

Ebola Crisis Fund

Final Report





*"Some went, but we
stayed...we never left."*

- Josephine Finda Sellu

A nurse working in a government hospital in Sierra Leone. She lost 15 members of her nursing staff to Ebola.

"Those Who Serve Ebola Victims Soldier On," The New York Times, Adam Nossiter and Ben C. Solomon, August 23, 2015

WITH DEEPEST THANKS AND GRATITUDE TO THE INVESTORS OF THE EBOLA CRISIS FUND:

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A Different Approach to Humanitarian Response



The humanitarian sector is undergoing a period of self-reflection. Crises around the world are increasingly severe and complex, and relief and recovery efforts are frequently inadequate. It is an ongoing challenge to provide a swift and appropriate crisis response, and the humanitarian community is critically evaluating its approach. How will we meet growing needs with limited resources? How can we deliver effective, responsive solutions in the face of mounting constraints to humanitarian access?

A significant theme emerging from this dialogue is the importance of localized aid. It is acknowledged that local organizations play a critical role in emergency situations, yet less than 2% of annual emergency aid goes directly to local actors. This imbalance is entrenched in the traditional top-down approach to emergencies—funds are directed to trusted international agencies who coordinate large-scale response. There's nothing wrong with this approach per se, except when it neglects to incorporate bottom-up expertise and knowledge. The humanitarian sector is struggling to find ways to rapidly catalyze community-led response, recognizing that local organizations have important expertise and knowledge to contribute in emergencies.

At Geneva Global, we believe the solution lies in a harmonized approach. As a philanthropic consulting company specializing in international development, we partner directly with small- and medium-sized organizations already based in local communities, and we deploy grant sizes they can readily absorb. By funding grassroots partners directly, our programs create local coalitions who can work in tandem with larger agencies. Geneva Global has more than 15 years experience in international development, and we have found that local people are the first to respond in a disaster and typically have the most appropriate response to the need. Additionally, local people stay on when the immediate crisis is over, after outside organizations have moved on. By rapidly identifying community-based partners and swiftly placing direct grants with them, we build emergency programs that are responsive and informed by a bottom-up perspective. International agencies still have an important role to play. But we believe that redirecting a portion of emergency aid directly to local implementers is a key to achieving effective emergency response.

We used this harmonized approach in the Ebola Crisis Fund. To date, the Ebola outbreak has infected nearly 30,000 people in West Africa,

causing more than 11,000 deaths and shattering health systems and local economies. As the crisis escalated in 2014, Geneva Global recognized the urgent need to support community-based response, particularly in hard-to-reach rural areas. In response, we created the Ebola Crisis Fund as a pooled philanthropic fund in partnership with Capital for Good, our nonprofit partner and registered public charity. A pooled emergency fund is particularly well-suited to private philanthropy; the pooled structure—which allows initial investments to be leveraged as new donors enter the fund—provides an opportunity to reduce costs and improve effectiveness. Private philanthropists are less constrained by the rules and practices of bilateral donors, allowing the fund to operate with more flexibility and take risks. This format allows the fund to champion innovative ideas and its implementing partners to quickly realize short-lived opportunities for action. These opportunities were present in the Ebola crisis, and we believe strongly in the model's potential for future crisis response as well.

Ultimately, the fund raised nearly \$1 million, which we then swiftly directed to community-based organizations in the affected countries, allowing local actors to engage on the front lines of Ebola prevention and awareness. The 34 projects funded by the Ebola Crisis Fund reached, directly and indirectly, more than 5.5 million people in Guinea, Liberia, and Sierra Leone with immediate relief, prevention, rehabilitation support, and awareness raising during the outbreak's peak.

The first-ever World Humanitarian Summit in 2016 marks a step forward in humanitarian self-reflection, offering a path toward localized response as a cornerstone of best practices. From our perspective, community-led involvement is critical for effectiveness, both in the immediate crisis and subsequently as communities rebuild. The achievements of the Ebola Crisis Fund and its local partners—shown on the following pages—demonstrate what's possible through a complementary approach. We invite you to learn more about our unique model through this report, and to invest with us in making humanitarian response more effective, impactful, and sustainable around the world.

Best wishes,

Guy Cave
Managing Director, Geneva Global

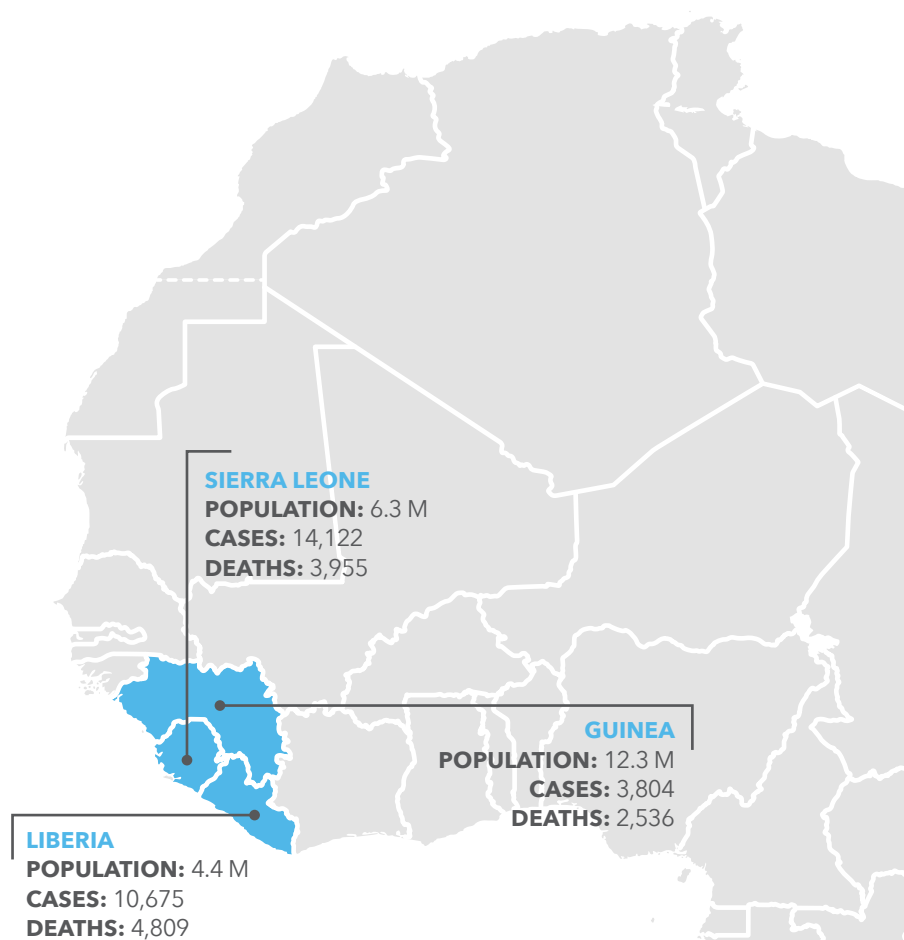
The Ebola Outbreak

A Historic Outbreak

In December 2013, the worst Ebola epidemic ever recorded began in a forested region of southern Guinea, in West Africa.

Ebola, or Ebola virus disease, is caused by a contagious virus that infects humans and other primates. The virus was first identified and described in 1976. Researchers are still learning more about Ebola, including where it is found and how it can be transmitted. The virus spreads from human to human through contact with bodily fluids. Symptoms include weakness, high fever, severe headaches, diarrhea, vomiting, and stomach pain. Chances of recovery from Ebola vary, but usually only 50% of those infected with the virus survive.

A two-year-old child from Guéckédou, Guinea is widely believed to be the first patient in this Ebola epidemic. The child became mysteriously sick and died on December 6, 2013. The sickness spread to family members but went unreported. In March 2014, cases of Ebola were identified in Sierra Leone and Liberia and traced to original cases in Guinea. The outbreak eventually spread to Nigeria in July, Senegal in August, and Mali in October. The rapid spread of the virus and its devastating results caught the world by surprise. People traveling from West Africa, including those treating Ebola patients, became sick with the virus in Spain, Italy, the United Kingdom, and the United States. Before this epidemic, no human outbreak of Ebola had resulted in more than 280 confirmed human deaths or lasted longer than 10 months. Over a period of almost two years, this outbreak killed at least 11,315 and infected 28,637. Guinea, Liberia, and Sierra Leone were most affected by the epidemic, and as of December 2015, Ebola had not officially been stopped in Guinea and Liberia.



Before this epidemic, no human outbreak of Ebola had resulted in more than 280 confirmed human deaths. This outbreak killed at least 11,315 and infected 28,637.

Porous borders, high population density, public distrust of government authorities due to years of armed conflict, and weak health systems all contributed to the scale of the epidemic. The earliest cases in the epidemic were not identified for three months, and the epidemic was not declared a public health emergency until it had progressed for five months. Ebola is usually found and contained in rural areas, but when it reached the populous capitals of Liberia and Sierra Leone, the virus got out of control. Rumors about Ebola and how it is transmitted and treated hampered prevention efforts, and some densely populated areas were placed under lockdown to contain the virus. Local governments were overburdened and limited in their capacity to handle an outbreak of this scale, and reaching remote communities in rugged terrain proved particularly challenging.



All data from WHO as of November 29, 2015.



Fighting Ebola

There is currently no proven cure or approved vaccine for Ebola, although multiple treatments and vaccines are being developed and tested. With current capabilities, the best way to fight Ebola is to prevent virus transmission and provide the best care possible to help individuals and communities survive and fully recover. Tactics to fight Ebola fall into three strategic categories: treatment and containment, prevention, and recovery. The fight against Ebola would require coordinated leadership, manpower, and funding at all levels to leverage these tactics in communities at risk for and affected by Ebola.

There is currently no proven cure or approved vaccine for Ebola, although multiple treatments and vaccines are being developed and tested.

Treatment and Containment

EBOLA TREATMENT UNITS (ETUs) are designed and constructed to isolate Ebola patients and help doctors and nurses provide better care for patients and keep proper sanitary conditions.

CONTACT TRACING identifies those at risk with the support of community volunteers who search for and notify anyone who has come in contact with a contagious, diagnosed Ebola patient.

QUARANTINE PERIODS prevent virus transmission by isolating and supporting those who have come in contact with a contagious, diagnosed Ebola patient.

SAFE BURIAL PRACTICES and trained burial teams ensure that those mourning a personal loss do not also contract Ebola.

TRAVEL RESTRICTIONS implemented in affected countries and international travel checkpoints prevent cross-border virus transmission.

Prevention

HAND-WASHING is encouraged and special hand-washing stations have been constructed across affected areas.

LIMITED PHYSICAL CONTACT prevents virus transmission from person to person, and healthcare workers wear personal protection equipment (PPE) to protect themselves from the virus.

AWARENESS AND EDUCATION MESSAGES through television, radio, outdoor signs, and door-to-door campaigns provide helpful information about preventing and treating Ebola and helping Ebola survivors.

Recovery

PSYCHOSOCIAL SUPPORT, including counselors and materials, is vital to help survivors, affected families, and communities to fully recover from the damage of Ebola.

ECONOMIC SUPPORT in the form of cash gifts, supplies, and loans helps survivors and affected families regain stability after losing nearly everything as a result of Ebola.

SOCIAL SERVICES to provide long-term care to those most affected by the virus, especially children, provide opportunities for sustainable community empowerment and rebuilding trust.

Responding to a Crisis

Humanitarian aid is one piece in a larger international development spectrum. Long-term development is directed toward sustainably improving well-being across health, education, economic security, and other areas. Humanitarian aid, in contrast, is focused on crisis situations. The Ebola epidemic that began in December 2013 amounted to a biological humanitarian crisis—as the virus spread rapidly, the international response became a major humanitarian aid mission.

In a humanitarian crisis, there are stages which play out in a cycle: response, recovery, and return to long-term development. Community-based organizations (CBOs) play an important role in all stages of the cycle, even though their efforts can be overlooked in large-scale relief and recovery efforts. A community-based organization is a nongovernmental organization (NGO) that works at the local level, tends to be governed by community members, and works for the benefit of the community by improving their well-being. Self-help groups and local or national NGOs may, in effect, act as CBOs in humanitarian crises due to their existing community connections.

CBOs are rooted in the communities they serve, conducting long-term development work outside a crisis context. When a crisis strikes, they are the first to respond. Large outside agencies—including international non-governmental organizations (INGOs) and inter-governmental organizations (IGOs)—may not reach affected communities for a week or even a month, depending on crisis circumstances. When outside aid organizations do reach crisis-affected communities, they first assess on-the-ground needs in order to prioritize response efforts. To do so, they must consult with local leaders and representatives, who are frequently associated with CBOs. CBOs maintain vast networks, particularly if they are membership based, and act as resources for external actors coordinating an aid mission. CBOs may continue to work with external actors after initial situation assessments are conducted and aid strategies are implemented, but they also perform their own crisis response efforts and return to their typical long-term work.

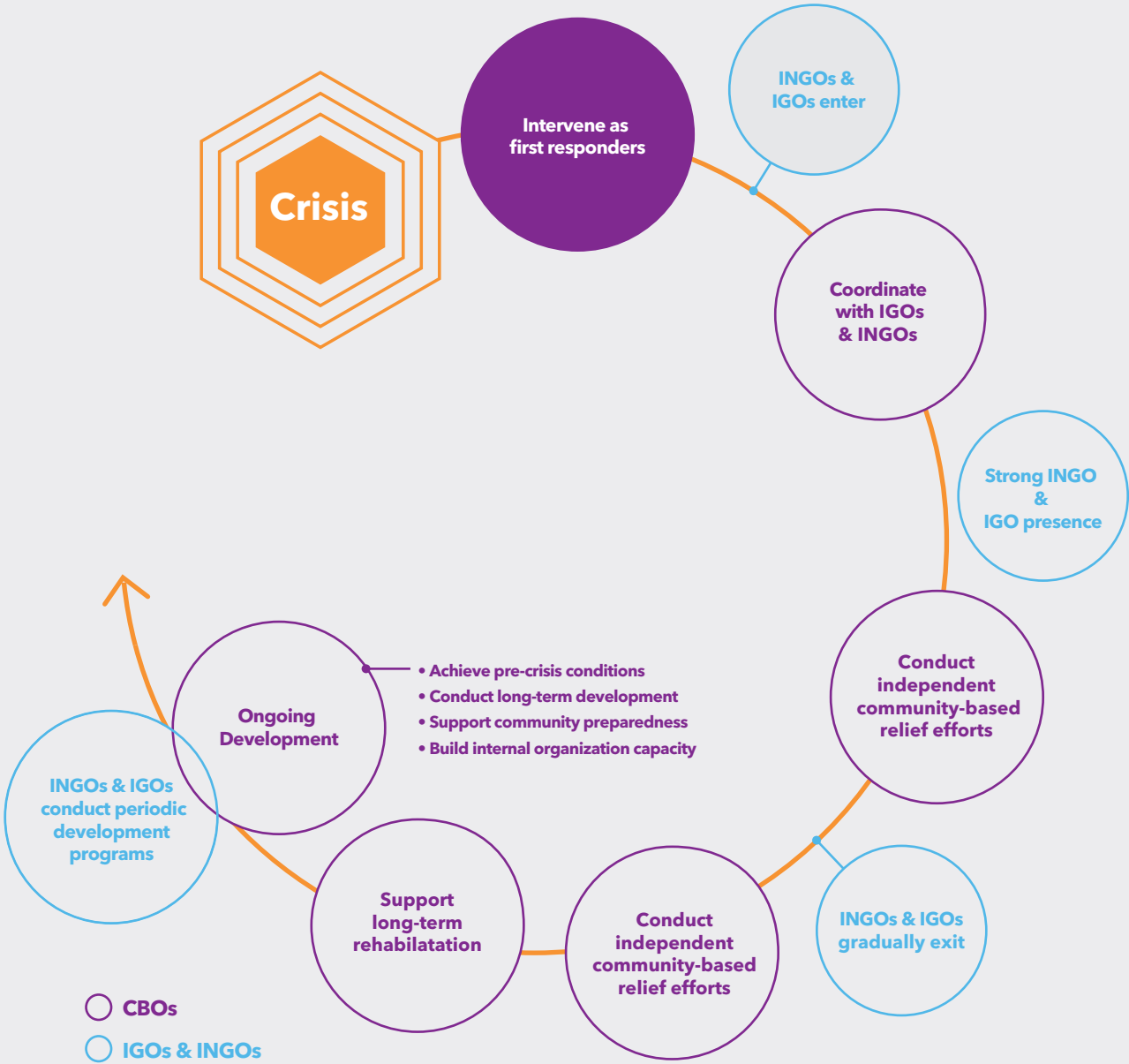
Once initial effects of a crisis have been mitigated, efforts on the ground shift to rehabilitation. INGOs and other external actors exit gradually, with CBOs taking over their work. Eventually, CBOs are the only remaining groups working to return to pre-crisis conditions. As these conditions are achieved, CBOs return to their original work and programs. They

may also incorporate disaster preparedness into their missions, making them the only organizations that remain connected to a community for the full cycle of crisis response, recovery, and long-term development. INGOs and IGOs do support programs beyond crisis situations, but their presence and connection to the communities is limited and they often do not support the preexisting efforts of CBOs.

Experts agree that the most effective humanitarian aid missions account for long-term impact, incorporate principles of sustainability and preparedness, and are governed by collaboration between actors. Support for CBOs is crucial to effective response during a crisis, and investing in CBOs helps optimize response in future emergencies by building local capacity in advance. Geneva Global has worked directly with CBOs for more than 15 years, both in development and crisis contexts. Together with our clients, we work to support groups that become the first and last responders in a crisis context while continuing to focus on long-term community well-being. Our unique model offers donors the opportunity to compassionately provide support in tragic humanitarian crises while applying a strategic, long-term investment approach to emergency aid.

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CBO Response, Recovery, and Development Cycle

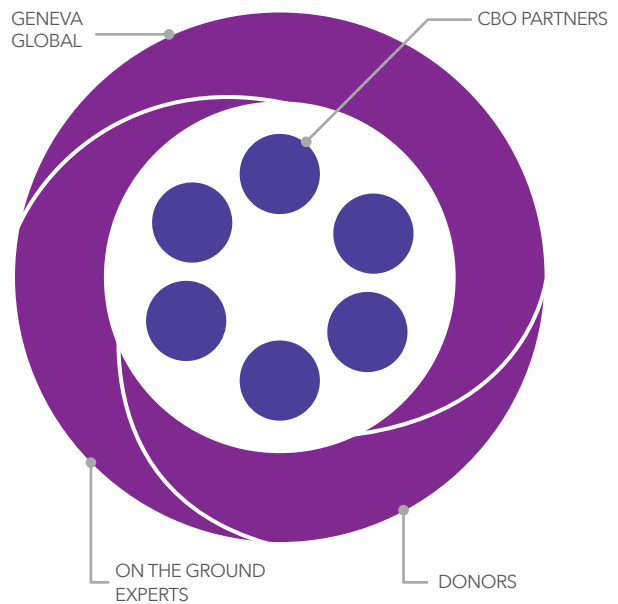
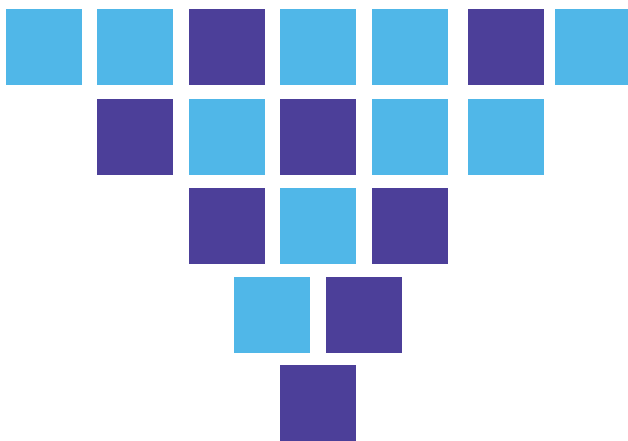


In a crisis, community-based organizations (CBOs) are the first to respond. After the immediate crisis, they remain in communities to do long-term recovery, development, and preparedness work.

Supporting Community Response and Recovery

SITUATION ASSESSMENT AND
NEED IDENTIFICATION

FUND STRATEGY



IMMEDIATE AND
LONG-TERM SUPPORT

FUNDING
COMMUNITY-BASED
ORGANIZATIONS

COLLABORATIVE
MECHANISM TO
LEVERAGE FUNDS

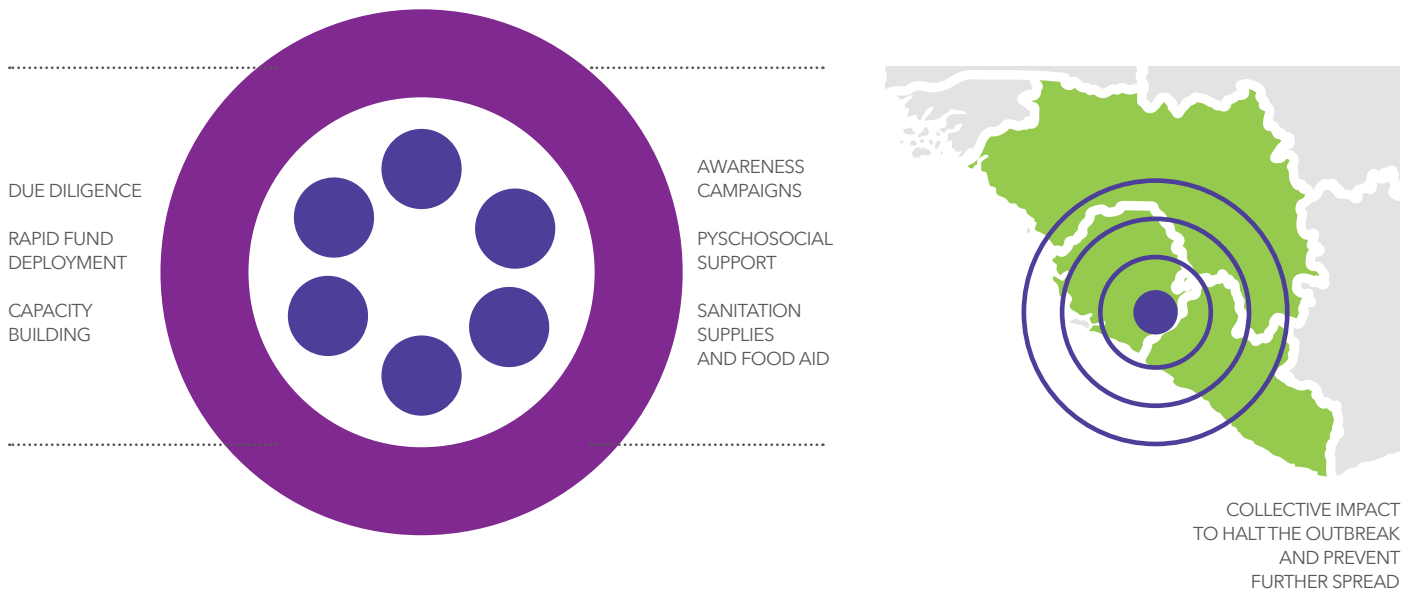
Strategy and Process

In response to the Ebola epidemic, Geneva Global established a pooled philanthropic fund to coordinate support from multiple private donors and strategically allocate funding to community-based organizations in Guinea, Liberia, and Sierra Leone. Staff identified organizations according to priority criteria, and within a month of being established, the Ebola Crisis Fund began making

grants. Between August 2014 and June 2015, staff identified and closely monitored projects in collaboration with in-country program managers. We worked to support community-based organizations in their efforts to build capacity and we took time to evaluate and reflect on our work after all projects were complete.

**FUND LAUNCH AND
MANAGEMENT**

IMPACT



Supporting Community Response and Recovery

1. Rapid Situation Assessment

Leveraging 15 years of international development experience, Geneva Global conducted a rapid situation assessment to evaluate the emerging response to the Ebola epidemic and determine the existing gaps in funding and approach.

Leading multilateral institutions such as the World Health Organization (WHO) and the United Nations (UN) joined governments and large international non-governmental organizations (INGOs) to develop and implement a coordinated response to stop the epidemic. Geneva Global identified and tracked over 120 major organizations receiving private and government funding to identify and treat Ebola patients, support healthcare workers and medical professionals, provide emergency aid, and conduct Ebola medical research.

While over \$4 billion in aid was being mobilized to fund the global Ebola epidemic response, little to no support was going directly to CBOs. This is not atypical in a humanitarian crisis. Institutional and contextual barriers prevent aid from directly reaching community-based groups:

- CBOs are limited in their capacity to market themselves, and without in-country expertise, it is difficult for outside donors to identify community-based funding opportunities.
- Most governments do not directly fund community-based organizations, although the international community is evaluating what can be done to change this trend.
- Large international organizations that receive large donations are limited in their capacity to integrate a bottom-up partnership with CBOs into their top-down strategy.

Moreover, most organizations and donors responding to Ebola were focused solely on mitigating the immediate and direct effects of the crisis by leveraging traditional strategies. There was little evidence of support for strategies focused on innovative community-led prevention and preparedness efforts and sustainable post-Ebola recovery work.

2. Need Identification

Geneva Global's situation assessment identified three under-addressed needs in the international response to Ebola.

SUPPORT FOR IMMEDIATE AND LONGER-TERM COMMUNITY RECOVERY EFFORTS

Because of the epidemic's scale, it was critical to support existing efforts to contain Ebola and improve awareness. Ebola's frightening effects—along with myths and superstitions about the disease itself—drove some communities to violence. There was an urgent need to empower local leaders to support local containment, awareness, and relief efforts to counter Ebola's destructive effects on communities. Additionally, recovery efforts, such as psychosocial resources and direct financial assistance for survivors and affected communities, would be crucial to ensure sustainable rehabilitation and long-term community stability. Geneva Global determined that funding longer-term recovery efforts would not only amplify the impact of the short-term work of other organizations, but also provide a sustainable recovery platform for individuals affected by Ebola.

FUNDING FOR COMMUNITY-BASED ORGANIZATIONS

Because of their basic characteristics, CBOs were well-positioned to fill key gaps in the global response to Ebola. CBOs understand the most pressing local needs and can effectively maintain and leverage expansive human networks. Because they are locally situated, CBOs have low overhead costs. They are often incubators for innovation, developing new solutions to the most challenging development issues. Most importantly, CBOs are trusted by the people that they seek to support. Over the long term, they will stay in the country after a crisis has ended, whereas many international aid organizations have limited permanent field presence. CBOs reinforce the fabric of community, and they empower individuals in the face of daunting challenges.

A COLLABORATIVE MECHANISM TO MEET THE NEEDS OF BOTH DONORS AND GRANTEES

To address the inherent challenges in providing international support to CBOs, Geneva Global established a fund that could receive private philanthropic contributions from multiple global donors, and pool those contributions to make and manage grants to vetted local organizations in Guinea, Liberia, and Sierra Leone. The Ebola Crisis Fund was positioned to fill an institutional as well as a programmatic gap: foundations and private donors were expressing interest in supporting local groups responding to Ebola, but there were few clear pathways to support CBOs. The Ebola Crisis Fund provided donors with a means to fund the most impactful CBOs, and to leverage the financial

contributions of other private donors for greater impact. CBOs who received funding benefited from this coordination and efficiency—and were able to keep their focus on their critical work. The fund was built to receive donations at all levels, offering an opportunity for a range of donors to collectively make a powerful impact where it was most needed.

3. Fund Strategy

Having identified these three gaps, Geneva Global developed a strategy to launch and manage the Ebola Crisis Fund. The fund was structured with the flexibility to make speedy decisions and quickly release grants, and sought to support collaboration between donors and organizations that wouldn't normally receive funding to respond to a public health crisis—but that were uniquely positioned to respond. The holistic fund strategy included three pillars—immediate relief, initial rehabilitation, and stabilization—to support a broader approach to the epidemic.

- Immediate relief included training and mobilizing community volunteers to support awareness campaigns, coordinate and deliver sanitation supplies and food aid, and support contact tracing efforts.
- Initial rehabilitation included efforts to involve and empower community members in projects to strengthen social and physical community infrastructure, provide psychosocial support to those affected by Ebola, and strengthen local markets.
- Stabilization efforts were identified as a third pillar of the Ebola Crisis Fund strategy, and were intended to include initiatives to rebuild long-term trust and peace, strengthen community infrastructure, and provide longer-term support for children orphaned by Ebola.

Due to resource limitations, Geneva Global strategically allocated resources to other priorities, and stabilization activities were not supported by the Ebola Crisis Fund.

4. Fund Launch and Management

Geneva Global completed the situation assessment, need identification, and strategy development processes in less than two weeks. The Ebola Crisis Fund was established and publicly launched in August 2014. As the fund began receiving contributions from donors, Geneva Global hired three in-country program managers to develop and manage country-level strategy in Guinea,

Liberia, and Sierra Leone. Program managers were identified through the Geneva Global network of international development experts, and they began providing their on-the-ground knowledge and expertise to develop country-level strategies aligning with the overall fund strategy.

The program team identified CBOs in each country and invited selected organizations to submit brief applications. In-country program managers supported invitees in quickly preparing proposed plans and benchmarks for success. Geneva Global modified its robust due diligence process for the crisis context while still evaluating potential partners for their financial, strategic, resource, and management capacity. The fund prioritized supporting organizations with well-developed partnerships and networks and projects with strong plans to measure, monitor, and evaluate progress. After receiving a first wave of contributions from donors, the fund placed its first grant less than a month after being established. The fund simultaneously received funding and awarded grants in a continuous process until all funding had been allocated. Between September 2014 and June 2015, the program team reviewed proposals from over 70 organizations and funded 34 organizations for specific projects.

Most projects were funded for two to three months to conduct projects supporting immediate relief and initial rehabilitation efforts. Program managers traveled to visit project sites in-country, and they took as much time as possible to support organizations in capacity building, especially related to monitoring and evaluation practices. When possible, funded organizations were encouraged to share their goals and lessons learned to promote cross-organizational collaboration. Program managers maintained close contact with U.S.-based program team members and gave regular updates on the evolving crisis context to inform funding and management decisions.

As partners completed their projects, they summarized their efforts in final reports, which discussed project successes and challenges, provided a final financial summary, and provided a summary of progress against set benchmarks. After all projects were completed, a review of final reports from each partner showed that 91% of all projects had achieved or overachieved their benchmarks.

Additional program evaluation and reflection is discussed on pages 14 and 15.

Impact on the ground

\$671,498
Granted

5,721,963
Lives Impacted

34
Projects

91%
Projects that achieved or
overachieved their benchmarks

3
Countries

Program Results	Guinea	Liberia	Sierra Leone	Total
Projects	14	10	10	34
Dollars Granted	\$169,720	\$291,778	\$210,000	\$671,498
Expected Lives Impacted*	2,550,244	1,279,891	927,192	4,757,327
Actual Lives Impacted*	3,152,156	1,642,676	927,131	5,721,963
Projects Over/Achieving	11	10	10	31
Percent Projects Over/Achieving	79%	100%	100%	91%

* Includes direct and indirect lives impacted.

COMMUNITY-BASED IMPLEMENTING PARTNERS

The Ebola Crisis Fund brought together a unique network of field partners to implement its 34 projects. These partners are community-based organizations who, before the Ebola crisis struck, were focused on a broad range of issues facing their communities: combating HIV/AIDS, advocating against child marriage, defending women's economic rights, improving agricultural and food efforts, protecting war orphans, and providing clean water sources. These organizations leveraged their trusted roles and deep experience in addressing complex problems to fight the deadly spread of the Ebola virus in their communities.

4

WORKER COOPERATIVES AND COLLECTIVES

Labor groups who provide training, organize memberships, and support agricultural workers.

3

ARTS AND MEDIA

Film, radio, and arts organizations who use their media to educate and raise awareness.

5

EMPOWERING POOR AND VULNERABLE POPULATIONS

Groups committed to improving living conditions, promoting peace, and protecting vulnerable populations.

6

FOCUS ON CHILDREN AND YOUTH

Groups dedicated to children's health and education, including: psychosocial care for war orphans, advocating against female genital mutilation, protecting vulnerable children, and mentoring young people.

8

RIGHTS OF WOMEN AND GIRLS

Local organizations promoting and protecting the rights of women and girls, through education efforts, human rights awareness, economic empowerment, and advocacy.

8

HEALTH AND SANITATION

Partners focused on improving the health of their communities: combating infectious diseases (including HIV/AIDS); helping survivors of sexual and gender-based violence; promoting water and sanitation for communities; and improving health awareness.

EBOLA CRISIS FUND IMPLEMENTING PARTNERS PERFORMED A BROAD RANGE OF ACTIVITIES, INCLUDING:

- Support to local radio stations to air Ebola educational messages and jingles focused on prevention methods and ending stigmatization.
- Training of traditional healers and practitioners on Ebola transmission and prevention methods.
- Engagement of local religious, tribal, and political leaders to educate and inform them of Ebola.
- Community contact tracing of suspected Ebola survivors.
- Engagement of survivors to help reunify them with their families and communities.
- Training and support to survivors to help start or restart businesses and reintegrate back into their communities.
- Provision of basic food items and hygiene supplies to quarantined households and local health clinics.
- Psychosocial counseling for Ebola survivors, as well as families impacted by the disease.

“The Ebola Crisis Fund has succeeded in providing resources to well-networked local organizations working at community level in the countries most affected by the West Africa Ebola outbreak.

These resources have addressed some critical unmet needs within these communities. They have helped Ebola survivors and other affected people to begin addressing the trauma and stigma associated with the disease, and sought solutions within the communities themselves.”

**- Independent
evaluation report**

Evaluation and Reflection

Independent Evaluation Process

An internal evaluation of final reports from all funded organizations showed that 91% of projects achieved or overachieved their benchmarks. Separately, Geneva Global hired an independent external evaluator to assess the fund's strategy, implementation process, and end results. The evaluator reviewed documentation of the fund's processes and specific projects in addition to interviewing grantee staff, volunteers, community members, community leaders, and Geneva Global staff. The evaluator visited projects in all three program countries to assess the fund's impact and, using qualitative methods and a participatory approach, worked to answer the research question, "To what extent did the fund make a difference to people's lives?" The evaluation determined that the fund's strategy and projects were relevant to the needs of the community; the programs funded innovation and promoted collaboration; and that the fund's response to the outbreak was timely and coherent. The evaluation also identified areas for improving future emergency responses, including recommendations for managing the challenges of performing monitoring visits and organizing capacity building events when constrained by quarantines, curfews, and travel bans.

AN ADAPTED STRATEGY

Though the projects funded by the Ebola Crisis Fund have concluded, sustainable, long-term efforts are necessary to ensure a full recovery in Guinea, Liberia, and Sierra Leone. The Ebola Crisis Fund adapted its strategy in the context of resource limitations, and could not support long-term recovery and preparedness efforts of CBOs as initially planned due to limited funding. This is a common challenge of humanitarian assistance strategies, and Geneva Global will work to ensure that donors have future opportunities to fund the incredibly effective work of CBOs in both short-term and long-term humanitarian crisis recovery and preparedness.

CHALLENGES OF BUILDING CAPACITY

Despite the urgency of the operating context, the Ebola Crisis Fund was able to allocate time and resources to support measurement, monitoring, evaluation, and capacity building with CBOs, although not to the level we had originally planned. While recognizing the inherent challenges in capacity building efforts—namely, limited funding and time—we will prioritize this work by integrating capacity-building activities into planned timelines and identifying program managers with the resources and experience to support this strategic priority on the ground.

INNOVATION IS WORTH THE RISK

In the context of a crisis, many funders shy away from unique opportunities to support organizations that would not normally receive grants to do relief or recovery work. By supporting new programs to test their success, the Ebola Crisis Fund provided resources to innovative organizations that delivered fantastic results—a strategic success that was affirmed by the results of the independent evaluation. Innovative projects included a film awareness project, a radio campaign, and a children's counseling storybook and workbook. Funding innovative projects is a calculated risk worth taking, and testing new ideas can result in long-term community growth.

LOCAL KNOWLEDGE IS INVALUABLE

There is no substitute for on-the-ground presence and expertise, and the Ebola Crisis Fund relied significantly on the expertise, knowledge, and commitment of program managers working in each country. Program managers play an important role in fostering collaboration between CBOs and international organizations working in a crisis context, and Geneva Global will work to prioritize more collaboration of this type in future program strategies.

A CBO SUCCESS STORY

Geneva Global is consistently impressed with the ability of CBOs to reach remote communities, efficiently use funds to support the most vulnerable, and win the trust of local stakeholders. In the context of a humanitarian crisis, CBO leaders and volunteers are often personally facing the negative effects of the disaster themselves while coordinating local relief efforts. The success of the Ebola Crisis Fund largely hinged on the success of CBOs and the commitment of their leaders, and we celebrate and highlight their extraordinary response in a time of unique crisis.

Country Context

The Ebola epidemic began quietly in Guinea in December 2013, and as a result of the country's fragile health system and weak surveillance capacity, the disease went virtually unidentified for three months. Poor understanding of the disease, widespread mistrust of authorities, and long-held cultural norms and practices facilitated the spread of Ebola within Guinea and then beyond. There were cases of violence by community members against health workers and volunteers delivering anti-Ebola messaging, leading to several casualties.

Program Summary

The Ebola Crisis Fund granted to 14 organizations in Guinea, successfully communicating Ebola prevention messages in communities across three regions of the country. Particularly crucial to improving awareness at the local level, community-based organizations had an established rapport with the community and were able to tailor unique, relevant, and culturally appropriate projects.

Project Highlights

- All partners conducted advocacy and awareness activities, which included sharing information about how Ebola spreads and promoting good hygiene practices like regular handwashing. The majority of partners provided prevention supply kits.
- Cinewondy, an arts organization, created a short film about Ebola to combat myths and change perceptions to curb transmission and prevent outbreak-related violence.
- Afric Vision created short radio segments and media articles to broadly promote accurate information about Ebola.
- FONBALE worked to train public bus drivers on prevention and patient referral protocols.
- OPAPE focused on sensitizing members of farming cooperatives about the disease.



Lessons Learned

- Collaboration with local leaders, including women and religious leaders, strengthens project impact.
- Streamlined reporting requirements will allow smaller organizations to effectively manage grants and communicate project progress.
- In a crisis context, slower operational timelines, due to the burden on government resources, means that in-country program managers will need more time and resources to manage fund activities.



Successes

- Almost all partners reported a measurable shift in community behavior after receiving Ebola prevention information.
- Two projects funded by the Ebola Crisis Fund in Guinea are being replicated by Guinea's national Ebola Coordination Committee in other parts of the country.
- Some partners provided reintegration support and psychosocial care to Ebola survivors facing stigma from their communities and ongoing health concerns.



Challenges

- CBOs faced initial resistance in many communities that did not trust health authorities, making program work difficult.
- The Ebola epidemic overburdened the Guinean government, limiting its capacity to maintain roads, financial systems, and bureaucratic institutions.
- CBOs were limited in their capacity to both manage grants and fulfill reporting requirements.

Organization Name	Project Code #	Grant Amount	Lives Impacted	Achievement Rating
Association pour la Defense des Droits des Enfants et des Femmes en Guinée (ADDEF-G)	P2100008	\$15,000	2,200	Overachieved
Association Espérance Guinée AEG	P2100021	\$15,000	90,340	Underachieved
Afric Vision	P2100064	\$6,400	596,300	Achieved
Association Guinéenne pour l'Allègement de la Charge Féminine (AGACFEM)	P2100018	\$15,000	96,850	Achieved
Association Guinéenne pour la Sécurité et la Souveraineté Alimentaires (AGUISSA)	P2100022	\$14,910	33,500	Underachieved
Benkadi Djama	P2100036	\$14,000	80,800	Achieved
Cinewondy	P2100050	\$5,050	1,000,000	Overachieved
Cellule de Coordination sur les Pratiques Traditionnelles Affectant la Santé des Femmes et des Enfants (CPTAFE)	P2100014	\$15,000	300,000	Achieved
Fondation Binta Ann pour les Enfants (FONBALE)	P2100034	\$20,700	176,958	Achieved
Hamanah Rural Général de Guinée (HRGG)	P2100051	\$8,800	125,000	Overachieved
Humanitaire Santé Pour la Patrie HUSSP	P2100035	\$15,900	417,045	Achieved
Groupement Moneba	P2100059	\$8,620	37,909	Achieved
Organisation pour la Promotion de l'Agriculture et la Protection de l'Environnement (OPAPE)	P2100060	\$8,250	14,864	Underachieved
Priorite Santé Guinée	P2100052	\$7,090	180,390	Achieved
Total for 14 Implementing Partners		\$169,720	3,152,156	

Country Context

Before the Ebola epidemic began, Liberia had been slowly rebuilding after over 20 years of civil war that ended in 2003. The conflict destroyed 95% of the country's healthcare facilities, and the country had only one doctor and 27 nurses per 100,000 people in 2008. Communicable diseases—including tuberculosis, diarrheal diseases, and malaria—have been widespread. Compared to all affected countries, Liberia has seen the highest number of deaths as a result of Ebola, and it had the lowest overall population survival rate.

Program Summary

First, the Ebola Crisis Fund focused on supporting immediate relief and awareness initiatives by supporting a variety of multi-sector grassroots organizations in some of the hardest-to-reach areas. Then, the fund supported organizations responding to the needs of Ebola survivors and others affected by the virus, including those in need of psychosocial and economic support.

Project Highlights

- By supporting the same grantees to carry out programs in both the first and second phases of our work, organizations had the opportunity to build capacity in collaboration with the Ebola Crisis Fund program manager on the ground.
- Many organizations had experience working with orphans from civil war rehabilitation efforts, and they had large networks of volunteers eager to contribute to Ebola.
- The Liberia Film Institute created an anti-stigma Ebola survivor video, and they collected input from other partners of the Ebola Crisis Fund to ensure that the script of challenges for Ebola survivors was accurate.



Lessons Learned

- Many partners had never been funded by an international donor before, and their experience with support from the Ebola Crisis Fund empowered them with new strategies and methodologies to respond to future outbreaks and disasters.
- Grants structured with flexible timelines allowed partners more time to incorporate flexibility in project timelines and account for unforeseen crisis circumstances.
- Intentionally investing in organizations working outside the scope of INGOs allows for the opportunity to form unique partnerships and support approaches that complement existing work.



Successes

- The fund supported organizations working across a variety of sectors, including labor unions, religious groups, publishers, and the entertainment industry.
- Grantees successfully empowered youth and volunteers by mobilizing groups to conduct door-to-door awareness campaigns working to reduce the stigma of the disease.
- The Ebola Crisis Fund conducted capacity-building efforts by conducting multi-day workshops on economic empowerment, advising on the creation of child protection policies, and providing guidance for on-site monitoring and evaluation.



Challenges

- Unpredictable weather and weak country infrastructure, including dangerous roads and a heavy rainy season, made already remote project sites even more difficult to access.
- Partners experienced challenges in developing allies and referral networks because they were often competing to do the same work with limited resources within the country.
- Many partners encountered difficulty in measuring the reach of community awareness and advocacy-based initiatives. These programs are historically difficult to quantify, especially in emergency contexts.

Organization Name	Project Code #	Grant Amount	Lives Impacted	Achievement Rating
Church Aid Inc. Liberia	P2100020	\$35,000	121,000	Achieved
Community Health Education and Social Services	P2100019	\$30,000	191,234	Achieved
Duport Road Community HIV & AIDS Care & Support Center	P2100012	\$37,250	149,897	Overachieved
General Agricultural and Allied Workers' Union of Liberia	P2100032	\$16,800	25,372	Achieved
Liberia Film Institute	P2100041	\$12,300	30,000	Achieved
Manneka	P2100015	\$35,000	38,956	Overachieved
Nyonblee Cares	P2100009	\$45,000	226,520	Achieved
Women Solidarity and Development	P2100042	\$20,300	10,877	Overachieved
Young Women's Christian Association (YWCA)-Liberia	P2100027	\$32,160	548,820	Achieved
Ebola children's book	-	\$27,968	30,000	Achieved
Total for 10 Implementing Partners		\$291,778	1,642,676	

Country Context

The public health infrastructure in Sierra Leone suffered from years of civil war in the 1990s and continued unrest, and it was ill-prepared to handle a complicated outbreak when Ebola entered the country. With a shortage of trained health workers and lack of access to health facilities, many rural communities relied on traditional healers and did not trust Western medicine. Misperceptions and fear spread among communities, leading them to reject treatment or hide sick relatives in their homes.

Program Summary

The program initially focused on supporting mass awareness campaigns, promoting factual information on the Ebola virus, and distributing handwashing supplies and basic food items to communities under quarantine. When the first survivors were released from Ebola Treatment Units, the program strategy was rapidly adjusted to support reintegration, as authorities lacked the experience to understand and meet the needs of vulnerable Ebola survivors.

Project Highlights

- Grantees helped train survivors to conduct contact tracing and case identification, providing them with a sense of ownership and pride that they could help others also suffering from Ebola.
- Although partners worked independently on their projects due to their wide geographic distribution and the challenging transportation system, all grantees met to discuss best practices and share key learnings at the end of the granting period.
- The Rural Women's Empowerment Association reached out to traditional healers to educate them on proper Ebola prevention practices and raise awareness of the virus.
- Partner organizations delivered training and direct assistance to help survivors start or restart businesses.



Lessons Learned

- Seemingly small gestures—such as providing food, water, and clothing—made a big impact on survivors, as our grantees were often the only organizations in their communities willing to welcome and support Ebola survivors.
- Flexible funding for partners supported local solutions while testing innovative strategies at a small scale and providing emergency relief.
- Programs that provided cash support directly to Ebola survivors, along with business training, empowered survivors to reintegrate back into their communities and provide for their families.



Successes

- The staff of grantee organizations showed unprecedented courage, dedication, and resilience in challenging circumstances as they worked with community members resistant to Ebola messaging.
- Grantees accessed areas that large international organizations were not able to serve. Traditional beliefs enabled unchecked transmission in these rural communities, so grantees engaged traditional healers and tribal leaders in training about the modes of Ebola transmission.
- Provision of basic survival items reached vulnerable beneficiaries, and many Ebola survivors received no support other than the food distribution and resources supported by our grants.



Challenges

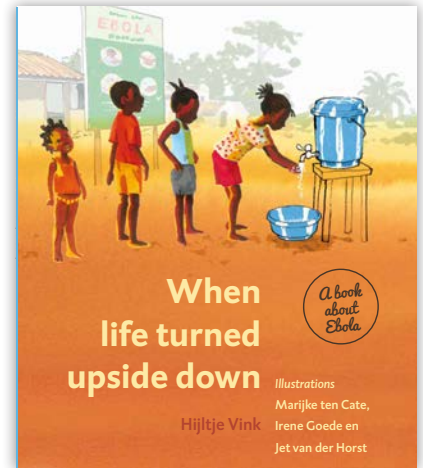
- There was initial resistance to sensitization activities in some communities due to misconceptions about Ebola.
- Some grantees indicated that staff and volunteers were afraid to work on the Ebola response because of the risk of infection.
- As the crisis continued, many grantees continued to receive requests for support. They wanted to provide longer-term support—especially to Ebola survivors—but the fund was unable to offer more than three months of granting due to constrained resources.

Organization Name	Project Code #	Grant Amount	Lives Impacted	Achievement Rating
Advocate for Social Justice and Development	P2100046	\$15,000	10,038	Achieved
Endearing Development Sierra Leone	P2100047	\$15,000	133,105	Achieved
Graceland	P2100031	\$50,000	81,797	Achieved
Kono Women's Cooperative	P2100011	\$15,000	18,000	Overachieved
Partners in Community Empowerment Programs Sierra Leone	P2100048	\$20,000	100	Achieved
Rural Women Empowerment Association	P2100023	\$25,000	125,100	Achieved
Women in Mining and Extractives Sierra Leone	P2100024	\$15,000	40,105	Achieved
Women's Action for Community Development	P2100025	\$15,000	12,650	Achieved
Women's Action for Human Dignity	P2100049	\$20,000	500,100	Achieved
Young Women's Christian Association (YWCA) Sierra Leone	P2100007	\$20,000	15,136	Achieved
Total for 10 Implementing Partners		\$210,000	927,131	

“When Life Turned Upside Down”

Sekou’s Story:

The Power of a Children’s Book
in the Wake of Ebola



There are often limited psychosocial support resources available during a disaster, and children need resources tailored to their own stages of cognitive development. The Ebola Crisis Fund supported an innovative project to design, print, and distribute an illustrated children’s book in Liberia to assist in their recovery. The project was a collaboration between the fund’s Liberia program manager Adrienne Blomberg; author Hijltje Vink; illustrators Marijke ten Cate, Irene Goede, and Jet van der Horst; Dutch publishing firm Royal Jongbloed; and the fund’s implementing partners in Liberia.

For most children in Liberia, Ebola is the most traumatic thing they have experienced, next to their memories of the civil war. Few agencies and volunteers are able to provide more than kind words and a listening ear to help them through the trauma, despite the great need for counseling resources and materials for the recovery process.

The Ebola Crisis Fund’s program manager in Liberia recognized the immediate need for a tool for parents, family guardians, church leaders, and other adults to help Liberian children process and understand the immense tragedy of Ebola. She contacted colleagues in Holland with expertise in writing children’s books for post-trauma recovery contexts. A group of writers, illustrators, and publishers volunteered time, expertise, and resources to support production of a book developed specifically for Liberian children. The Ebola Crisis Fund allocated grant funds to support the printing, shipping, training sessions, and distribution of the first-ever children’s book on Ebola along with an exercise book for children in Liberia to work through psychological trauma with guided supervision.

Leaders from across Liberia learned how to use the book and counseling workbook to help children deal with trauma. When initial demand outpaced our supplies, the Ebola Crisis Fund allocated support for an additional 20,000 books to be printed and distributed.

Within six months, the project team co-edited, published, and printed 20,000 books, which were shipped from Holland to Liberia for distribution. The fund’s Liberia program manager coordinated distribution activities, including a launch attended by Liberian President Ellen Johnson Sirleaf. Leaders from across Liberia learned how to use the book and counseling workbook to help children deal with trauma. When initial demand outpaced our supplies, the Ebola Crisis Fund allocated support for an additional 20,000 books to be printed and distributed.

One of the children who received the book is Sekou, a 15-year-old boy who was raised solely by his mother. When Ebola struck, Sekou and his mother were both infected. Sekou remembers his mother telling him one night, "Be strong, fight the sickness, do well in school, and grow up into a good person." When he woke up the next morning, he found his mother had died next to him. He was taken to a treatment unit, and he ultimately survived the disease. When he was discharged, his uncle contacted Church Aid Liberia—a grantee who received \$35,000 from the Ebola Crisis Fund. Church Aid Liberia's counselor regularly visited Sekou and helped him to deal with the grief, stigma, and isolation he endured. As an Ebola survivor, Sekou was also experiencing severe physical after-effects, including pain in his joints and extreme abdominal pains.

During this difficult time, Sekou received an Ebola storybook through Church Aid Liberia. According to his counselor, Sekou has read the book every day and completed the workbook activities many times. When asked why he reads it so often, he answered, "It is my story too. I live it and understand what Joshua [the main character] goes through." Certain passages bring tears to his eyes, while others prompt him to sit in deep thought. Sometimes he can smile when he recalls fond memories. The book has helped Sekou validate his feelings, and he can now manage his trauma and grief.

Through the process of his recovery, Sekou formed a close bond with his counselor from Church Aid Liberia. The counselor has grown to love Sekou as one of her own sons, and she has been working with his uncle to arrange for Sekou to live with her family. According to the counselor, "Sekou is one brave young boy."

Sekou remembers his mother telling him one night, "Be strong, fight the sickness, do well in school, and grow up into a good person." When he woke up the next morning, he found his mother had died next to him.



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