MOVING FROM EBOLA RECOVERY TO SELF-RELIANCE
USAID’s Impact in Guinea, Liberia, and Sierra Leone
THE UNITED STATES GOVERNMENT DESIGNED FOUR PILLARS IN RESPONSE TO THE WEST AFRICAN EBOLA OUTBREAK OF 2014. THE USAID PILLAR I GOAL WAS TO CONTROL THE OUTBREAK. ACTIVITIES FOR PILLAR I ENDED IN 2015. THEN, PILLAR II BEGAN—WITH AN EVEN MORE AMBITIOUS GOAL: TO BUILD BACK BETTER THAN BEFORE.
BETWEEN 2015 AND 2018, USAID MADE CROSS-CUTTING INVESTMENTS IN HEALTH; EDUCATION; AGRICULTURE AND FOOD SECURITY; GOVERNANCE AND ECONOMIC CRISIS MITIGATION; AND INNOVATION, TECHNOLOGY, AND PARTNERSHIPS.

COMBINED, PILLAR II PREVENTED THE LOSS OF DEVELOPMENT GAINS AND BUILT SUSTAINABLE SYSTEMS TO BETTER WITHSTAND FUTURE SHOCKS.

WHAT WAS USAID PILLAR II?
PILLAR II ACTIVITIES BY SECTOR

Based on number of activities

Health
- AFS = Agriculture & Food Security
- Gov = Governance
- ECM = Economic Crisis Management
- ITP = Innovation, Technology & Partnerships

Emergency Non-Ebola Health Services activities 17%
Survivor Program activities 5%

Health Systems Recovery activities 78%

PILLAR II ACTIVITIES BY COUNTRY

LEGAL
- Health & Health Systems
- Agriculture & Food Security
- Governance & Economic Crisis Mitigation
- Innovation, Technology & Partnerships
- Education

REGIONAL
47 total activities, 2 uncategorized

SIERRA LEONE
24 total activities

GUINEA
23 total activities

LIBERIA
53 total activities

SOURCES
TAKEN TOGETHER, PILLAR II ACTIVITIES HELPED THE REGION RECOVER AND MAKE LASTING CHANGES TO THE REGION’S FUTURE GROWTH AND CAPABILITIES.

THE IMPACT OF USAID PILLAR II
An Overview
Donor and government messages that encouraged the public to adopt healthy measures filtered through radio, mobile phones, and civil society organizations to communities. USAID-funded infection prevention and control activities strengthened West Africa’s preparedness for future shocks.

The percentage of pregnant women attending antenatal care four or more times is a proxy indicator for care under universal health coverage. It reflects the restoration of health services, clinical capacity, and trust in health facilities. Liberia recovered to pre-Ebola levels and Guinea surpassed them.

USAID helped rehabilitate facilities with basic lifesaving medical equipment, electricity, improved water sources, and safe methods to dispose of syringes. Supply chain issues were also addressed, resulting in large declines in stock-out rates (notably, from 93% to 5% in Pillar II-supported areas of Liberia).

Taken together, the USAID-funded interventions above enhanced the quality of health care. Increases in the percentage of live births attended by a skilled provider indicate that quality improvements in West Africa after Ebola have reinforced client demand for and access to skilled care during births.
RESTORED TRUST IN HEALTH FACILITIES

This indicator showcases the growth in health care consumption across West Africa that came when patients regained trust in their local health facilities’ capacity to deliver healthy babies.

Percentage of births delivered in a health facility

INCREASED UTILIZATION IN ALL THREE COUNTRIES

The overall demand for health services also grew across West Africa after Ebola. This is reflected by the increasing number of outpatient clients.

Number of outpatient clients by year

SOURCES

4. In Liberia, significant investments in facilities were made during USAID Pillar I. In Guinea, Pillar II funded 23 of the 32 facility improvements. Other recovery funding streams paid for the nine remaining improvements.
USAID targeted expansion of food production and access to food, household dietary diversity, and women’s access to land and credit. Activities included cash transfers that helped families and survivors reach food security, input vouchers to support farmers, credit for improved access to markets, and macro-level credits for agricultural expansion to the commercial level. These activities lowered food insecurity, improved household diets, helped families send their children back to school, and built livelihoods in the region.

97,077 households in Sierra Leone and Liberia received cash transfers for food security.

14,133 farmers received seed vouchers and farming inputs in Sierra Leone and Liberia.

Food insecurity decreased from 95% in April 2015 to 57% in March 2017 in Guinea’s Forest Region.
USAID’s support to rice cooperatives in Guinea allowed women farmers to obtain higher prices in a declining commodity market through cooperative collective bargaining. As the market price of rice dropped from 9,000 GNF per kilo in 2015 to 7,000 GNF in 2017, these farmers negotiated a 25 percent increase in the amount they received from producers over the same period, rising from 4,000 GNF to 5,000 GNF per kilo.

As a primary source of employment and better nutrition, agricultural interventions had impact both on local economies and household health.

SOURCES


7. Note: USAID/Guinea’s food security activities occurred through Feed the Future activities rather than through the Pillar II Recovery.


Although the onset of Ebola made the 2014–2015 percentage higher (with more expenditures and a corresponding drop in GDP), the broader trend of government spending on health has increased between 1 and 6 percentage points over four years. This indicates investments in health systems, providers, and infrastructure.

During the Ebola outbreak, borders were closed, farming was interrupted, industries were disrupted, and schools shuttered. At varying rates, the countries’ systems for health, water supply, transportation, and economic growth were adversely affected. Between 2016 and 2018, economies began to rebound.

Pillar II activities played a critical role in raising awareness of electoral issues, especially among women and youth, and encouraged people to participate and hold government accountable for its performance in service delivery.

USAID-funded activities helped revitalize and harmonize messaging through community radio, distributing key messages to communities and promoting behavior change, providing social protection to survivors and families who lost loved ones to Ebola, and increasing civic participation in local and national elections.

In all three countries, radio was increasingly used to raise awareness and share information.
USAID activities worked with civil society organizations, including women’s and survivors’ groups, to promote behavior change, provide social protection to survivors and families who lost loved ones to Ebola, and increase civic participation in local and national elections. This included training community radio station managers to discuss key behavior change communication messages, reconciliation, and the memorialization of those lost to Ebola.

SOURCES

Through partnerships with businesses, universities, think tanks, community organizations, and NGOs, USAID helped bring innovation and technology initiatives to fruition in West Africa. Advancements in digital communications and access to information occurred from the community to the national level. Applying lessons learned from cash distribution systems enabled the rapid expansion of mobile money systems to include paying health professionals and other government workers.

Grounded in more than 130 interviews and an extensive peer review, USAID’s report Fighting Ebola with Information: Learning from the Use of Data, Information, and Digital Technology in the West African Outbreak Response documents best practices and lessons—and concludes with practical recommendations for health, humanitarian, and development actors to better prepare for the next crisis.
USAID’s work with telecommunications companies and mobile money providers for cash transfers expanded into other arenas. Now, governments are building on these systems to pay health workers, teachers, and other civil servants. Expanded cell phone use gives a growing number of West Africans access to mobile payments.

USAID funded innovations such as mHero and partnerships with such entities as CSquared to help upgrade broadband and health communications capabilities. Greater connectivity between health providers, health workers, and government offices provides improved information and data—enabling better decision-making.

mHero is a two-way mobile phone-based communication platform that uses text messaging to connect ministries of health and health workers.

USAID invested $7.3 million in Fighting Ebola: A Grand Challenge to rapidly source 14 innovations, including clinical pods and decontamination chambers. Grand Challenge innovations resulted in improved personal protective equipment, contact tracing programs, precision infusion monitors, powdered color additives for decontamination adherence, and designs for portable emergency clinics. All of these can be redeployed in future outbreaks.

Sources:
USAID’s support of unconditional cash transfers in West Africa made it possible for families to pay for school and supplies after becoming food secure. As a result, attendance at primary schools increased each year.

In which ways do you think these interventions impacted the school?²⁸

- **Increased pupil attendance:** 15.2%
- **Improved learning environment:** 16.1%
- **Increased student involvement in health activities:** 22.3%
- **Other:** 46.4%

93% of principals and heads of vulnerable schools reported positive impact of Liberian WASH activities after two years²⁸

98% of these 120 schools reported still having permanent hand washing stations still in use²⁸

77% of these schools now have sufficient water available at the main waterpoint²⁸
ENHANCED SYSTEMS CAPACITY FOR FUTURE EMERGENCIES

In 2016 and 2017, WHO published three joint external evaluations of Guinea, Liberia, and Sierra Leone. These measured the countries’ progress toward building necessary capacities to prevent, detect, and respond to infectious disease threats. The graphic below shows the countries’ post-Ebola capacity in key areas. Results are shown in green (demonstrated sustainable capacity), yellow (limited to developing capacity), and red (no capacity).

Although WHO did not assess these countries’ capacity before 2016–17 and there is no baseline for comparison, key informants stated that West Africa’s capacity to address future threats is significantly greater than it was pre-Ebola. U.S. Government investments under Pillars II and IV (Global Health Security) helped expand capabilities in real-time surveillance, emergency response operations, and risk communication.

WHO evaluation of post-Ebola country capacity in three areas

**REAL-TIME SURVEILLANCE**
- Liberia
- Sierra Leone
- Guinea

**EMERGENCY RESPONSE OPERATIONS**
- Liberia
- Sierra Leone
- Guinea

**RISK COMMUNICATION**
- Liberia
- Sierra Leone
- Guinea

SOURCES
