

# Appeal

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Sierra Leone

## **Ebola Sensitization & Prevention in Sierra Leone – SLE141 – Revision 1**

**Appeal Target: US\$527,584**

***Balance Requested: US\$ 0***

Geneva, 18 March 2015

Dear Colleagues,

The deadly Ebola Virus Disease (EVD) surfaced in West Africa for the first time in 2013, affecting Guinea, Liberia, Senegal and Nigeria. It appeared in Guinea in December 2013 and spread into neighbouring Sierra Leone by April 2014. This virus is considered one of the most aggressive that has no cure to date. It can kill within one week of exposure or three to four days from when the first symptoms become apparent. The fatality rate is very high (90%) if the infected person receives no treatment.

As of 12 March 2015, 8,463 confirmed cumulative cases have been reported in the districts of Sierra Leone (1) resulting in 3,289 confirmed deaths. The situation is well on the way to being under control. The transmission of the Ebola Virus has been greatly reduced (10.7 new cases/day) and new needs within the Ebola survivor's population have emerged related to food and non-food items, psycho-social care as well as caring for Ebola orphans.

This revision replaces the appeal issued on 24 September 2014 which was due to come to a closure on 31 January 2015. The implementation period has been extended to end May 2015 to allow ACT member, the Council of Churches in Sierra Leone (CCSL) to complete and review activities that were held up due to curfews in place to prevent/slow down contagion. ACT member Christian Aid (CA) has been working (outside the appeal) on the distribution of food and non-food items to quarantined families, with the aim of stopping the transmission of Ebola by keeping quarantined families from breaking quarantine in search of food. It is now joining the appeal to combine with CCSL and continue its current project on sensitising targeted communities on the signs and symptoms of Ebola contagion as well as measures to be taken at individual and community level to contain the virus.

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1. Kenema – 503, Kailahun – 565, Kambia – 191, Port Loko – 1,422, Bo – 314, Bonthe – 5, Bombali – 1045, Koinadugu – 106, Pujehun – 31, Moyamba – 208, Tonkolili – 454, Kono - 254, Western Urban – 2197, Western Rural – 1154 and 14 cases unassigned to any district.

## I. EXECUTIVE SUMMARY

**TITLE:** Ebola Sensitization and Prevention in Liberia  
**ACT APPEAL NUMBER:** SLE141 Revision 1  
**APPEAL AMOUNT REQUESTED (US\$): 527,584**  
**DATE OF ISSUANCE:** 18 March 2015  
**NAMES OF ACT FORUM AND REQUESTING MEMBERS:**

<b>ACT FORUM</b>	ACT Alliance Sierra Leone Forum
<b>ACT REQUESTING MEMBERS</b>	Council of Churches in Sierra Leone (CCSL) Christian Aid (CA)

TABLE 1: PROPOSED EMERGENCY RESPONSE

KEY PARAMETERS:		CCSL
<b>Project Start/Completion Dates</b>	March - April 2015	1 October 2014 – 31 May 2015
<b>Geographic areas of response</b>	Port Loko, Kambia, Kailahun, Bo, Pujehun, Bombali districts and the Western Urban and Rural Areas	Nine Districts - Kailahun, Pujehun, Kambia, Koinadugu, Kenema, Port Loko, Bombali, Western Rural and Western Urban Districts
<b>Sectors of response &amp; projected target population per sector</b>	<p><b>Response phase</b> Distribution of food/NFI to quarantined households and households with Ebola survivors</p> <p><b>Early recovery phase</b> <b>Sectors</b> <b>Livelihoods</b> Target population: Direct: 800 individual heads of households Indirect: 3,000 individuals</p> <p><b>Nutrition</b> Target population: Direct: 150 quarantined households Indirect: 900</p> <p><b>Health</b> Target population: Direct: 50 traditional healers Indirect: 150,000 individuals in 2 chiefdoms</p> <p>*Please note, a household size of 6 has been assumed in all beneficiary calculations.</p>	<p><b>Sector</b> <b>1. Community Sensitisation</b> Direct Beneficiaries: 9,000 Indirect Beneficiaries: 54,000</p> <p><b>2. Food &amp; Non-Food Items for Ebola Survivors and their Families</b> Direct Beneficiaries – 100 families 600 persons</p> <p><b>3. Psycho-Social training for Ebola Survivors</b> Direct Beneficiaries - 440 persons Indirect Beneficiaries – 2,200 persons</p> <p><b>4. Assistance to Ebola Orphans</b> Direct Beneficiaries – 40 orphans</p>

**TABLE 2: SUMMARY OF APPEAL REQUIREMENTS BY ACT MEMBER AND SECTOR:**

Appeal Requirements	CA	CCSL	Total US\$
Total requirements US\$	360,076	167,508	527,584
Less: pledges/contributions US\$	360,076	169,461	529,537
<b>Balance of requirements US\$</b>	<b>0</b>	<b>-1,953</b>	<b>-1,953</b>

**TABLE 3: REPORTING SCHEDULE**

Type of Report	CA	CCSL
Situation reports		monthly
Interim narrative and financial report	N/A	31 December 2015
Final narrative and financial report	30 June 2015	31 July 2015
Audit report and management letter	31 July 2015	31 August 2015

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Euro

**Account Name: ACT Alliance**  
 UBS AG  
 8, rue du Rhône  
 P.O. Box 2600  
 1211 Geneva 4, SWITZERLAND  
 Swift address: UBSWCHZH80A

Please inform the Head of Finance and Administration, Line Hempel ([Line.Hempel@actalliance.org](mailto:Line.Hempel@actalliance.org)) with a copy to Gaby Bartholomew, Regional Programme Officer Asia, of all pledges/contributions and transfers, including funds sent direct to the implementers.

We would appreciate being informed of any intent to submit applications for EU, USAID and/or other back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

**For further information please contact:**

Gaby Bartholomew, ACT Regional Programme Officer Asia ([gdb@actalliance.org](mailto:gdb@actalliance.org)).

ACT Web Site address: <http://www.actalliance.org>



Sarah Kambarami  
 Head of Programmes  
 ACT Alliance Secretariat

## **II. OPERATIONAL CONTEXT**

### **1. The Crisis: Details of the Emergency**

The deadly Ebola virus disease (EVD) surfaced in the sub-Region of West Africa, affecting Guinea, Liberia, Senegal, Nigeria and Sierra Leone. This is the first time the virus has surfaced in this part of Africa. It was first confirmed in Guinea in December 2013 and has since spread into neighbouring Sierra Leone in April 2014. This virus is considered one of the most aggressive with no cure or vaccine to date. It can kill within one week of exposure or three to four days from the first symptoms becoming apparent. Its fatality rate is very high (70% - 90 %) if untreated. WHO warned of catastrophic consequences of the outbreak because the disease was spreading faster than the efforts to control it in December 2014.

While there has been a significant decline in the number of EVD infections in Sierra Leone since the beginning of 2015, small localized spikes in infection rates are occurring, particularly in the western urban areas, western rural areas, Port Loko, Kambia and Bombali districts. The national cumulative confirmed cases as of 24 February 2015 was 8,301, with confirmed cases by district as follows: Kailahun – 565, Kenema – 503, Kono – 253, Bombali – 1,017, Kambia – 177, Koinadugu – 105, Port Loko – 1,392, Tonkolili – 454, Bo – 314, Bonthe – 5, Moyamba – 208, Pujehun – 31, Western Urban Area – 2,123 and Western Rural Area – 1,139, and missing results – 14. As of 24 February 2015, there were a total of 3,034 survivors, according to the Ministry of Health and Sanitation (MoHS).

The Government of Sierra Leone (GoSL), through the National Ebola Emergency Committee (NERC), is working in collaboration with the United Nations Mission for the Ebola Emergency Response (UNMEER), non-governmental organizations, civil societies and communities to eradicate the virus and hit a target of zero new infections by March 2015. As part of this campaign, the Sierra Leone Association of Journalists (SLAJ) in Freetown launched a Yellow Ribbon campaign on 14 February, as a way to push for more robust action and personal commitments from the government, individuals, and organizations to affect behavioural change.

In January 2015, the GoSL lifted travel restrictions between districts and communities and limited quarantine restrictions to the household level in response to the decrease in new cases. Government and response partners started closing down Ebola Community Care Centres (ECCCs) particularly in Bombali and Port Loko districts. Plans are underway to continue to close Ebola Holding Centres (EHCs) and for all schools and other learning institutions to be disinfected by the Ministry of Education in collaboration with partners in anticipation that schools will reopen on 30 March. While structures and mechanisms have been set up to strengthen local response in the event of new outbreaks, one year after the start of the EVD a reduction in hand washing by most people has been observed, particularly in areas/districts that continue to report fluctuating number of cases. Community awareness still needs to be prioritized as there is concern that complacency will reverse the current trend of decreasing numbers of infected people.

There are still huge challenges to overcome in the fight against Ebola. Traditional funeral rites and unsafe burial practices continue. People are hiding relatives at home and out of fear are often seeking medical help from traditional healers rather than taking sick relatives to hospitals or CCCs. Traditionally these healers perform a much needed service and are well-respected opinion makers in their communities. As a result of an infected person from Aberdeen in the western area breaking quarantine

in late February to seek a cure from a traditional healer in Bombali District, 72 houses in Rosanda village were put under quarantine; 43 people were subsequently sent to an Ebola treatment centre and of these 36 have so far died. The marginalization of traditional healers in the response is now proving to be counter-productive and is being identified as a serious gap in the community mobilisation strategy, particularly in the rural areas. The DERC and local NGOs are now convinced that new tactics through mobilising and training traditional healers need to be developed in order to counter act similar spikes in the future. The traditional healers will be offered cash incentives to encourage them to do referrals to health facilities when sick people come to them for treatment.

There has been a significant increase in the number of survivors (3,032 as at 24 February 2014) and approximately 7,000 orphans and vulnerable children (OVCs) across the country. The belongings of people who have been confirmed EVD positive are often destroyed during the process of decontaminating their homes and EVD survivors are returning back to their communities poorer and sometimes destitute. It is reported that some Ebola survivors are also suffering from health complications and emotional trauma and there is a high level of stigmatization, which increases their vulnerability, for example health personnel do not have confidence to treat survivors and in Bombali they have established a separate clinic for survivors. They are also excluded from social networks and very few people are prepared to give them work. There are rumors that survivors are infecting their partners and this is increasing stigmatization. Survivors and other vulnerable groups have been provided with basic food and non-food items through routine distributions by agencies. Unfortunately, this has had the unintended effect of exposing survivors to more stigmatization. Support and care for survivors and other vulnerable persons, including women and children, rests with the Ministry of Social Welfare, Gender, and Children's Affairs (MSWGCA). However, the MSWGCA's lack of trained personnel and limited budget means that it is unable to effectively and efficiently ensure that children who are separated from their parents or primary caregivers as result of EVD have quality alternative care services in the districts. For example, some of these children are in Interim Care Centres and some live in communities with foster families. For foster families this is an additional burden and it is important that they are supported. Many Ebola affected families that have lost breadwinners find it difficult to meet their basic needs as they lack the means and skills to start new income generation opportunities or to receive credits or loans to get them back on their feet. This affects women in particular.

As of 12 March 2015, 8,463 confirmed cumulative cases have been reported in the districts of Sierra Leone (2) resulting in 3,289 confirmed deaths. This alarming situation is well on the way to being under control. The transmission of the Ebola Virus has been greatly reduced (10.7 new cases/day) and new needs within the Ebola survivor's population have emerged related to food and non-food items, psycho-social care as well as caring for Ebola orphans.

### **1. Actions to date**

The focus of response by Government and aid agencies has been to break the spread of the disease through increasing access to treatment centres at all levels (community, district and national). Another area of focus for the response has been the issue of safe burials, and this is being supported by agencies such as Red Cross. Other gaps in the response include support to quarantined homes to help prevent onward transmission, and to discharged patients who continue to suffer from various debilitating health issues in the wake of recovering from Ebola, as well as facing stigma and rejection when returning to

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their communities. There is also an emerging caseload of Orphans of Ebola victims who are highly vulnerable with a wide range of protection concerns.

The Council of Churches in Sierra Leone completed a Rapid Response Funds Project at the end of July 2014 that focused on sensitising targeted communities in the districts bordering Guinea and Liberia. It provided information on signs and symptoms of Ebola contagion as well as measures to be taken at the individual and community level to prevent the spread of and contain the Ebola Virus. This project was carried out in coordination and collaboration with the Ministry of Health and Sanitation and reached approximately 4,650 persons including religious and traditional leaders.

CCSL has now completed carrying out its 2<sup>nd</sup> Ebola response initiative with funding from BfTW and World Renew reaching an additional 90 communities with Ebola sensitisation and awareness building and distribution of chlorine bleach and water solution for hand and arm washing (this solution kills the Ebola Virus) in addition to promoting a community culture of regular hand washing with soap and water. The 1<sup>st</sup> and 2<sup>nd</sup> Ebola response sensitisation initiatives targeted religious and traditional leaders, traditional healers as well as community members (market women, transportation unions, youth leadership etc.). Ebola Task Forces organized are tasked with daily preparation of the hand washing solution and informing the traditional leaders and MoHS of newcomers to the community thereby reducing vulnerability of the community and the risk of spreading the Ebola virus. This 2<sup>nd</sup> response was carried out in the Western Urban and Western Rural Districts (both fast growing areas of contagion) as well as in Kenema, a hot spot adjacent to Kailahun District – also a “hot spot”, Kailahun, Pujehun and Kambia (border districts to Guinea and Liberia). This initiative reached an additional 90 communities and 11,500 persons.

CCSL is nearing completion of its 3<sup>rd</sup> Ebola Response initiative involving the training of 20 religious leaders on health, accountable and compassionate care for the sick including Ebola Victims and their families within their fellowship and community. CCSL is using a 4 chapter manual produced by the Timothy Leadership Training Institute for this initiative.

CCSL is midway through its 4th Ebola Response which includes training Muslim and Christian religious leaders in an additional 9 districts using the Training of Trainers approach to build their capacity to provide psycho-social care to their congregations and community members. This initiative calls for reaching 240 religious leaders who will teach 10 other religious leaders in their geographical areas.

Christian Aid (CA), through partners including the Methodist Church – Sierra Leone (MCSL), Network Movement for Justice Development (NMJD), Partner in Relief and Development (PaRD), Rehabilitation And Development Agency (RADA), Sierra Leone Social Aid Volunteers (SLSAV), Partners Initiative for Conflict Transformation (PICOT), Network of HIV Positives in Sierra Leone (NETHIPS), Real Women and Community Action Human Security (CAHSEC), has been responding to the EVD upsurge in Sierra Leone from the outset, through various activities:

Support to Quarantined Households: 650 quarantined households in ten districts have been supported with food and non-food items, including hygiene kits, to reduce the infection rate by ensuring that people are not forced to break quarantine in search of food and other basic necessities in order to survive.

Support to Survivors: in collaboration with UNDP CA has provided support to 680 survivors to help reintegration into their communities and to restore their dignity through providing food, NFIs and cash transfers in Port Loko, Kailahun, Bo, and Bombali districts and the Western Urban and Rural Areas.

Promoting Behavioral Change: Christian Aid partners have been engaging in social mobilization actions aimed at promoting behavioral change. Radio discussions have been organized across the country using community radio stations and panelists chosen for the discussions have included Ebola survivors,

religious leaders, traditional leaders and health personnel. Topics of discussion focused on improving citizens' knowledge and changing attitudes and practices on modes of transmission of the disease, engaging in secret burials, hiding the sick and early reporting of any unprecedented health conditions to the health facilities or calling the toll free line. Discussions with partners are underway to ensure that we have this information in place.

Psychosocial Support/Counselling: has provided psychosocial support to EVD survivors and quarantined households in 10 districts to contribute building the resilience of EVD affected people and strengthening their coping mechanisms. CA, in collaboration with its partners (CCSL) has trained 260 religious leaders in nine districts, that are supposed to reach a total of 2,600 individuals

Capacity Building: Christian Aid has provided trainings on EVD infection, prevention and control for all its partners. Training has been given to partners on Christian Aid's emergency response, SPHERE, Humanitarian Accountability Partnership (HAP), the Red Cross Code of Conduct, and complaint mechanisms. This capacity building support is enabling partners to respond to the EVD emergency in line with international standards. Partners have also trained Community Health Volunteers (CHVs) to disseminate messages on EVD and carry out surveillance and contact tracing at the community level.

#### IV. CCSL PROPOSED EMERGENCY RESPONSE

##### 1. Target populations, and areas and sectors of response

Target Population: 9,000 Community Residents in Port Loko and Bombali Districts

It is planned to target the remote populations in two of the fastest growing areas of contagion – Port Loko (1381 confirmed Ebola cases) and Bombali (995 confirmed cases). CCSL will sensitise 90 communities in each District reaching a total of 180 communities with approximately 9,000 persons (direct beneficiaries, 4,500 females, 4500 males) with Ebola Key facts and messages as well as basic prevention and containment measures (soap and water & Chlorine bleach / water solution or medicated soap (hand washing) and organizing Ebola Task forces in each of the communities. [It is planned to assist 100 Ebola Survivors and their families \(western Area and Port Loko District\) with a one month supply of food and non-food items to assist them to get back on their feet after discharge from the Ebola Treatment Centers.](#) CCSL will use the Training of Trainers Method to train 440 Ebola survivors to effectively deal with the psycho-social issues that have and are surfacing among Ebola survivors. Lastly CCSL plans to provide resources to assist 40 Ebola Orphans identified and assessed by the professional staff of the Don Bosco Fambul Iso ensuring that the Ebola Orphans receive needed treatment (including placement with their extended family if and when appropriate) in a safe, secure and nurturing environment.

##### 1.1 Areas and Sectors of Response:

##### 1.2.1 **Community Sensitisation, Awareness Raising and Trust Building.**

[Rationale: The Ebola Virus transmission has had an enormous negative impact on the country and unless the transmission chain is broken, the damage will only grow. In addition to the deaths, the economy has ground to a halt, the academic school year is all but lost, unemployment and underemployment has drastically increased from already high levels. The Community Sensitisation messages will include signs and symptoms of Ebola, how Ebola is spread, prevention and containment of Ebola, training of community based Ebola Task Forces, role of the Health Center and role of the community in prevention and containment of Ebola and dialogue on collaboration and coordination with Health Facilities and Health Professionals for containment of Ebola.](#)

[Purpose:](#) The purpose of this activity is to break the transmission chain of the Ebola virus leading to a decrease in cases.

[Target Group:](#) The target group are the Ebola hot spot areas of 180 communities in the Districts of Port Loko and Bombali.

Beneficiary Selection: CCSL selected the target communities due to their location in the Ebola “hot-spot” areas.

Monitoring: Monitoring will be carried out by CCSL staff and the CCSL Member Churches in the district communities.

### **1.2.2 Distribution of Basic Food Items:**

Rationale: The personal property of a person infected with the Ebola Virus is normally destroyed to prevent the possibility and probability of further transmission of the virus. This applies to everything from shoes to underwear, bedding, clothing and even to cell phones. If breadwinners are hospitalized with the virus and survive, they are often stigmatized upon discharge. However, the sad fact is that by far the majority of those hospitalized are from the lower economic rungs of society no matter what region or district they live in, and as such they and their families suffer significant economic loss when the breadwinner is hospitalized and when personal belongings of the breadwinner or another family member are totally destroyed (burned) to prevent contagion to others. This assistance will be directed to survivors in the Port Loko and Bombali Districts.

The purpose of this project is to provide basic necessities (food and non-food items) for a period of one month to survivors who have been discharged from hospital but who have not survived the dire economic consequences.

Target Group: CCSL plans to reach 100 Ebola surviving families with the assistance for a one (1) month period; the assistance provided will allow them time to organize their living situation (employment, shelter, dealing with stigmatization constructively) without worrying about providing food and other essentials for their families immediately upon discharge from the Treatment Center.

CCSL will purchase the items needed (see budget) and oversee the distribution of the food and non-food items to identified persons and their families based on the lists held by the National Ebola Response Centre of those discharged and confirmed by CCSL staff and members churches. A significant amount of “repacking” of goods purchased will be done at the CCSL office prior to distribution to ensure that the goods are actually “family sized”. The one month period will give the survivor and family the time to organize their lives again (get back on their feet).

Beneficiary Selection: Beneficiaries will be identified from the list of discharged patients from the Port Loko and Bombali Districts held by the National Ebola Response Center. The actual legitimate need for assistance will be confirmed by the cooperating member churches with congregations in the area in which the discharged persons and family resides, by the CCSL Project Officer assigned to the Project and by the leadership of the Sierra Leone Association of Ebola Survivors (SLAES).

Monitoring: Monitoring will be carried out by the CCSL Monitoring and Evaluation officer in collaboration with the CCSL Project Officer overseeing the project, representatives of the CCSL member churches in the area and community leaders as well as district representatives of the SLAES.

### **1.2.3 Psycho-social Assistance for Ebola Survivors**

Rationale: the number of Ebola survivors is increasing. Since Ebola survivors have been discharged, reality is setting in and in addition to experiencing various degrees of stigmatisation within their communities and even from family members and friends, there are a growing number with complaints



of collateral physical health issues beginning to surface (vision, joint pains, disruption of menstrual cycles, impotence).<sup>3</sup>

Purpose: The Sierra Leone Association of Ebola Survivors (SLAES) has a membership of approximately 2,000 persons; its national Chairperson, in an interview with CCSL expressed the need for and appropriateness of psycho-social training for some of the key members of the organisation to better equip them to train others to deal with or manage the challenges they and their families now face after surviving Ebola.

Target Group: CCSL will use a ToT approach to build and strengthen psycho social counselling skills for forty of their members who will in turn commit to working with 10 other Ebola survivors and their families. In total this initiative will reach 440 persons during this post crisis period. This will be done in collaboration with the top leadership of the SLAES<sup>4</sup>.

Beneficiary Selection: Participants for this training will be determined by CCSL in collaboration with the SLAES Leadership. All participants must have the ability and willingness to train at least 10 others in the basics of psycho-social care.

Monitoring: CCSL will monitor the ToT training it carries out (Level I) related to content and participation (40 participants) as well as the Level II training carried out by the SLAES for the 400 persons in the Level II training.

### 1.2.3 Assistance to Ebola Orphans

Rationale: In the western area alone there are 1,443 Ebola orphans of various ages as of 12 March 2015. The Don Bosco Fambul of the Salesian Fathers offers both residential and non-residential care to children orphaned by Ebola at their large, well equipped facility in Lungi, Port Loko District. Staff there are fully qualified to accompany traumatised Ebola orphans back into a “normal” life following five principles focused on providing wholistic care. The principles are Family Orientated, Resource Oriented, Social Network Oriented, Sustainability and Participation of the Children. The Director says that traumatised children often lack appetite, initiative and action. A lot have not only lost their parents, but also their homes; they lack room, space that allows them to live and develop. So the question, is a bag of rice or a mattress enough for the traumatised children? Of course it is inadequate; Don Bosco has the capacity to make the professional assessment of the Ebola Orphans needs and to provide the appropriate care to address the needs within a nurturing environment and when and if appropriate, place them with the extended family.

Target Group: This assistance is focused on 40 traumatised Ebola orphans that will be provided with nurturing, compassionate care that addresses the multifaceted needs of the traumatised children.

Beneficiary Selection: The professional staff at Don Bosco will identify the Ebola orphans to be supported physically, medically and psychologically.

Monitoring: CCSL will be in close contact with Don Bosco Management and professional staff for monitoring the progress of the Ebola Orphans in the treatment programme

Targeted districts include:

1. Port Loko District: 90 communities, 50 direct beneficiaries per community, 300 indirect beneficiaries per community
2. Bombali District: 90 communities, 50 direct beneficiaries per community, 300 indirect beneficiaries per community

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<sup>3</sup> Conversations with the Leadership of the Sierra Leone Association of Ebola Survivors pointed this out and has also been mentioned in the mass media. The Ministry of Health has yet to genuinely address this issue.

3. Western Urban and Western Rural Districts: 100 Ebola Survivors and their families (approximately 600 persons)
4. Western Urban and Western Rural Districts: 440 Ebola Survivors and their families (approximately 2,200 persons)
5. Port Loko District – 40 verified Ebola Orphans

**Table 1: targeted populations (age groups) for Community Sensitisation**

No	5 – 10 yrs	11 - 17yrs	18 – 50 yrs	51- 65 yrs	65 >	Total
<b>Female</b>	300	200	2500	1,200	300	4,500
<b>Male</b>	300	200	2500	1,200	300	4,500

**Table 2: targeted populations (age groups) for Distribution of Basic food Items**

No	5 – 10 yrs	11 - 17yrs	18 – 50 yrs	51- 65 yrs	65 >	Total
<b>Female</b>	50	50	175	25		300
<b>Male</b>	50	50	175	25		300

**Table 3 Psycho-social Assistance**

No	5-10 yrs	11-17 yrs	18-50 yrs	51-65 yrs	65>	Total
<b>Female</b>			20			20
<b>Male</b>			20			20

**Table 4 Assistance to Ebola Orphans**

No	5-10 yrs	11-17 yrs	18-50 yrs	51-65 yrs	65>	Total
<b>Female</b>	10	10				20
<b>Male</b>	10	10				20

**Table 1 Notes:** More people within the age brackets 18 - 65 (7,400) have been targeted because of the following reasons:

- they can carry information faster (support dissemination; distribute leaflets/fliers)
- most of the active & mobile segment of the population are within this age bracket hence increasing possibility of coming into contact with Ebola virus
- This age bracket has majority of the decision makers in most targeted communities

**Table 2 Notes:** Based on an average family size of 6

**Table 3 Notes:** This age group is most literate and capable of teaching others

**Table 4 Notes:** This age group is most vulnerable to Orphan “dynamics”

## 2. Overall goal of the Emergency Response

- a. Overall goal: To contribute to the prevention and containment of the Ebola Virus contagion in the two identified Districts (180 communities) and addressing the needs of Ebola Survivors in the Western Area and Port Loko District.

## 3. Outcomes of the Emergency Response

- 3.1 Awareness and sensitization on Ebola Virus preventive measures is increased among communities of the two Districts and 180 communities
- 3.2. 180 Community based Ebola Task Forces trained
- 3.3 180 communities using the Chlorine Bleach / Water solution or medicated soap on a daily basis
- 3.4 100 families have basic food needs met for one month enabling them to get back on their feet.
- 3.5 440 Ebola survivors trained to deal with psycho-social issues affecting them and their families
- 3.6 40 traumatised Ebola Orphans receive wholistic care in a safe, secure and nurturing environment.

## 4. Proposed implementation plan

### 4.1 Narrative summary of planned intervention

The sequence of activities in the Ebola Response are as follows:

1. Key messaging on Ebola reviewed and adapted for dissemination in community sensitisation sessions
2. Poster and fliers produced for distribution at the community level
3. Meetings with MOH/stakeholders at district and community level) for purposes of coordination and collaboration
4. Making arrangements with local radio stations – purchase of radio slots for Ebola Sensitisations (two 1 hour programmes in each district for dissemination of sensitisation messages to district wide radio audience; each program will have a presentation session for the key messages and panel discussion with key community leadership and medical professionals with “call in” times for listener questions and clarification.
5. Setting up/making arrangements for community level sensitisation sessions with traditional authorities
6. Purchase of chlorine bleach and water containers (33 litres capacity) with tap
7. Holding the community level sensitisation sessions
  - a. Distribution of posters and fliers with Ebola illustrated messages
  - b. Distribution of chlorine bleach and water containers (4 per community)
  - c. Training the Ebola Task Forces (including use of chlorine bleach / water use)
  - d. Establishing linkages between the community and the Ministry of Health
  - e. Follow-up communities and monitoring of Task Forces
8. Distribution of basic food and non-food items to Ebola survivors and their families
  - a. Listing the Ebola survivors based on records of the National Ebola Response Center and the Sierra Leone Association of Ebola Survivors (SLAES)
  - b. Purchasing food and non-food items
  - c. Repacking items into “family sacks”
  - d. Set distribution dates and delivering the items to the Survivors
  - e. Monitoring visits for follow-up
9. Psycho Social Training of Trainers for Ebola Survivors
  - a. Identify the trainers in collaboration with the SLAES
  - b. Purchase and produce materials for level I training
  - c. Purchase and produce and deliver materials for Level II training
  - d. Conduct Level I training
  - e. Assist as needed in conducting and monitoring Level II training

The implementation of the project is expected to be completed within [eight months - 1 October 2014 – 31 May 2015](#).

a. CCSL Log frame

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<b>Goal:</b> To assist in the prevention of the spread of the Ebola Virus in the two identified districts (180 communities).			
<b>Outcome 1: Awareness &amp; sensitization on Ebola Virus preventive measures has increased among communities of the two Districts and 180 communities</b>	<ol style="list-style-type: none"> <li>Number of communities practicing Ebola prevention measures in the targeted counties</li> <li>Number of community members attending workshops/meetings</li> <li>Number of community health centres that will be involved in Ebola awareness creation activities in the targeted communities</li> </ol>	<ol style="list-style-type: none"> <li>Reports (weekly, monthly, final narrative and financial by staff</li> <li>Observations</li> <li>Interviews</li> </ol>	<ol style="list-style-type: none"> <li>Targeted community members will accept the fact that Ebola virus exists and will cooperate.</li> <li>Targeted community members give correct information about Ebola virus to the Health Workers</li> <li>Targeted community members will be willing to attend the workshops, practice and share the knowledge with community people</li> <li>Funds are available to complete the targeted project</li> </ol>
Outputs (for outcome 1): Sensitisation session are conducted for 9,000 direct beneficiaries on Ebola Virus prevention & containment awareness measures	<ol style="list-style-type: none"> <li>Number of workshop participants &amp;</li> <li>Number of workshops conducted</li> </ol>	Reports (weekly, monthly) by staff  Observations	<ol style="list-style-type: none"> <li>Funds will be provided &amp;</li> <li>Community will cooperate.</li> </ol>
<b>Outcome 2: 180 Community based Ebola Task Forces functioning – carrying out their responsibilities</b>	<ol style="list-style-type: none"> <li>Number of Ebola Task forces formed &amp; trained</li> </ol>	<ol style="list-style-type: none"> <li>Visits to communities</li> <li>Strategically located water containers</li> <li>Observations</li> <li>Reports from staff</li> </ol>	Community willing to accept Ebola Task Force concept as means of Ebola prevention
Outputs(for Outcome 2) 2.1 Ebola Task forces reporting to traditional authorities when visitors enter the community 2.2 Chlorine Bleach / Water containers are properly maintained	<ol style="list-style-type: none"> <li>Number of visitors reported to traditional authorities</li> <li>Water containers are regularly refilled with solution</li> </ol>	<ol style="list-style-type: none"> <li>visits to community</li> <li>inspection of water containers for correct mixture</li> <li>interviews with community members regarding proper use of containers</li> </ol>	<ol style="list-style-type: none"> <li>Traditional Authorities act on information provided by Ebola Task force</li> <li>MoHS responds to Ebola Task force information regarding suspected Ebola patients</li> <li>Community adopts hand washing prevention strategy</li> </ol>
<b>Outcome 3: 180 communities using the Chlorine Bleach / Water solution on a daily</b>	<ol style="list-style-type: none"> <li>Chlorine bleach delivered to 180</li> </ol>	<ol style="list-style-type: none"> <li>visits to community</li> <li>inspection of water</li> </ol>	Funds will be provided for containers & chlorine bleach

<b>basis</b>	communities 2. Water containers delivered to 180 communities	containers for correct mixture 3. interviews with community members regarding proper use of containers	
Outputs (for outcome 3)	1. Communities using Chlorine bleach / water mixture for hand washing	1. visits to community 2. inspection of water containers for correct mixture 3. interviews with community members regarding proper use of containers	Value of hand washing adopted by community as preventive measure against Ebola
<b>Outcome 4.</b> 100 families receive basic food & non-food items	1. documentation of food delivery to community signed by community leadership	1. Visits with church members / leadership to Ebola Survivors 2. Visits with member church leadership to community leaders to verify Ebola Survivors & delivery dates for food & non-food items	Member churches able to provide location of Ebola survivors & families within their parish areas.
Outputs for Outcome 4	100 families receive packages of food & non-food items as planned	1. Visits with church member leaders to survivors & families. 2. Visits to with member church leaders to community leaders	Food available in local markets at budgeted price
<b>Outcome 4 Psycho-social TOT training for Ebola Survivors</b>	1. Number of trainers trained 2. number Ebola survivors trained at Level II	1. Attendance lists of level I & II 2. monitoring visits to level I & Level II training sessions	SLAES remains committed to provision of psychosocial care to Ebola survivors
<b>Outputs for Outcome 4</b>	1. 40 Ebola survivors complete Level I training 2. Level I trainers train 400 level II trainees	1. Attendance lists of level I & II 2. monitoring visits to level I and II training sessions	SLAES trainers remain committed to provision of psycho-social care to Ebola survivors
<b>Outcome 5 Assistance to Ebola Orphans</b>	1. Ebola Orphans identified, assessed & engaged in Don Bosco Facility in Lungi, Port Loko	1. Visits to Don Bosco facility in Lungi 2. Review records of orphans supported	Don Bosco staff are cooperative
<b>Outputs for Outcome 5</b>	1. 40 orphans assisted at the Don Bosco facility & progressing in returning to good mental health		Don Bosco staff are cooperative

<p><b>Activities</b></p> <p><b>Outcome 1:</b></p> <p>1.1 180 sensitisation /awareness meetings held with 4,500 attending the meeting.</p> <p>1.2 Radio programmes scheduled &amp; paid for</p> <p>1.3 Megaphones purchased</p> <p><b>Outcome 2:</b></p> <p>2.1 training held for Ebola task forces in each community</p> <p><b>Outcome 3:</b></p> <p>3.1 containers purchased and delivered</p> <p>3.2 Chlorine bleach purchased and delivered</p> <p><b>Outcome 4</b></p> <p>4.1 Food &amp; non-food items purchased</p> <p>4.2 Food &amp; non-food items repacked into family sized packs</p> <p>4.3 Freight Vehicle contracted for delivery of food &amp; non-food Items</p> <p>4.4 Food delivered</p> <p><b>Outcome 5</b></p> <p>5.1 Purchase of training supplies for Level I &amp; II</p> <p>5.2 Training arrangements made for Level I &amp; II training sessions</p> <p><b>Outcome 6</b></p> <p>6.1 Identification &amp; assessment of 40 orphans completed by Don Bosco Staff</p> <p>6.2 Agreement Contract with Don Bosco completed</p> <p>6.3 Provision of financial assistance to Don Bosco Facility</p>	<p><u>List of Key inputs</u></p> <p>See budget requirements</p> <p>See budget requirements</p> <p>See budget requirements</p> <p>See Budget requirements</p> <p>See Budget requirements</p> <p>See budget requirement</p> <p>See Budget requirements</p>	<p>Participants will cooperate</p>
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#### **b. Implementation methodology**

CCSL will implement directly with community sensitization in the Port Loko and Bombali Districts, the provision of food and non-food items to the 100 Ebola survivors and their families, the psycho-social training (Level I and II) for Ebola survivors and assisting the Ebola orphans. The project will be implemented in close collaboration with other relevant stakeholders including the Ministry of Health at the national and district level and the National Ebola Task Force [for community sensitization along with member churches in the western urban and rural areas for distribution of basic food and non-food items](#). CCSL will also collaborate with the National Ebola Response Center and SLAES for psycho-social training and with the Bosco Fambul assisting Ebola orphans.

At the national level, CCSL takes part in weekly or monthly coordination and information sharing meetings with the National Ebola Task Force of the Ministry of Health. CCSL will share information on the project activities to relevant stakeholders in-country and to ACT Alliance Secretariat in Geneva as well as the ACT Forum in Sierra Leone.

#### **c. Implementation arrangements**

For the community sensitisation, CCSL will ensure the implementation of this project in close collaboration with the District Medical Officer and the medical staff of each district; this includes the district level contact tracers and Ebola Surveillance Teams. [For the distribution of basic food items, CCSL will collaborate with its member churches in the western, urban and rural districts to ensure that the quarantined families receive the food assistance they need.](#)

#### **d. Partnerships with target populations**

The project will be implemented in close collaboration with traditional authorities in each community, including religious leaders, Section/Town and Paramount Chiefs along with the targeted population, SLAES and the Don Bosco Fambul as well as member churches in the designated geographical areas.

#### **e. Cross-cutting issues**

Cross-cutting issues such as women and children's rights, customary roles and traditions will also be dealt with during the implementation of the project. During the workshops and meetings, participants will also be sensitized about the issues of trauma as this relates to victims of Ebola. While people will be sensitized on Ebola and its prevention measures, they will also be advised not to stigmatize persons who have been affected by Ebola.

#### **f. Coordination**

The ACT Alliance Sierra Leone Forum will act as the main coordination body between the ACT members working in the area with CCSL. Members of the ACT Forum in Sierra Leone are Christian Aid and Finn Church Aid. There will be regular meetings to ensure that there is no overlapping among members of the Forum that are engaged in Ebola Prevention activities.

All the activities will be coordinated with national level officials of the Ebola Task Force of the Ministry of Health as well as the District Medical Personnel to ensure that this response is in line with national objectives of the Government fight against the Ebola Virus.

**g. Communications and visibility**

Situation reports will be sent to Geneva on a monthly basis or as required. In addition, the Forum via CCSL may grant interviews with media to share information on on-going activities and also share to targeted populations about upcoming planned activities in their respective areas.

In all communication with the media, the role of ACT Alliance in the provision of funding support will be highlighted. In addition ACT Alliance and its funding role will be visible and displayed through placement of ACT materials such as logos, signs, etc. on all items procured, banners and message leaflets/fliers produced.

**h. Advocacy**

The issue of advocacy is one of the areas of focus of ACT Alliance. CCSL will engage in related advocacy activities including empowering the religious leadership within the country, both Christians and Muslims to sensitize their own constituencies and to work with Government initiatives wherever possible. CCSL regular Ebola updates substantiate this advocacy activity. Under this project, it will be ensured that the relevant authorities play their role so that Ebola gets eradicated as soon as possible.

**i. Sustainability and linkage to recovery – prioritization**

Sustainability is promoted through the community level sensitisation / education approach; prevention and containment strategies presented are easily carried out without CCSL presence. The Ebola Task Forces elected by the community will be able to carry out their tasks without CCSL presence or assistance. Posters and fliers will be left behind; linkages formed with the MoHS staff will not need CCSL presence. The “exit” of CCSL from communities should in no way affect their ability to continue the interventions needed related to prevention and containment activities.

**j. Accountability – complaints handling**

The ACT Forum in Sierra Leone will implement in accordance with the code of conduct of the ACT Alliance. Implementation will also be strictly guided by the Red Cross and United Nations Agencies operations codes of conduct and other internationally accepted standards, i.e. Sphere, HAP, etc. This intervention will ensure that the people involved know and can relate to the guiding principles of these policies, as they are rights-based approaches to emergencies. These policies enable non-discriminatory, non-harassment, and non-exploitative approaches.

**k. Human resources and administration of funds**

The General Secretary has the overall responsibility for all components of the appeal. The General Secretary will sign all funding/co-operative agreements. A separate account will be opened to accommodate the Appeal funding and all funds will go through the CCSL internal control system. Transfers of funds (in country) will be done through banking system when possible.

CCSL's Finance Officer will be responsible for the overall financial activities of the appeal. The main accounts of the project will be the responsibility of the administrative/finance assistant under the project. The Finance Officer will compile monthly and other required financial reports to both the General Secretary and Programme Officer.

The Programme Officer will be responsible for the implementation of the project. He/she reports directly to the General Secretary.



## I. Planned implementation period

The Planned implementation period is from 1 October 2014 to 31 May 2015.

## m. Monitoring, reporting and evaluation

The CCSL will submit Interim and final reports (narrative and financial) to ACT Alliance Secretariat as per the reporting schedule. These reports will be compiled by the Programme Officer and the Monitoring and Evaluation Officer. Monitoring visits may involve other members of the Sierra Leone ACT Alliance Forum and representative(s) of ACT Alliance Secretariat based in Geneva.

## V. CCSL ESTIMATED EXPENDITURE

Description	Type of Unit	No of Units	Unit Cost Leones	Original Budget Leones	Budget Leones	Original Budget US\$	Budget US\$
<b>DIRECT COSTS (List by section)</b>							
<b>Health</b>							
<b>Project materials/facilities</b>							
Megaphone / Batteries	Units	45	500,000	22,500,000	22,500,000	5,233	5,233
Radio stations x 4, 3 ads per station.	ads	12	1,000,000	12,000,000	12,000,000	2,791	2,791
Printing of posters/handbills, etc.	Contract	1	20,000,000	20,000,000	20,000,000	4,651	4,651
<b>Sub-total</b>				<b>54,500,000</b>	<b>54,500,000</b>	<b>12,674</b>	<b>12,674</b>
<b>Training/Sensitization actions</b>							
Training of PHU staff & Ebola task Force teams	Sessions	4	11,000,000	44,000,000	44,000,000	10,233	10,233
Community level sensitization / awareness raising sessions by ETF	Districts	12	3,000,000	36,000,000	36,000,000	8,372	8,372
<b>Sub-total</b>				<b>80,000,000</b>	<b>80,000,000</b>	<b>18,605</b>	<b>18,605</b>
<b>TOTAL DIRECT ASSISTANCE COSTS</b>				<b>134,500,000</b>	<b>134,500,000</b>	<b>31,279</b>	<b>31,279</b>
<b>OTHER SECTOR RELATED DIRECT COSTS</b>							
<b>Transport for sensitization/Monitoring visits</b>							
Motorcycle/Vehicle running costs(fuel, lubricants)	Gallons/ District	400	22,000	8,800,000	8,800,000	2,047	2,047
Motorcycle/ Vehicle maintenance	Month	8	450,000	3,600,000	3,600,000	837	837
<b>Sub-total</b>				<b>12,400,000</b>	<b>12,400,000</b>	<b>2,884</b>	<b>2,884</b>
<b>TOTAL OTHER SECTOR RELATED DIRECT COSTS</b>				<b>12,400,000</b>	<b>12,400,000</b>	<b>2,884</b>	<b>2,884</b>
<b>TOTAL DIRECT COST Phase 1</b>				<b>146,900,000</b>	<b>146,900,000</b>	<b>34,163</b>	<b>34,163</b>

EXPENDITURE PHASE 2							
DIRECT COST (LIST EXPENDITURE BY SECTION)							
<b>Health</b>							
<b>Food &amp; non-food items for Ebola survivors &amp; their families (100)</b>							
rice	Sack	100	160,000	0	16,000,000	0	3,596
condensed Milk	Carton	25	190,000	0	4,750,000	0	1,067
cooking oil	Gallons	100	40,000	0	4,000,000	0	899
salt	Bag	16	38,000	0	608,000	0	137
sugar	Bag	100	26,000	0	2,600,000	0	584
onions	sack	100	25,000	0	2,500,000	0	562
maggi, condiments	carton	60	158,400	0	9,504,000	0	2,136
sardines	carton	60	155,555	0	9,333,300	0	2,097
pepper	sack	10	350,000	0	3,500,000	0	787
bath soap	bar	2,000	600		1,200,000		270
laundry soap	packet	2,000	1,000		2,000,000		449
sacks for delivery	Sack	200	3,000	0	600,000	0	135
mattresses / mats	piece	200	80,000		16,000,000		3,596
sheets / blankets	bale	4	800,000		3,200,000		719
towels	bale	3	1,200,000		3,600,000		809
shoes / sandals /slippers	bale	5	800,000		4,000,000		899
Adult Women' clothing	bale	4	900,000		3,600,000		809
adult Men's clothing	bale	4	900,000		3,600,000		809
childrens clothing	bale	4	450,000		1,800,000		404
fuel for transport of items	liter	400	3,750		1,500,000		337
<b>Food &amp; Non food for Ebola Survivors Subtotal</b>				<b>0</b>	<b>93,895,300</b>	<b>0</b>	<b>21,100</b>
<b>Assistance to Ebola Orphans</b>							
Orphan Care (food, clothes, meds, trauma healing, supervision, education etc	orphan	40	1,400,000		56,000,000		12,584
<b>Orphan Care Subtotal</b>					<b>56,000,000</b>		<b>12,584</b>
<b>Psycho-social Training for Ebola Survivors</b>							
<b>Level I Training of Trainers</b>							
Level I food	meals	80	15,000		1,200,000		270
Level I transportation	allowance	80	15,000		1,200,000		270

Level I Folder of training materials	folder	40	5,000		200,000		45	
level I photocopy hand-outs	copy	800	200		160,000		36	
Level I A-4 Paper	ream	4	30,000		120,000		27	
Level I Marking pens	box	6	15,000		90,000		20	
Level I flip Chart Pads	pads	6	30,000		180,000		40	
Level I trainer	fee	2	400,000		800,000		180	
Level I Rapporteur	fee	2	300,000		600,000		135	
<b>Level II Training</b>								
Level II Food	meals	400	15,000		6,000,000		1,348	
Level II transportation	allowance	400	15,000		6,000,000		1,348	
Level II folder for training materials	folder	400	5,000		2,000,000		449	
Level II Hand-outs	copy	8,000	200		1,600,000		360	
Level II A4 Paper	ream	40	30,000		1,200,000		270	
Level II Marking Pens	box	40	15,000		600,000		135	
Level II Flip Chart Pads	pads	80	30,000		2,400,000		539	
Monitoring & Supervision Level II training	month	2	2,000,000		4,000,000		899	
transport for Monitoring & Evaluation	liters	300	3,750		1,125,000		253	
Lodging allowance fo Monitoring & Evaluation	nights	10	300,000		3,000,000		674	
<b>Psycho-Social Training Subtotal</b>					<b>32,475,000</b>		<b>7,298</b>	
<b>Port Loko Emergency Response Materials</b>								
Chlorine Bleach	gallons	360	42,000	15,120,000	15,120,000	3,516	3,516	
water containers	bucket	360	70,000	25,200,000	25,200,000	5,860	5,860	
printing fliers, posters	contract	1	20,000,000	20,000,000	20,000,000	4,651	4,651	
megaphones	piece	90	150,000	13,500,000	13,500,000	3,140	3,140	
Sensitisation Meetings	sessions	90	500,000	45,000,000	45,000,000	10,465	10,465	
radio Programme	hours	2	500,000	1,000,000	1,000,000	233	233	
<b>Port Loko Materials Subtotal</b>					<b>119,820,000</b>	<b>119,820,000</b>	<b>27,865</b>	<b>27,865</b>
<b>Bombali Emergency Response Materials</b>								
Chlorine Bleach	gallons	360	42,000	15,120,000	15,120,000	3,516	3,516	
water containers	bucket	360	70,000	25,200,000	25,200,000	5,860	5,860	

printing fliers, posters	contract	1	20,000,000	20,000,000	20,000,000	4,651	4,651
megaphones	piece	90	150,000	13,500,000	13,500,000	3,140	3,140
radio programme	hours	2	500,000	1,000,000	1,000,000	233	233
Sensitisation Meetings	sessions	90	500,000	45,000,000	45,000,000	10,465	10,465
<b>Bombali materials Subtotal</b>				<b>119,820,000</b>	<b>119,820,000</b>	<b>27,865</b>	<b>27,865</b>
<b>TOTAL DIRECT ASSISTANCE COSTS</b>				<b>239,640,000</b>	<b>422,010,300</b>	<b>55,730</b>	<b>96,712</b>
<b>OTHER SECTOR RELATED DIRECT COSTS</b>							
<b>Port Loko</b>							
Programme Staff	months	4	3,600,000	14,400,000	14,400,000	3,349	3,349
Per diem for staff	nights	20	100,000	2,000,000	2,000,000	465	465
Fuel for HiLux	gallons	120	22,000	2,640,000	2,640,000	614	614
Motorcycles	m/cycle	3	5,000,000	15,000,000	15,000,000	3,488	3,488
Fuel & Lubricants for motorcycles	gallons	144	22,000	3,168,000	3,168,000	737	737
motorcycle repair & maintenance	months	4	150,000	600,000	600,000	140	140
M cycle License & insurance	bikes	3	250,000	750,000	750,000	174	174
Port Loko phone cards/units x 3 s	months	4	240,000	960,000	960,000	223	223
<b>Bombali</b>							
Programme Staff	months	4	3,600,000	14,400,000	14,400,000	3,349	3,349
Per diem for staff	nights	20	100,000	2,000,000	2,000,000	465	465
Fuel for HiLux	gallons	120	22,000	2,640,000	2,640,000	614	614
motorcycles	m/cycle	3	5,000,000	15,000,000	15,000,000	3,488	3,488
fuel and lubricants for motorcycles	gallons	144	22,000	3,168,000	3,168,000	737	737
Motorcycle reppair and maintenance	months	4	150,000	600,000	600,000	140	140
M-cycle license and insurance	bikes	3	250,000	750,000	750,000	174	174
Bombali phone cards/units for 3 staff	months	4	240,000	960,000	960,000	223	223
<b>TOTAL OTHER SECTOR RELATED DIRECT COSTS</b>				<b>79,036,000</b>	<b>79,036,000</b>	<b>18,380</b>	<b>18,380</b>
<b>TOTAL DIRECT COST Phase 2</b>				<b>318,676,000</b>	<b>501,046,300</b>	<b>74,111</b>	<b>115,093</b>
<b>TOTAL DIRECT COST Phase 1 &amp; 2</b>				<b>465,576,000</b>	<b>647,946,300</b>	<b>108,273</b>	<b>149,256</b>

<b>INDIRECT COSTS : Personnel, Administration &amp; Support Phase 1</b>							
<b>Personnel (Staff Salaries)</b>							
Programme Director (5%)	Monthly	2	200,000	400,000	400,000	93	93
Project Officer (25%)	Monthly	2	300,000	600,000	600,000	140	140
Accountant (25%)	Monthly	2	250,000	500,000	500,000	116	116
8 Community mobilizers (100%)	Monthly	16	300,000	4,800,000	4,800,000	1,116	1,116
<b>Communications</b>							
Telephone top-up credits	Units(1,000s)	6	40,000	240,000	240,000	56	56
Internet Modem	Unit	1	1,000,000	1,000,000	1,000,000	233	233
Modem service charge	Monthly	6	80,000	480,000	480,000	112	112
<b>TOTAL INDIRECT COST Phase 1</b>				<b>8,020,000</b>	<b>8,020,000</b>	<b>1,865</b>	<b>1,865</b>
<b>INDIRECT COSTS : Personnel, Administration &amp; Support Phase 2</b>							
<b>Staff costs</b>							
MoHS Med Staff	Days	180	35,000	6,300,000	6,300,000	1,465	1,465
Salary for Programme Coordinator	Months	4	1,500,000	6,000,000	6,000,000	1,395	1,395
Per diem for Programme Coordinator	days	20	150,000	3,000,000	3,000,000	698	698
Salary for General Secretary (30%)	months	4	900,000	1,500,000	1,500,000	349	349
Perdiem for General Secretary	nights	8	250,000	1,500,000	1,500,000	349	349
Salary for Driver (50%)	months	4	350,000	1,400,000	1,400,000	326	326
Perdiem for Driver		8	100,000	800,000	800,000	186	186
Accountant (50%)	months	4	750,000	3,000,000	3,000,000	698	698
Accountant Assistant (30%)	months	4	300,000	1,200,000	1,200,000	279	279
<b>Other Support Costs</b>							
Office electricity supply (30%)	months	4	300,000	1,200,000	1,200,000	279	279
Office rent (30%)	months	4	720,000	2,880,000	2,880,000	670	670
Stationary	reams	8	30,000	240,000	240,000	56	56
Printer Cartridges	Cartridge	6	135,000	810,000	810,000	188	188
Office Internet Modem	fees	4	400,000	1,600,000	1,600,000	372	372
<b>Monitoring trips by Gen Sec</b>							
fuel and Lubricants for Vehicle	gallons	240	22,000	5,280,000	5,280,000	1,228	1,228
Vehicle maintenance (25%)	month	4	200,000	800,000	800,000	186	186

<b>TOTAL INDIRECT COST Phase 2</b>				<b>37,510,000</b>	<b>37,510,000</b>	<b>8,723</b>	<b>8,723</b>
<b>TOTAL INDIRECT COST Phase 1 and Phase 2</b>				<b>45,530,000</b>	<b>45,530,000</b>	<b>10,588</b>	<b>10,588</b>
<b>Audit Phase 1</b>		1	2,000,000	2,000,000	2,000,000	460	<b>460</b>
<b>Audit Phase 2</b>	lump sum	1	10,000,000	10,000,000	10,000,000	2,326	<b>2,326</b>
<b>TOTAL EXPENDITURE COST PHASE 1 AND 2</b>				<b>638,656,000</b>	<b>705,476,300</b>	<b>147,614</b>	<b>162,630</b>
<b>International co-ordination Costs (3%)</b>				<b>15,641,580</b>	<b>21,164,289</b>	<b>3,649</b>	<b>4,879</b>
<b>TOTAL EXPENDITURE inclusive ICF</b>				<b>537,027,580</b>	<b>726,640,589</b>	<b>125,297</b>	<b>167,508</b>
<b>EXCHANGE RATE: 4,300 Leones to 1.00 USD</b>	<b>4,300.00</b>						
<b>Exchange Rate at time of revision</b>	<b>4,450.00</b>						

### III. CHRISTIAN AID PROPOSED EMERGENCY RESPONSE

#### Crisis phase

##### **1. Target populations, and areas and sectors of response**

Rapid assessments will be carried out by all Christian Aid's partners upon approval of the proposals linked to this submission. Beneficiary lists of quarantined and survivor households in target areas from the National Emergency Response Centre (NERC, Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) will be taken as a point of departure and carefully cross checked with community validation visits and consultation with other agencies working in the same localities.

Ongoing gathering and analysis of primary and secondary data after the response has begun will be used to adjust and refine targeting and over-all response strategies. A livelihoods and health sector focused assessment which will also look more widely on issues around gender, protection, and accountability to inform community recovery is also being planned.

A breakdown disaggregated by gender/age of beneficiaries reached is below in log frame section 1.4.

##### **2. Overall goal of the emergency response**

###### 2.1 Overall goal

Christian Aid aims to engage with and support EVD affected households and communities to reduce the transmission of the disease, meet immediate needs and mitigate the suffering caused by the Ebola Crisis.

###### 2.2 Outcomes

- a) Ebola transmission is reduced by ensuring at least 820 quarantined households have access to adequate and appropriate food, water and NFI assistance to ensure survival and thus avoid having to break quarantine
- b) EVD transmission reduced through increased public awareness about the risks, prevention and control of the Ebola epidemic
- c) Chieftdom authorities in Bo district supported to resolved tensions and conflicts related to Ebola
- d) Improved response to containing EVD through accurate data collection and analysis and promotion of Ebola by-laws in 10 districts
- e) At least 370 Ebola survivors have access to adequate and appropriate food and NFI and/or cash assistance to ensure survival and uphold dignity
- f) Reduced stigma and increase of support towards Ebola sufferers and survivors at community level in 10 districts
- g) 100 Ebola-orphaned children have enhanced protection with their immediate needs met, and are reintegrated into their communities

#### Early recovery phase

##### **3. Target populations, and areas and sectors of response**

Funding will directly target Ebola survivors, families who have lost breadwinners through EVD, and OVCs and widows in Port Loko, Kambia, Bo, and Kailahun districts, and the Western Rural and Urban areas through the provision of cash support, food for OVCs, and income-generating activities. Christian Aid will continue to provide support to quarantined households in the 3 districts that have seen recent spikes in infection rates, and 50 traditional healers will be targeted in a pilot project to engage them as community health workers in combatting the spread of the disease.

At this time a breakdown of beneficiaries disaggregated by age/gender is unavailable.

- **Cash support to 200 families that have lost breadwinners:** In collaboration with MSWGCA, DERC and other response structures at community and district levels, Christian Aid and partners (RADA, SLSAV, MCSL) will identify families that have lost their bread winners. Cash support will be given to these families based on levels of vulnerability to help them replace lost belongings and to buy agricultural tools, etc. to support their livelihood recovery.
- **Cash support to 250 survivors** (RADA, SLSAV, MCSL, NETHIPS): This will help to reduce the stigmatisation of survivors and provide them with the opportunity and purchasing power to meet their basic needs, which will build their confidence, reduce trauma and encourage their reintegration into normal life.
- **Cash for other basic needs, food and NFI support to 150 Orphans and Vulnerable Children** (RADA, MCSL)
- **Support for 50 Ebola Survivors** organised into two Welfare Groups with income-generating start-up and training in Western urban and Western rural areas to enable them rebuild their livelihoods.
- **Support to 100 Ebola widows with income-generating activities (MCSL, RADA).**
- **Food and non-food items in support of an estimated/anticipated 150 quarantined homes in Port Loko (50), Kambia (50) and Bombali (50) districts (SLSAV, CAHSec).**
- **Community mobilisation and training of 50 traditional healers to operate as community health workers in the Ebola response.** The training and involvement of 50 traditional healers is a pilot by CAHSec in two chiefdoms in Bombali in close cooperation with the DERC and the DHMTs in response to the critical gap identified by the District Emergency Response Coordinator. The traditional healers will be offered cash incentives to encourage them to do referrals to health facilities when sick people come to them for treatment
- **Conduct radio discussions** messages and sensitisation on Ebola.

#### Targeted Districts:

Port Loko, Kambia, Bombali (North) Bo (South), Kailahun (East), and the Western Urban and Rural areas.

## 4. Proposed implementation plan

### 4.1 Narrative summary of planned intervention

The sequences of activities in the Ebola Response are as follows:

- Partners work in collaboration with MSWGCA and the DERCs to identify the beneficiaries;
- Partner works in collaboration with the DERC in Bombali to identify 50 traditional healers;
- Local/community radios are engaged for discussions programmes on specific EVD response issues;
- Panellists for radio discussion programmes are identified and chosen from communities and among key players in the response in a particular district/community;
- Partners are engaged in coordination and collaboration meetings with DERC, MSWGCA, and MOHS. Partners also attend daily pillar coordination meetings and chiefdom Ebola Task Force meetings;
- Two monthly monitoring visits will be conducted by Christian Aid Ebola Response Team to assess progress made on projects' outputs, but however, partners will conduct their daily monitoring. Coaching and mentoring are also part of these monitoring visits



## Christian Aid Log Fram

### Response phase - Planned

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p><b>Goal</b> Christian Aid aims to engage with &amp; support EVD affected households &amp; communities to reduce the transmission of the disease, meet immediate needs &amp; mitigate the suffering caused by the Ebola Crisis.</p>			<p><i>No assumptions</i></p>
<p><b>Outcomes</b> Ebola transmission is reduced by ensuring at least 130 quarantined households have access to adequate &amp; appropriate food, water &amp; NFI assistance to ensure survival &amp; thus avoid having to break quarantine</p> <p>At least 400 Ebola survivors have access to adequate &amp; appropriate food &amp; NFI &amp;/or cash assistance to ensure survival &amp; uphold dignity</p>			<p><i>Outcomes-to-Goal assumptions</i></p>
<p><b>Outputs</b> Immediate food/NFI needs of 130 quarantined households met for at least one month</p> <p>Immediate food/NFI needs of 400 EVD survivor households met for at least one month</p>	<p>130 food/NFI packages safely distributed to EVD quarantined households</p> <p>400 food/NFI packages safely distributed to EVD survivor households</p>	<p>Signed beneficiary lists / cards and feedback surveys; Procurement contracts and receipts; Storage &amp; delivery documents; Partner and CA monitoring reports</p>	<p><i>Outputs-to-Outcomes assumptions</i></p>
<p><b>Activities</b></p>	<p><b>List of Key inputs</b></p> <ul style="list-style-type: none"> <li>• Assessment team deployed to conduct rapid needs assessments;</li> <li>• Beneficiary selection in consultation with NERC, MSWGCA &amp; other relevant agencies;</li> <li>• food procured, packed &amp; transported to partner warehouses/community locations;</li> <li>• Community volunteers recruited &amp; oriented;</li> <li>• Beneficiary cards distributed to target households;</li> <li>• Food packages are distributed to target households in coordination with local leaders and government;</li> <li>• Post distribution monitoring within 2 weeks of distribution.</li> </ul>		<p><i>Activities-to-Outputs assumptions</i></p>

Crisis phase - Reported

District & partner	Quarantined households		Survivor households		OVC in Interim Care Centre (ICC)		Orphans and Vulnerable Children (OVC)		Totals	
	Planned	Achieved	Planned	Achieved	Planned	Achieved	Planned	Achieved	Planned	Achieved
Kailahun (MCSL)	110	80	100	100			0	30	210	210
Bo & Pujehun (RADA)			200	100	0	100			200	200
Port Loko (SLSAV)			100	100					100	100
<b>Totals</b>	<b>110</b>	<b>80</b>	<b>400</b>	<b>287</b>		<b>100</b>		<b>30</b>	<b>510</b>	<b>497</b>

Partner	Sector of Response	Geographic Area of Response	Individual Beneficiaries Reached										Grand Total
			0-5		6-17		18-65		over 65		Totals		
			M	F	M	F	M	F	M	F	M	F	
RADA	Nutrition	South	49	60	63	78	135	165	68	82	315	385	700
RADA	Non-food items	South	49	60	63	78	135	165	68	82	315	385	700
MCSL	Nutrition	East	57	69	85	104	283	347	142	173	567	693	1260
MCSL	Non-food items	East	57	69	85	104	283	347	142	173	567	693	1260
SLSAV	Nutrition	North	27	33	40	50	135	165	68	82	270	330	600
SLSAV	Non-food items	North	27	33	40	50	135	165	68	82	270	330	600
Totals (in individuals):			266	324	376	464	1,106	1,354	556	674	2,304	2,816	5,120
<b>Final Total (adjusted for double counting)</b>			<b>133</b>	<b>162</b>	<b>188</b>	<b>232</b>	<b>553</b>	<b>677</b>	<b>278</b>	<b>337</b>	<b>1,152</b>	<b>1,408</b>	<b>2,560</b>

A household size of 6 was assumed in beneficiary reached calculation.

Early recovery phase

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p><b>Goals:</b></p> <p>To provide support to EVD survivors, orphaned &amp; vulnerable children, widows &amp; families who have lost their breadwinners to help them reintegrate back into their communities &amp; to counteract stigmatization.</p> <p>To contribute to reducing the spread of EVD by providing support to quarantined families &amp; involving traditional healers in the Ebola response.</p>			

<p><b>Outcomes</b></p> <p><b>Outcome 1:</b> The basic needs of 250 families (2,100 individuals) that have lost bread winners, 200 survivors, &amp; 150 OVCs are provided in 6 districts/areas through cash &amp; food packages</p> <p><b>Outcome 2:</b> 150 survivors, have established IGAs, started agricultural activities &amp; successfully reintegrated in their communities.</p> <p><b>Outcome 3:</b> The spread of EVD is mitigated &amp; stigma reduced by providing food &amp; NFIs to 150 quarantined households &amp; mobilising &amp; training 50 traditional healers as community health workers.)</p>			
<p><b>Outputs</b></p> <p>Cash &amp; non- food items of 250 families (2,100 individuals) that have lost bread winners are met for 2 months</p> <p>Cash &amp; food for 200 survivors are met for 2 months</p> <p>Cash food &amp; NFIs of 150 OVCs are met for 2 months</p> <p>100 survivors and 50 widows are supported with income-generating activities &amp; agricultural tools in Bo &amp; Kailahun, &amp; the Western Urban &amp; Rural Areas;</p> <p>150 quarantined households are provided with food &amp; NFIs</p> <p>50 traditional healers trained &amp; supported as community health workers</p> <p>Local radio stations are communicating messages on Ebola prevention, response &amp; the role of tradition healers in referral cases of Ebola.</p>	<p>No. of households that receive food/non-food items</p> <p>No. of households that receive food support</p> <p>No. of households that receive food/non-food items</p> <p>No. of participants who receive training</p>	<ul style="list-style-type: none"> <li>• Distribution lists</li> <li>• Distribution reports</li> <li>• Distribution lists</li> <li>• Distribution reports</li> <li>• Distribution lists</li> <li>• Distribution reports</li> <li>• Participants lists</li> <li>• Training reports</li> </ul>	<p>1. The need for quarantined households remains</p> <p>1. Community acceptance 2. Traditional healers will support involvement in Ebola response</p>

<b>Activities</b> <b>Outcome 1:</b> 1.1 Meet with MSWGCA 1.2 Identify/select households 1.3 Write reports 1.4 Develop list of beneficiaries  <b>Outcome 2:</b> 2.1 Meet with MSWGCA 2.2 Identify/select households 2.3 Write reports 2.4 Develop list of beneficiaries  <b>Outcome 3:</b> 2.1 Quarantined households supported on a case by case basis 2.2 Traditional healers identified & recruited in collaboration with traditional chiefs and DERC and trained in Ebola response and provided with cash stipend.	<u>List of Key inputs</u>  See budget requirements	

#### a. Implementation methodology

Christian Aid will implement this project with five partners in thirty eight communities: 4 in Port Loko District; 3 in Kambia District; 16 in Kailahun District, 7 in Bo District, 2 in Bombali District, and 6 in the Western Urban and Rural areas. The districts have been selected on the basis of been identified by NERC as the high risk areas

Partners will engage district and community stakeholders, including religious and traditional leaders, survivors and affected communities, and chiefdom Ebola response structures. Partners will work in close collaboration with MSWGCA and survivors' groups. Partners will strengthen their collaboration and coordination through their participation in coordination meetings at district and national levels.

#### b. Implementation arrangements

All activities in this project will be implemented in close collaboration with the Ministry of Social Welfare Gender and Children's Affairs, the DERC and the community Ebola response task forces.

#### c. Partnerships with target populations

Partners will implement this in close collaboration with traditional authorities of each community; this includes religious leaders, Section Chiefs, Town Chiefs, Paramount Chiefs, Ward councilors and community response task forces of targeted populations.

#### d. Cross-cutting issues

Cross-cutting issues such as women and children's rights, useful customary roles and traditions, and trauma and stigmatization will also be dealt with during the implementation of the project. The involvement and participation of affected communities and persons will be at the centre of every activity. Every effort will be made to ensure those women and all other groups of vulnerable persons.

### e. Coordination

Christian Aid has continued to be part of the Ebola Response Coordinating mechanisms at a national level, playing a key role in the Social Mobilization pillar. CA has participated in all coordination structures and collaborating with other response partners, including the government, INGOs and CSOs, in designing and implementing a strategic approach that will reduce and eradicate the EVD in Sierra Leone. As CA works through local partners they continue to advocate and create the space for local organizations to be at the forefront of the response. Christian Aid partners are fully engaged in coordinating mechanisms at the district and community levels and this approach has helped in ensuring citizens' participation in the EVD fight and in building their confidence in owning the process.

### f. Sustainability and linkage to recovery – prioritization

Sustainability is promoted through community level engagements and ensuring that communities are at the centre of every implementation. Establishing/building capacities of community volunteers, training of traditional healers and involvement of religious and traditional leaders will build their confidence, willingness and ability to respond to issues that affects everyone's lives. The IGAs and training will also make people more resilient to adverse situations in the future. The sensitisation will ensure that if ever there is an outbreak more people will know what to do/not to do which may reduce the spread from the outset.

### g. Accountability – complaints handling

Christian Aid is HAP certified and its partners have been trained by Christian Aid on HAP, SPHERE, the Red Cross Code of Conduct and community complaint mechanisms. The knowledge and skills that partners have acquired could be used and upheld during their project implementation and administration of funds and other resources.

### h. Planned implementation period

The Planned implementation period is from March 2015 – April 2015.

### i. Monitoring, reporting and evaluation

Christian Aid will submit the final report (narrative and financial) to ICCO as per the reporting schedule. These reports will be compiled by our partners and collated by Christian Aid Emergency Response Team (ERT). Christian Aid will carry out monitoring activities twice every month and partners to assess progress as per the log frame and ensure that the desired change is achieved. During monitoring visits discussions will be conducted with beneficiaries for feedback on progress.

## VI. CA ESTIMATED EXPENDITURE

Description	Type of Unit	No. of Units	Unit Cost Leones	Budget Leones	Budget US\$
<b>DIRECT COST (LIST EXPENDITURE BY SECTOR)</b>					
Health	Persons	50	430,000	21,500,000	4,960
<b>Nutrition:</b>					
Quarantine	Household (HH)	150	901,500	135,225,000	31,195
Survivors	HH		701,500	175,375,000	40,457

		250			
Support to Orphans & Vulnerable Children (OVCs)	Persons	150	701,500	105,225,000	24,274
Cash to EBOLA survivors	HH	250	200,000	50,000,000	11,534
Cash to EBOLA survivors Vulnerable & families that have lost breadwinners	Persons	200	500,000	100,000,000	23,069
Cash to Orphans & Vulnerable Children (OVCs)	Persons	150	200,000	30,000,000	6,921
<b>Non-food items</b>					
Quarantine	HH	150	200,000	30,000,000	6,921
Survivors	HH	250	643,000	160,750,000	37,083
Support to Orphans & Vulnerable Children (OVCs)	HH	150	643,000	96,450,000	22,250
<b>Education</b>					
Media engagement on distribution	Months	1	40,000,000	40,000,000	9,228
Training and supporting Traditional Healers as community Health Volunteers	Lump sum	1	9,150,000	9,150,000	2,111
Media engagement/Sensitisation - Traditional Healers as community health volunteer	Lump sum	1	3,000,000	3,000,000	692
Community sensitization on Ebola stigma reduction	Lump sum	1	2,000,000	2,000,000	461
<b>Early recovery &amp; livelihood restoration</b>					
Support to Widows on Agriculture	Persons	100	500,000	50,000,000	11,534
Cash to Traditional Healers as CHV	Persons	50	1,200,000	60,000,000	13,841
Provide IGA start up kits to Ebola survivors	Persons	50	500,000	25,000,000	5,767
Provide support to welfare group mtgs	Lump sum	1	13,250,000	13,250,000	3,057
Provide IGA training for Ebola Survivors	Lump sum	1	18,995,000	18,995,000	4,382
Savings & Loans Association schemes (Procurement)	Lump sum	1	2,294,000	2,294,000	529
<b>Rapid Support Team</b>					
Project Manager - Partner Staff	Persons	5	4,000,000	20,000,000	4,614
Project Officers - Partner Staff	Persons	7	5,000,000	35,000,000	8,074
Finance Officer - Partner Staff	Persons	5	5,000,000	25,000,000	5,767
Driver - Partner Staff	Persons	5	2,000,000	10,000,000	2,307
<b>TOTAL DIRECT ASSISTANCE</b>				<b>1,218,214,000</b>	<b>281,027</b>
<b>TRANSPORT, WAREHOUSING &amp; HANDLING</b>					
<b>Transport (of relief materials)</b>					
Hire/ Rental of Vehicles	Months	1	35,770,000	35,770,000	8,252

Fuel	Lump sum	1	2,500,000	2,500,000	577
<b>Warehousing</b>					
Rental of warehouse	partner/month	5	1,000,000	5,000,000	1,153
Wages for Security/ Guards	partner/month	5	1,000,000	5,000,000	1,153
<b>Handling</b>					
Salaries for Logistician and Procurement Officer	Persons				
Salaries / wages for labourers	partner/month	5	600,000	3,000,000	692
Salaries / wages for Drivers					
<b>TOTAL TRANSPORT, WAREHOUSING &amp; HANDLING</b>				<b>51,270,000</b>	<b>11,827</b>
<b>TOTAL DIRECT COST</b>				<b>1,269,484,000</b>	<b>292,855</b>
<b>INDIRECT COSTS: PERSONNEL, ADMINISTRATION &amp; SUPPORT</b>					
<u>Office Operations</u>					
Office rent -Partners	Month	5	3,000,000	15,000,000	3,460
Office Utilities -CA & Partners	Month	2	15,000,000	30,000,000	6,921
Office stationery -CA & Partners	Lump sum	1	7,000,000	7,000,000	1,615
<u>Communications</u>					
Telephone and fax -CA & Partners	Lump sum	1	17,960,000	17,960,000	4,143
<u>Other</u>					
PPE-Staff and partner security	Lump sum	1	10,000,000	10,000,000	2,307
<b>TOTAL INDIRECT COST: PERSONNEL, ADMIN. &amp; SUPPORT</b>				<b>79,960,000</b>	<b>18,446</b>
<b>AUDIT, MONITORING &amp; EVALUATION</b>					
Audit of ACT appeal	Estimate			30,250,000	6,978
Monitoring & Evaluation	Estimate			75,000,000	17,302
External Evaluation costs				31,010,000	7,154
<b>TOTAL AUDIT, MONITORING &amp; EVALUATION</b>				<b>136,260,000</b>	<b>31,434</b>
<b>TOTAL EXPENDITURE exclusive International CA Levy</b>				<b>1,485,704,000</b>	<b>342,734</b>
CA Levy (2%) earmarked from ICCO funding	Estimate			29,714,080	6,855
<b>TOTAL EXPENDITURE inclusive CA Levy</b>				<b>1,515,418,080</b>	<b>349,589</b>
<b>INTERNATIONAL COORDINATION FEE (ICF) - 3%</b>	Estimate			45,462,542	10,488
<b>TOTAL EXPENDITURE inclusive International Coordination Fee</b>				<b>1,560,880,622</b>	<b>360,076</b>
<b>Exchange Rate: local currency to 1 USD</b>	<b>4,335</b>				