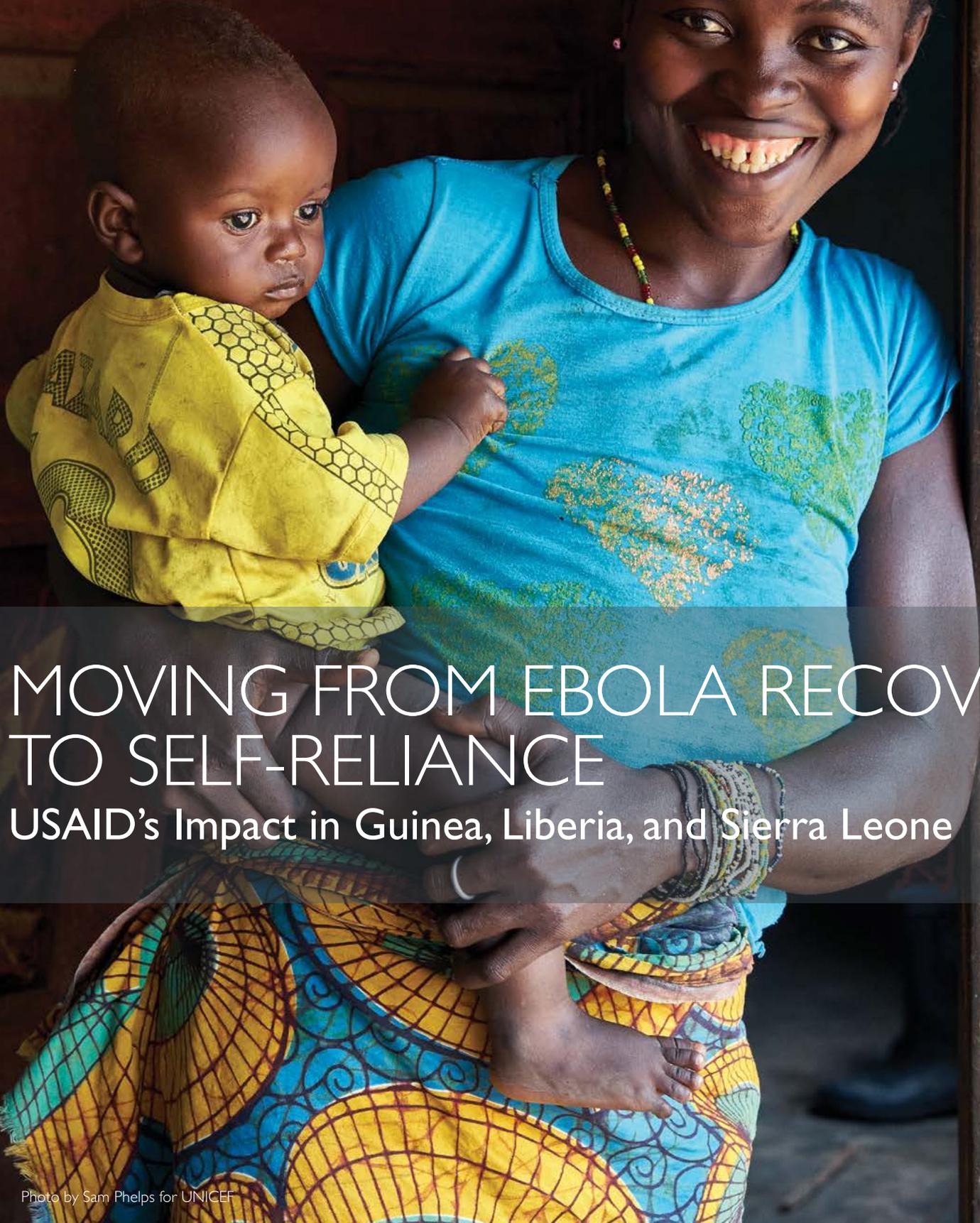




**USAID**  
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# MOVING FROM EBOLA RECOVERY TO SELF-RELIANCE

USAID's Impact in Guinea, Liberia, and Sierra Leone



Photo by Sam Phelps for UNICEF

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.

# WHAT WAS USAID PILLAR II?

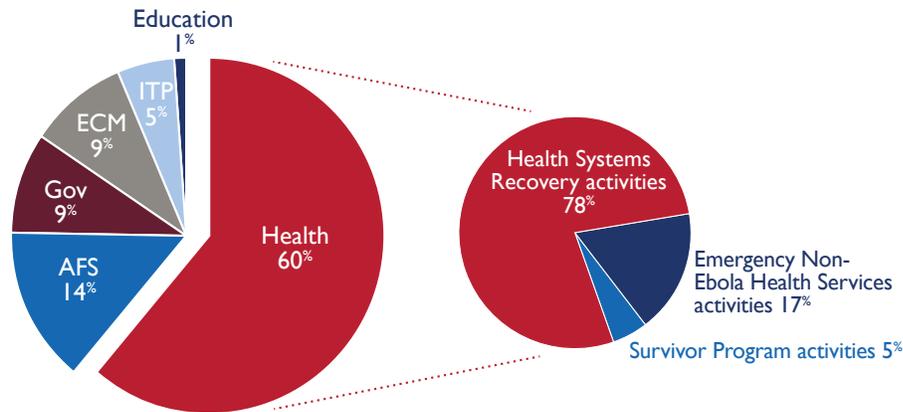
BETWEEN 2015 AND 2018, USAID MADE CROSS-CUTTING INVESTMENTS IN HEALTH; EDUCATION; AGRICULTURE AND FOOD SECURITY; GOVERNANCE AND ECONOMIC CRISIS MITIGATION; AND INNOVATION, TECHNOLOGY, AND PARTNERSHIPS.

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



# PILLAR II ACTIVITIES BY SECTOR<sup>1</sup>

Based on number of activities



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

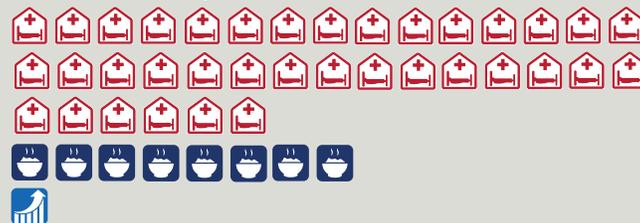
# PILLAR II ACTIVITIES BY COUNTRY<sup>1</sup>

**LEGEND**

- 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



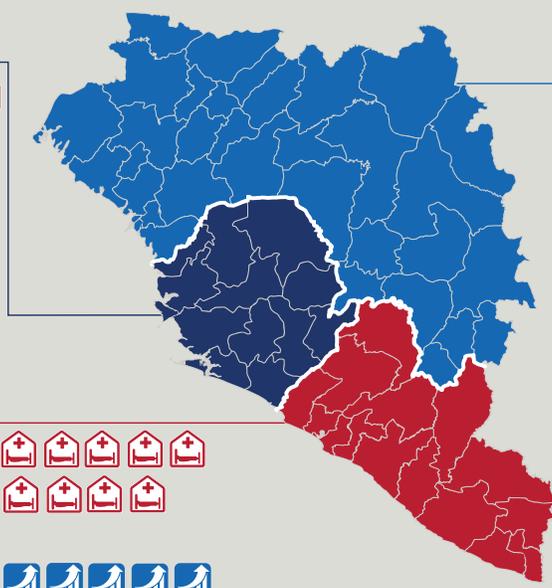
## GUINEA

23 total activities



## LIBERIA

53 total activities



## SOURCES

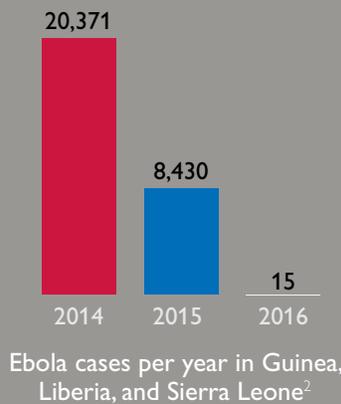
1. Based on number of activities (2 uncategorized) (N=147). USAID Office of Budget and Resource Management O&E Spreadsheet, September 2017 and activity documents made available for evaluation. See Moore, Z. et al (2019). *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Washington, DC: International Business & Technical Consultants, Inc. (IBTCI). Retrieved from: [https://www.researchgate.net/publication/332232480\\_Performance\\_Evaluation\\_of\\_USAID\\_Ebola\\_Pillar\\_II\\_Activities\\_Final\\_Report](https://www.researchgate.net/publication/332232480_Performance_Evaluation_of_USAID_Ebola_Pillar_II_Activities_Final_Report)

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

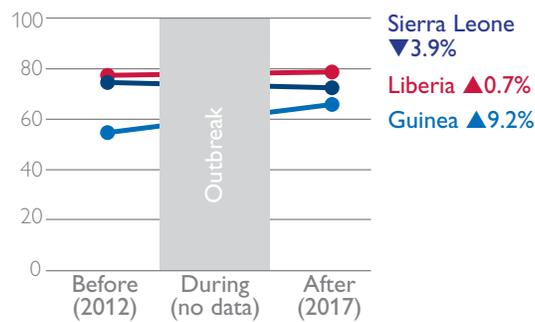
# HEALTH & HEALTH SYSTEMS

## IMPROVED INFECTION PREVENTION & CONTROL



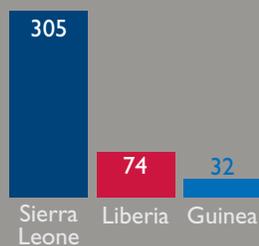
Donor and government messages that encouraged the public to adopt healthy measures filtered through radio, mobile phones, and civil society organizations to communities. USAID-funded infection prevention and control activities strengthened West Africa's preparedness for future shocks.

## RESTORED BASIC HEALTH SERVICES



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.

## UPGRADED HEALTH FACILITIES

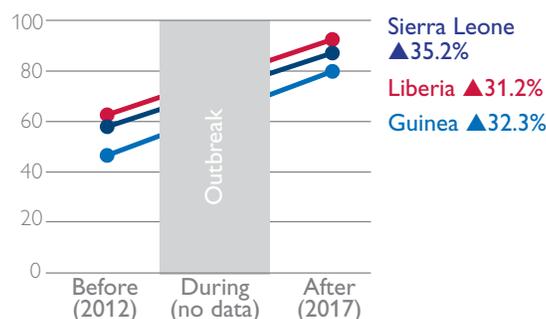


In addition to facility restorations, all three countries trained health care workers and staff in topics that included infection prevention and control and maternal and child health.

Number of health facilities improved with upgrades<sup>4,5</sup>

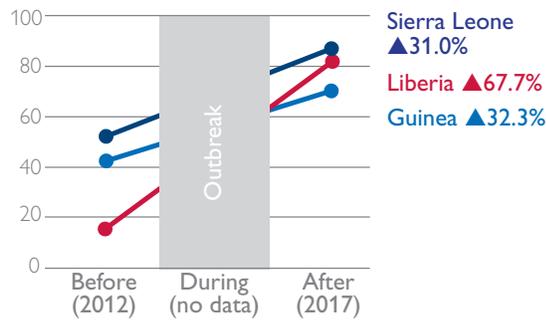
USAID helped rehabilitate facilities with basic lifesaving medical equipment, electricity, improved water sources, and safe methods to dispose of syringes. Supply chain issues were also addressed, resulting in large declines in stock-out rates (notably, from 93% to 5% in Pillar II-supported areas of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

## ENHANCED SERVICE QUALITY



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.

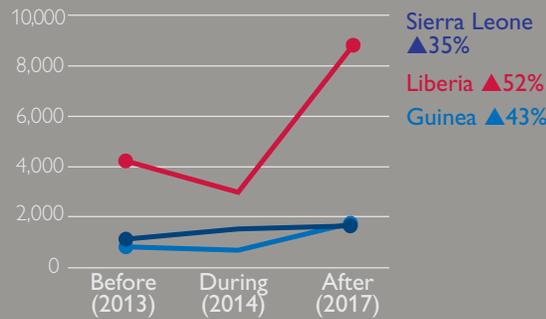
## RESTORED TRUST IN HEALTH FACILITIES



Percentage of births delivered in a health facility<sup>3</sup>

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.

## INCREASED UTILIZATION IN ALL THREE COUNTRIES



Number of outpatient clients by year<sup>5</sup>

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



Photo by Joshua Yospyn for John Snow International

### SOURCES

- Centers for Disease Control and Prevention (n.d). Website. Retrieved from: <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/cumulative-cases-graphs.html>
- Moore, Z. et al (2019). *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Annex L, Trend Tables. Washington, DC: IBTCI.
- 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.
- IBTCI Health Facility Survey (2017). Guinea n=248, Liberia n=153, Sierra Leone n=128. See Moore, Z. et al (2019), *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Annex K. Washington, DC: IBTCI.



*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.*

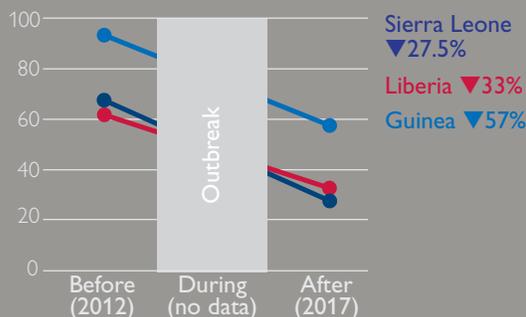
Rice harvest. Photo by Elle Gardner for Catholic Relief Services

**97,077 households**  
in Sierra Leone and  
Liberia received cash  
transfers for food  
security<sup>6</sup>

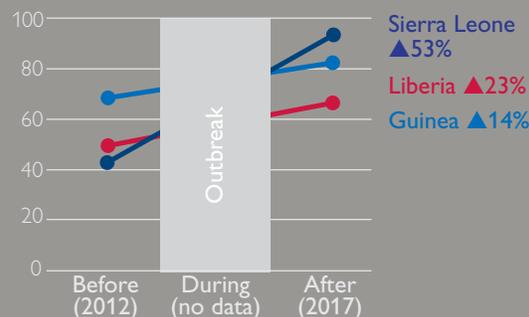
**14,133 farmers**  
received seed  
vouchers and farming  
inputs in Sierra Leone  
and Liberia<sup>6</sup>

**Food insecurity**  
**decreased** from 95%  
in April 2015 to  
57% in March 2017  
in Guinea's Forest  
Region<sup>7</sup>

## REDUCED FOOD INSECURITY, INCREASED DIETARY DIVERSITY



Average proportions of targeted populations suffering moderate to severe hunger<sup>8</sup>

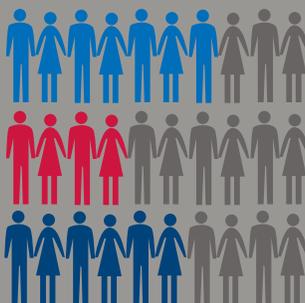


Average proportions of targeted populations with higher dietary diversity<sup>8</sup>

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.

### Agriculture employs:<sup>9</sup>



7 out of every 10 workers in Guinea

4 out of every 10 workers in Liberia

6 out of every 10 workers in Sierra Leone

#### SOURCES

6. Moore, Z. et al (2019). *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Annex M, Desk Reviews. Washington, DC: IBTCI.

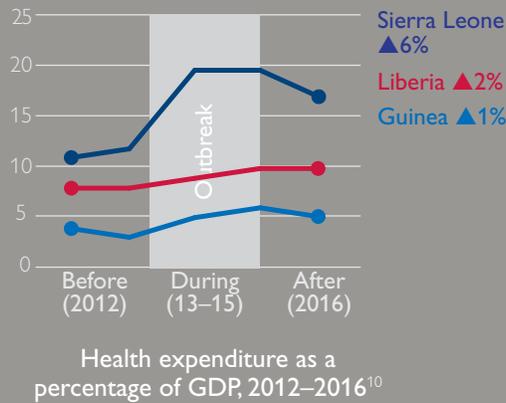
7. Note: USAID/Guinea’s food security activities occurred through Feed the Future activities rather than through the Pillar II Recovery.

8. Note: Percentages are based on results reported from different implementing partners (IPs) and measurement method and baseline/endline varies by country and IP. Results are averaged. See Moore, Z. et al (2019). *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Annex M, Desk Reviews. Washington, DC: IBTCI. See pages M–21, 57, 58, 111, 112

9. The Global Economy.com (n.d.). Website. Figures rounded. Retrieved from: [https://www.theglobaleconomy.com/rankings/Employment\\_in\\_agriculture/](https://www.theglobaleconomy.com/rankings/Employment_in_agriculture/)

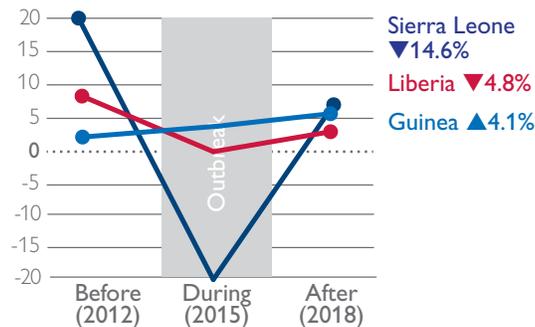
# GOVERNANCE & ECONOMIC

## HIGHER HEALTH SPENDING AS A PERCENTAGE OF GDP



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.

## ECONOMIC REBOUND FROM CRISIS



GDP Growth (percent) 2012, 2015, 2018<sup>11</sup>

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.

## MORE CONFIDENCE IN ELECTIONS, NEW VOTERS, & ASPIRANTS

5.9 million of Guinea's 6.5 million people (91%) over the age of 18 were registered for the February 2018 elections.<sup>12</sup>

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.

## CIVIC ACTIVITIES, ENHANCED PUBLIC PARTICIPATION, AND INCREASED AWARENESS

In all three countries, radio was increasingly used to raise awareness and share information.<sup>13</sup>

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.

# CRISIS MITIGATION



Election March 2018, Sierra Leone. Photo by Carol Sahley for USAID

## SOURCES

10. World Health Organization (WHO). Website database (n.d.). Retrieved from: <http://apps.who.int/nha/database/Select/Indicators/en>
11. Moore, Z. et al (2019). *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Annex L, Trend Tables. Washington, DC: IBTCL.
12. News Report (2018). Website. Retrieved from: <https://m.news24.com/Africa/News/guinea-holds-first-local-elections-since-military-rule-20180204>
13. Moore, Z. et al (2019). *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Annex M, Desk Reviews. Washington, DC: IBTCL.

# INNOVATION, TECHNOLOGY

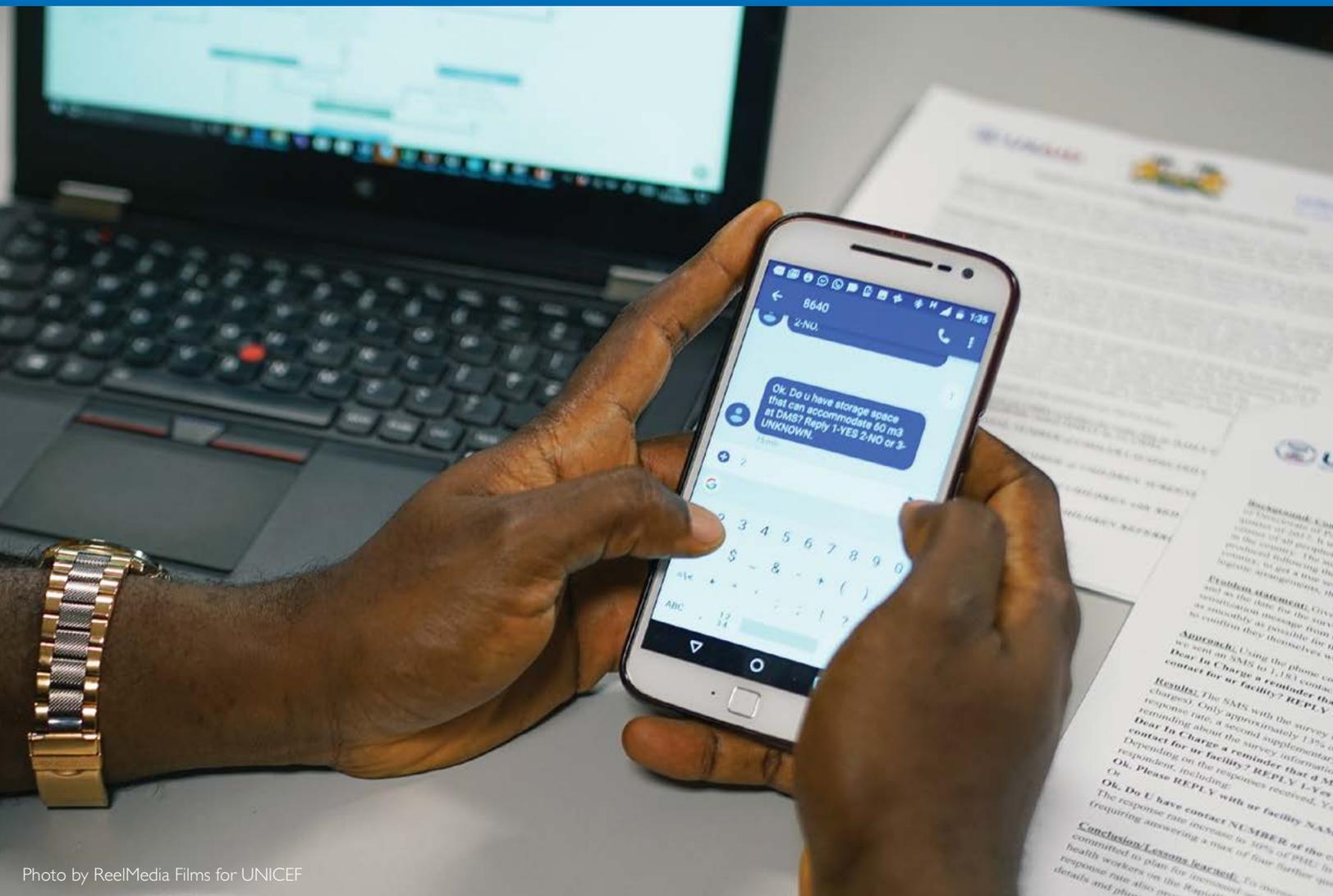


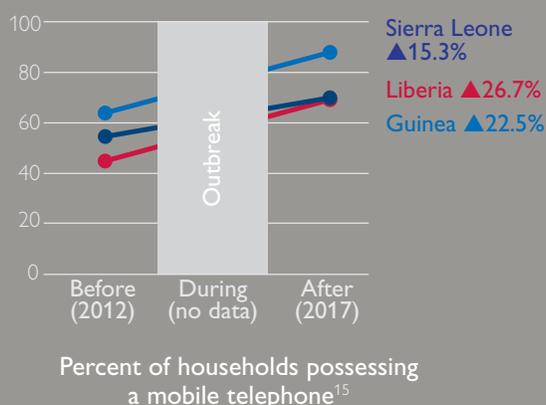
Photo by ReelMedia Films for UNICEF

*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.*<sup>14</sup>

# Y & PARTNERSHIPS

## EXPANDED USE OF MOBILE MONEY FOR GOVERNMENT PAYROLL



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.

## PARTNERED WITH INNOVATORS TO IMPROVE HEALTH INFORMATION

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

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.

## SUPPORTED INNOVATIONS FOR LASTING IMPACT

USAID invested \$7.3 million in *Fighting Ebola: A Grand Challenge* to rapidly source 14 innovations, including clinical pods and decontamination chambers.<sup>16</sup>

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

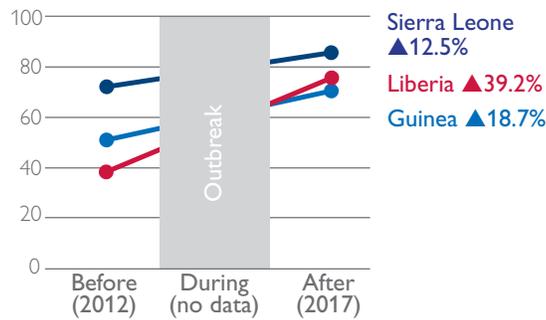
14. Fast, Larissa and Adele Waugaman (2016). *Fighting Ebola with Information: Learning From Data and Information Flows in the West Africa Ebola Response*. Washington, DC: USAID. Retrieved from: <http://www.digitaldevelopment.org/fighting-ebola-information>

15. Moore, Z. et al (2019). *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Annex L, Trend Tables. Washington, DC: IBTCI.

16. USAID Powerpoint Presentation: USAID's Support to Global Health Research and Development Webinar Series: Global Health Grand Health Challenges (n.d.). Retrieved from: [https://www.usaid.gov/sites/default/files/documents/1864/Global\\_Health\\_Grand\\_Challenges\\_RD\\_FINAL\\_508.pdf](https://www.usaid.gov/sites/default/files/documents/1864/Global_Health_Grand_Challenges_RD_FINAL_508.pdf)

# BASIC EDUCATION

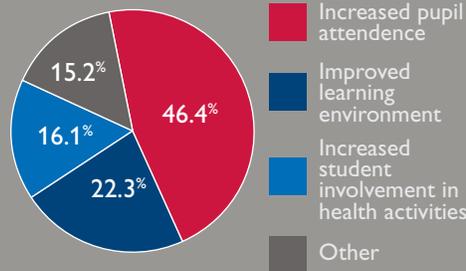
## INCREASED PRIMARY SCHOOL ATTENDANCE



Primary school net attendance ratio<sup>17</sup>

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.

## WASH ACTIVITIES MADE A LASTING DIFFERENCE AT LIBERIAN SCHOOLS



In which ways do you think these interventions impacted the school?<sup>18</sup>

USAID funded water, sanitation, and hygiene (WASH) activities in 120 "highly vulnerable" Liberian schools. Two years after the outbreak ended, an outside evaluation shows 93% of principals and heads of schools said the WASH activities had a lasting positive impact.

**93%** of principals and heads of vulnerable schools reported positive impact of Liberian WASH activities after two years<sup>18</sup>

**98%** of these 120 schools reported still having permanent hand washing stations still in use<sup>18</sup>

**77%** of these schools now have sufficient water available at the main waterpoint<sup>18</sup>

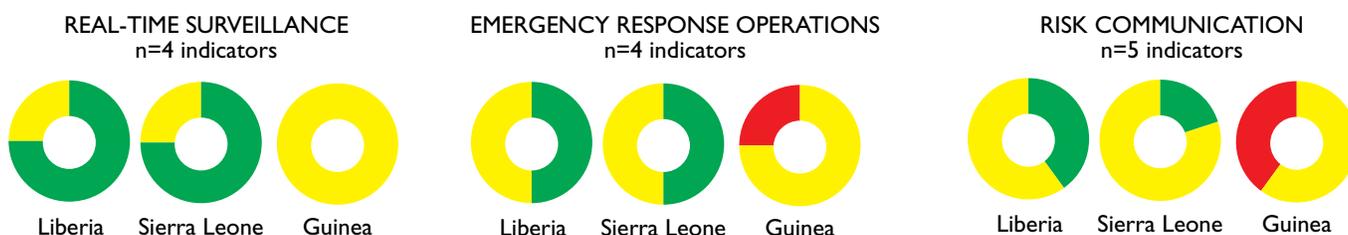


# ENHANCED SYSTEMS CAPACITY FOR FUTURE EMERGENCIES

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<sup>19</sup>



SOURCES

- 17. Moore, Z. et al (2019). *Performance Evaluation of USAID Ebola Pillar II Activities: Final Report*. Annex L, Trend Tables. Washington, DC: IBTCI.
- 18. Woldehanna, S. et al (2019). *Second Performance Evaluation of USAID Ebola Pillar II Activities: Final Report* (unreleased draft), Liberian school survey 2019. Washington, DC: IBTCI.
- 19. WHO (2016 and 2017). Website. Retrieved from: (Liberia) <https://www.ghsagenda.org/docs/default-source/jee-reports/liberia-jee-report.pdf>, (Sierra Leone) <https://www.who.int/ihr/publications/WHO-WHE-CPI-2017.16/en/>, (Guinea) <https://apps.who.int/iris/bitstream/handle/10665/258726/WHO-WHE-CPI-REP-2017.40-fre.pdf?sequence=1>



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