Current no +33% increase - At least two campaigns per target districts	5.1.1 Undertake joint lesson learning and identify disaster response capacities (response mechanism and institutions, physical assets, human resources etc.) created during response phase. 5.1.2 Support institutionalization to sustain and mainstream disaster management capacities created during EVD response. 5.1.3 Strengthen capacities of relevant national and sub national institution(s) to generate and use multi-hazard Early Warning information. 5.1.4 Support expansion and enhancement of community based disaster volunteer system and community awareness of disaster risk management.	UNDP, UNMEER, NERC, WHO, MoHS, DMD (ONS)	3,500,000	3,500,000
5.2 Dependency on bush meat as source of protein is reduced Indicators: - Public information campaign undertaken (Yes/No) - Public information campaign coverage (population covered) - Number (and % of bushmeat hunters) of people benefiting from interventions related to alternative sources of animal protein	Baseline: No 0 0 Target: Yes 500,000 1,000	5.2.1 Promote a broad-based effective public information campaign to reduce the consumption of bushmeat in remote areas and households which are food insecure; and 5.2.2 Promote coping strategies for the poor and vulnerable to food insecurity by providing alternative sources of animal protein,			

<p>5.3 Future risks of exposure to EVD through contact with wildlife are reduced</p> <p>Indicators:</p> <ul style="list-style-type: none"> -Science-based global surveillance platform (Yes/No) -Research report on EVD reservoirs and transmission channels available (Yes/No) -Poverty and social impact analysis conducted (Yes/No) -Sustainable conservation strategy developed (Yes/No) 	<p>Baseline:</p> <p>No TBD No No</p> <p>Target:</p> <p>Yes Yes Yes Yes</p>	<p>5.3.1 Support the development of a science-based global surveillance platform to monitor outbreaks events connected to wildlife as a reservoir of diseases, to help predict and prevent the next pandemic crisis.</p> <p>5.3.2 Support research on EVD reservoirs and transmission channels</p> <p>5.3.3 Conduct poverty and social impact analysis to formulate a sustainable conservation strategy to restore degraded ecosystems in areas affected by the EVD incidence.</p>		
<p>Programme Component 6:</p> <p>UNDAF Result Area</p> <p>GoSL Recovery Result Area</p>	<p>Cash Transfer Support</p> <p>OUTCOME 9: Ebola Recovery Actions that sit outside the original UNDAF Results Framework</p> <p>OUTCOME 9: Ebola Recovery Actions that sit outside the original UNDAF Results Framework</p>			
<p>Outputs and Indicators</p> <p>6.1 Governance and Harmonization Recovery Cash Transfers are improved.</p> <p>Indicators</p> <ul style="list-style-type: none"> - UNDP convened CT Coordination Platform activated. -Proportion of Pay Partners harmonized 	<p>Baselines</p> <ul style="list-style-type: none"> -No for Recovery -No <p>Targets</p> <ul style="list-style-type: none"> -Yes with fortnightly meetings - 80% of Pay Partners adopt uniform approaches. 	<p>Indicative Activities</p> <p>6.1.1 Establish and operationalize CT Coordination Platform</p> <p>6.1.2 Provide technical advisory services to GoSL to develop CT Policy and related SOPs.</p> <p>6.1.3 Promote and advocate for universal adoption of harmonized Policy and SOPs.</p>	<p>Responsible Party</p> <p>UNDP & UNCDF; Ministry of Social Affairs; Gender and Children's Affairs; National Commission for Social Action (NaCSA); Bank of Sierra Leone; Commercial Banks; Mobile Network Operators; and Development Partners.</p>	<p>Required Funds (USD)</p> <p>Budget</p> <p>Unfunded</p> <p>2,500,000</p> <p>2,500,000</p>

<p>6.2 Cash Transfer Programmes adapted to Financially-Inclusive Social Protection Payment Systems</p> <p>Indicators</p> <ul style="list-style-type: none"> -Proportion of transactions through digital money (means disaggregated – Banks, MNOs). -Percentage reduction in erroneous and/or fraudulent transactions. - Smart database compatible with biometric data completed -Percentage of CT beneficiaries using biometric data system - Smart database capable of fiduciary monitoring completed 	<p>Baselines</p> <ul style="list-style-type: none"> - Zero for Recovery - Zero -No -TBD -No <p>Targets</p> <ul style="list-style-type: none"> - 95% - 100% -Yes -100% -Yes 	<p>6.2.1 Advocacy, Policy and Regulatory Support for Digital Payments</p> <p>6.2.2. Invest in payment technologies and financial services to link cash-transfers to financially-inclusive and asset building opportunities</p> <p>6.2.3 Design and operationalize smart database with biometric data of all CT beneficiaries</p> <p>6.2.4 Design and establish a fiduciary monitoring mechanism.</p>		
<p>Programme Component 7</p> <p>UNDAF Result Area</p> <p>GoSL Recovery Result Area</p> <p>Outputs and Indicators</p>	<p>Ensuring Peace Preservation</p> <p>OUTCOME 7 Governance and Public Sector Reform - Justice and security sector delivery systems improved in compliance with international human rights principles.</p> <p>OUTCOME 7 Governance and Public Sector Reform - Justice and security sector delivery systems improved in compliance with international human rights principles.</p>	<p>Indicative Activity</p>	<p>Responsible Party</p>	<p>Required Funds (USD)</p> <p>Budget</p> <p>Unfunded</p>
<p>7.1 Capacity of key security and justice agencies strengthened to deliver their mandates</p>	<p>Baseline</p> <p>In 2006 for security forces</p> <p>No</p> <p>0</p>	<p>7.1.1 Public expenditure review against key functions and priorities in order to identify recommendations for efficient and effective financing of key agencies and integration in broader budgetary planning</p>	<p>SLP, Prisons, Judiciary, RSLAF, WB</p>	<p>4,900,000</p> <p>(Already funded: -Japan US-D900k; -MPTF Prison USD1.2mil)</p>
<p>Indicators</p> <p>Public expenditure review completed with recommendations</p> <p>Action plan completed</p> <p>Number of districts where Asset management policy and database is used</p>	<p>Targets:</p> <p>Yes</p> <p>Yes</p> <p>6</p>	<p>7.1.2 Action plan with budgets and responsibilities informed by public expenditure review</p>		
		<p>7.1.3 Build on SLP asset management policy and database to expand to other agencies and roll out across the country for efficient and transparent use of assets and resources</p>		

<p>7.2 Cooperation and trust between security agencies and communities is strengthened</p> <p>Indicators</p> <ul style="list-style-type: none"> - Comprehensive review of emergency, security, and quarantine procedures completed - Level of trust and safety perception (rating) - Number of communities targeted - Number of community satisfaction and perception surveys conducted - Number of security agencies and personnel trained - SOPs governing security oversight completed - Number of investigators trained in security oversight - SLP's endorsement of command and control reforms and monitoring reports to track progress - Review of application of by-laws completed 	<p>Baseline</p> <ul style="list-style-type: none"> -No -TBD -0 -0 -TBD -No -TBD -No -No 	<p>7.2.1 Support the Office of National Security to undertake a comprehensive review of emergency, security, and quarantine procedures as the Ebola crisis wanes.</p> <p>7.2.2 Enhance effectiveness and collaboration of border communities and local security structures based on lessons learnt during EVD crisis and best practices</p>	<p>Police Partnership Boards (LPPBs); SLP</p> <p>Chiefdom police, paramount chiefs, RSLAF, MRU</p>	
	<p>Targets</p> <ul style="list-style-type: none"> -Yes -X % increase in trust -10 chiefdoms covered (At least 40% female participation) -6 -At least 3 agencies; 500 personnel -Yes -100 -Yes -Yes 	<p>7.2.3 Conduct baseline and periodic community satisfaction and perception surveys amongst target communities</p>	<p>UNDP, GoSL</p>	
		<p>7.2.4 Build capacity of Institutions mandated to improve command and control, provide oversight and ensure accountability for the security sector and enhance cooperation and coordination between them</p>	<p>SLP CDIID, IPCB, HRCSL, RSLAF disciplinary board, Ombudsman office,</p>	

<p>7.4 Capacity of justice sector providers enhanced to effectively respond to Ebola outbreak</p>	<p>Baseline -TBD -TBD -TBD -No -0 -TBD -No Targets -10% -Weekly in each target district -10% improvement -Yes -At least 150 sittings -10% increase -Yes</p>	<p>7.4.1 Enhance local accountability mechanisms to increase trust</p>	<p>UNDP, GoSL</p>		
<p>Indicators Percentage of courts proceedings monitored in target districts Number of joint case management meetings held between local court, police, prison, community representative Case clearance rate Sentencing and bail guidelines completed Number of additional mobile courts sittings held Percentage change in court sittings Recommendations submitted to CRC</p>		<p>7.4.2 Provide technical support to enhance efficiency and effectiveness including supporting mobile courts, increased courts sittings, alternative sentencing (including diversion), sentencing/ bail guidelines</p>	<p>UNDP, GoSL</p>		
		<p>7.4.3 Provide technical support based on international best practices for the constitutional review to strengthen national accountability systems for the judiciary</p>	<p>UNDP, GoSL</p>		
		<p>7.4.4 Provide access to legal counsel for priority legal issues including inheritance, land, property from spouses/family members lost to EVD with a focus on women, children and those in pre-trial detention</p>	<p>UNDP, GoSL</p>		

			7.4.5 Roll out a case management system in prisons to support the decongestion of prison and support early release of those imprisoned because of EVD by-laws	UNDP, GoSL		
			7.4.6 Launch a pilot rehabilitation programmes to prepare inmates nearing the end of their sentence for release and successful reintegration into society	UNDP, GoSL		
		<p>7.5 GoSL's capacity to prevent and resolve conflicts strengthened</p> <p>Indicators</p> <p>Number of conflict mediators trained and deployed</p> <p>Percentage of conflicts recorded and resolved</p> <p>National early warning system operational</p>	<p>Baseline</p> <p>0</p> <p>NA</p> <p>No.</p> <p>Target</p> <p>At least 40 (50% female; 40% youth)</p> <p>Minimum 75% of recorded conflicts are resolved</p> <p>Yes</p>	Provincial Security Committees (PROSEC) and District Security Committees (DISEC); ONS; SLP		
			7.5.2 Support GoSL to establish an early warning and response system including security and natural disasters and epidemics			
		<p>7.6 Access to reliable, unbiased and real time information through radio broadcasting improved</p>	<p>Baselines</p> <p>No</p> <p>No</p> <p>0</p> <p>TBD</p> <p>No</p>	UNDP, GoSL		
		<p>Indicators</p> <p>Broadcasting equipment delivered and installed</p> <p>SLAJ/IMC codes of conduct popularized</p> <p>Number of persons trained/provided with scholarships on investigative journalism/media</p> <p>Focus group discussions results improved on interactions between the media and judiciary/security</p> <p>Recommendations submitted to CRC</p>	<p>Targets</p> <p>Yes</p> <p>Yes</p> <p>50</p> <p>% improvement</p> <p>Yes</p>	UNDP, GoSL		
			7.6.3 Build capacity of the media profession to improve the quality of investigative journalism, advocacy capacities and real time reporting	UNDP, GoSL		

8.0 PARTNERSHIPS

Successful partnerships will demonstrate tangible joint efforts towards common objectives that are mutually reinforcing and maximize resources and synergies, are based on mutual respect and clear value addition, unique and complementary expertise, mutual interest and commitments, relevant experience and footprint in target geographical areas and dependability and effectiveness.

The Recovery Programme is designed to add value and complement development partners' efforts and builds on lessons learned from previous interventions and successful partnerships during the immediate EVD response phase. In addition, the critical role played by UNDP to support the Government in formulating its National EVD Recovery Strategy has confirmed UNDP's position as trusted and credible partner to the Government. As a result, UNDP's proposed interventions will continue to engage and collaborate with a range of state and non-state actors including inter alia Civil Society Organisations, relevant counterpart institutions such as the National Ebola Response Centre, Ministry of Finance and Economic Development, Ministry of Local Government and Rural Development, Ministry of Social Affairs, Gender and Children's Affairs, Ministry of Youth Affairs, Ministry of Internal Affairs, Ministry of Justice, Ministry of Health and Sanitation, Ministry of Education, Science and Technology (MEST), National Youth Commission, the National Commission for Social Action (NaCSA), the National Social Security and Insurance Trust (NASSIT), the Human Rights Commission, the Office of National Security, The Disaster Management Department, the Sierra Leone Police, the Republican Sierra Leone Armed Forces, Members of the Parliament, as well as sub-national representative bodies such as local councils and the media.

Where relevant, interventions will integrate recommendations from the Small and Medium Enterprises Policy and Action Plan that was

developed through the African Development Bank-supported project on Public Financial Management and Business Enabling Support, the DFID-supported Sierra Leone Opportunities for Business Action (SOBA) project, and early recovery interventions in the agriculture and aquaculture sectors supported by FAO. Opportunities for joint programmes will be explored, particularly with FAO (Agriculture), UNWOMEN (Gender) and the World Bank (safety nets).

9.0 IMPLEMENTATION, MONITORING AND EVALUATION

The main functions to Monitoring and Evaluation (M&E) are to ensure improvement-oriented critical reflection of results, to maximize the outcome and impact of the projects or programmes in the short term, medium and long term and to contribute information on results of outcome and impact.

A detailed M&E framework will be grounded for recovery programme in conjunction with Implementing Partners and with the support of UNDP's Programme Management Support Unit (PMSU), Result Based Management (RBM)/M&E section.

M&E will be undertaken regularly at different levels. There will be a consideration for joint monitoring of the National and International Implementation Partners who will be required to submit monthly, quarterly and annual financial and physical progress reports as against the set of activities described in the agreed plan and budget. The recovery programme will also invest in enhancing the M&E capacities at different levels. Regular assessments of recovery programme's progress will be undertaken. This is to be based on and supported by regular on the ground monitoring by programme staff. To this end, the recovery programme Management Unit and its Implementation Partners will also establish coordination mechanisms at technical and management levels to regularly review progress,

issues and challenges faced by the programme. At the apex, a Steering Committee will be established to provide oversight, advisory support and guidance. Overall management of the recovery programme and strategic policy guidance during implementation will be provided through the Programme Steering Committee Meetings (PSCMs). The membership of these committees will include PMU, PMSU and IPs, relevant officials and other key stakeholders. PMU and IPs will give further guidance to direct implementation staff once they are on board on the respective functions of these committees and the proposed frequency of coordination and review meetings, and the role they will play in M&E.

Respective National Implementation Partners and UNDP's Programme Management and Programme Management Support Unit will be responsible for ensuring effective, periodic monitoring of beneficiaries within their areas of operation. The major components of M&E under recovery programme the following:

- Outcome and Output Indicators Tracking Profiles
- Monthly Progress Monitoring Reports
- Quarterly/Annual programme progress reports
- Risk/Issues Log Monitoring
- Programme Evaluation (Mid-term and Final Outcome Evaluation) including client satis-



- faction survey and third party monitoring
- Joint Field Visit/Monitoring

A baseline survey will be done at the beginning of the recovery programme and evaluations will subsequently be undertaken at mid-term and at the end of the recovery programme. The baseline survey and evaluations must be conducted by an independent and impartial third party and will thus be commissioned to determine to what extent the recovery programme has achieved its intended development objectives. This is expected to be of great value to the UNDP/Donors/GoSL in drawing lessons learnt to inform and guide future budget planning, policy direction and strategic planning for development and continued assistance. The survey and evaluation outcome will be shared with donor partners to facilitate transparency and develop an integrated resource mobilization platform for continued development activities for the GoSL.

Further, the internal process evaluation indicators will focus on measuring the following:

- **Efficiency** (the amount of outputs created in relation to the resource investment)
- **Effectiveness** (the extent to which the planned outputs and outcomes are being achieved)
- **Relevance** (to what extent the programme is addressing problems of high priority, mainly as viewed by stakeholders)
- **Sustainability** (are the solutions lasting, do they have lasting effects?)
- **Social Impact** (are the interventions promoting peace, stability, social inclusion and coherence, gender equality, youth empowerment etc.?)

The detailed Matrix of Monitoring and Evaluation Framework/Plan for Recovery Programme will be developed which will include M&E components with indicators, tools and methods, frequency of data collection, responsibilities for Monitoring and data collection and Analysis/Use and Reporting.

Management Information System (MIS)

During the implementation of the recovery programme, a sound management information system (MIS) will be put in place to address the need to monitor programme implementation progress, effectiveness and outcome and impact.

Reporting

The information contained in the MIS will be used to report to a wide range of stakeholders, many of whom might have different interests and needs. The reporting system will therefore be inherently flexible and allow sorting by a range of host variables under different components. To this end, the recovery programme's central data bank will be designed to accommodate information on activities, quality of process and impact. This will allow identification of individual progress activity per activity and flag out those that are running particularly well and those that are problematic or lagging behind and thereby enable investigation into the causes and address them in a timely fashion.

Transparency and Accountability

UNDP's Recovery programme and its National Implementation Partners will be expected to demonstrate full transparency and accountability during the programme implementation process, ensure that the agreed Programme Document, plans and budget, underlying principles and cross-cutting issues and guidelines are applied at field level and guide all decision-making related to programme implementation. The MIS, used well, will improve information flows and allow more regular exchanges of data.

10.0 RISKS

<i>Risks to the achievement of output in targeted area</i>	<i>Likelihood of occurrence</i>	<i>Severity of risk impact</i>	<i>Mitigating strategy</i>
Lists of identified target EVD affected and “at-risk” beneficiaries are manipulated and tampered with in order to include additional recipients that do not match eligibility criteria. This in turn would result in weakened impact of interventions on the most vulnerable/EVD affected fringe of the population, erosion of confidence in the process and UNDP, wastage of limited resources and misuse of funds.	High	High	<p>Ensure transparency of selection processes by involving a wide range of key stakeholders including local leaders, CSOs etc. in assessing needs and in final decision-making</p> <p>Get final lists signed by key stakeholders and leave copies with communities</p> <p>Use biometric data / Identification cards building on cash transfer/civil registration projects</p> <p>Promote community-based selection processes based on locally agreed criteria</p> <p>Ensure third party monitoring and verification processes</p> <p>Initiating visible punitive actions to act as deterrent.</p>
Community tensions arise because of perceived unfair distribution of assistance, self-assessments of the most needy and/or deserving and unmet expectations	High	High	<p>Promote community-based selection processes based on locally agreed criteria</p> <p>Include community-level interventions focusing on improved service delivery and labour-intensive small village infrastructure that will generate local employment and benefits to the community</p> <p>Ensure that the public is well aware of assistance rationale and selection criteria through appropriate community outreach and communication campaigns</p> <p>Establish grievance mechanism and regular feedback opportunities at community level</p>
Misconceptions or undue expectations among target beneficiaries resulting in reluctance to engage with the project or enhanced dependency on external aid, this weakening resilience and self-help capacity and prospects.	Low	High	<p>Develop appropriate communication strategies that engage local leaders.</p> <p>Ensure that CSO partners are sufficiently instructed about their roles, the expected outcomes, and how to engage with beneficiaries.</p> <p>Empower communities to develop their own plans and make key decisions towards ultimate objectives pertaining to sustainable development and resilience and advocate for reinforcing local values of self-help and proactiveness.</p>
Insufficient human resources to ensure effective implementation of recovery programme and achievement of objectives due to inter alia phasing out of SURGE capacity, late/poor planning, lack of funds or difficulties pertaining to finding appropriate consultants willing to work in Sierra Leone	Medium	High	<p>Develop continuity plan in order to manage the transition between the phasing out of SURGE and the mobilization of supplementary funds</p> <p>Anticipate forthcoming needs by launching early recruitment processes</p> <p>Explore with HQ/RBA options for secondments to ensure adequate capacity during transition phase</p> <p>Leverage ‘tried and tested’ partnerships with local NGOs to ensure adequacy and timeliness of human resource availability.</p>

UNDP Response to the Ebola Crisis in Sierra Leone

Weak national ownership in UNDP recovery Programme	Low	Medium	<p>UNDP's Recovery Programme is fully aligned and complementary to the Government's National Recovery Strategy;</p> <p>Ensure that Government Oversight/cooperation arrangements are systematically developed and operationalized (e.g. Project proposals endorsed by GoSL, Steering committees that meet on regular basis)</p>
Inadequate capacity to transfer cash to beneficiaries	Medium	High	<p>Capitalize on UNDP's experience in providing technical advisory support to GoSL on Cash Transfer;</p> <p>Promote/prefer electronic transfers versus physical cash hand outs via Mobile Network Operators, Micro-Finance Institutions and Commercial Banks</p>
Cash transfer and social safety net interventions distort local market prices and have negative effects on inflation and food security	Low	High	<p>Ensure that UNDP harmonized rates in coordination with UNCT, development partners and the GoSL and follows agreed standards</p> <p>Conduct regular market monitoring of key food and non-food items, taking into account seasonal trends</p> <p>Stipends and salaries must be commensurate with existing wages and market prices</p>
Failure to reintegrate Ebola Response Workers (ERW) into Recovery Programme triggers discontent and social unrest	Medium	High	<p>Assess ERWs' available skills against market demands</p> <p>Promote interventions that aim at up-skilling ERWs and providing job placement advisory services</p> <p>Liaise with Private sector to better understand needs for specific skills and assist with identification of suitable candidates</p>
Inadequate Resource mobilization curtails UNDP's ability to achieve proposed objectives and expected impact due to donors' over-commitments during the EVD response phase, domestic and international context/priorities	High	High	<p>Develop robust, innovative and realistic resource mobilisation strategy and plan</p> <p>Approach non-traditional donors</p> <p>Harness private sector support through public-private partnerships and development of local chapter of Global compact</p> <p>UNDP must be prepared to do more with less by leveraging existing resources and partnerships and promoting community self-help capacity and low-cost synergetic interventions</p>
Gender inequalities are reinforced	Low	Medium	<p>Ensure that all interventions have been designed with appropriate gender sensitivity (disaggregated data, gender balanced teams, identification of most important needs and priorities of men and women and subsequent formulation of responsive interventions; gender-sensitive indicators and targets)</p> <p>Mechanism and processes that ensure meaningful participation of women in discussions and decision-making pertaining to recovery and sustainable development.</p>

¹ Most vulnerable includes widows, orphans, EVD survivors, destitute and people living with disabilities

