

Project Results Framework

Project Title: Ebola Virus Disease (Bundibugyo Virus)

Project start date: 01 July 2026

Project duration: One year

	Description	Indicator	Target	Implementing Organisation	Means of Verification	Frequency of measurement
Strategic Objective One	Strengthen health system capacity for Ebola preparedness, infection prevention and control, early detection, and effective response in high-risk regions of Tanzania by June 2027.			ALL		
Outcome 1	Increased health system resilience and operational readiness of target high-risk regions in Tanzania to rapidly detect, prevent, and respond to Ebola virus disease outbreaks by June 2027.	Number of target regions successfully demonstrating functional epidemic response protocols during unannounced, multi-sectoral tabletop or simulation exercises Percentage of targeted high-risk regional and district hospitals with functional, fully stocked isolation units and continuous Infection Prevention and Control (IPC) compliance scores.	30 health Facilities		data sheets, and official gap-analysis reports generated from joint monitoring visits	Quarterly basis
output 1.1	•300 health care providers from 30 health facilities will have improved capacity to prevent, detect, and respond to Ebola and other infectious disease outbreaks.	# of health care providers reached	300 health care providers	ELCT	Participant list Traing reports	once
Output 1.2	Procurement and distribution of essential PPE and IPC materials, including protective gowns, gloves, face masks, eye protection goggles, boots, caps, hand hygiene supplies, and other critical equipment to targeted health facilities to improve readiness for managing highly infectious diseases.	# of health facilities reached and number of people reched by health care providers in the facility during service provision	30 facilities and 9000people	ELCT	distribution tisit	four times and daily
Output 1.3	Regular mentorship and supportive supervision visits conducted by Bugando and KCMC Trainers of Trainers (ToTs) to target facilities, resulting in enhanced clinical preparedness, IPC compliance, isolation readiness, and One Health implementation for emerging infectious diseases (Ebola, Marburg, Mpox, COVID-19).	# of supportive supervision and mentorship visits conducted by ToTs from Bugando and KCMC per quarter # and % of healthcare workers mentored on IPC compliance, isolation management. % of mentored facilities achieving a benchmark score of ≥80% on the standardized Clinical Preparedness and IPC Readiness Checklist.	4 visits per year 250community health workers 30 health facilities	ECLT	Participant registration / sign-in sheets for on-site capacity-building sessions. Official hospital/facility action plans developed during supervision visits to address identified gaps.	Quarterly basis
strategic Objective two	Enhance community resilience, risk communication, and faith-based engagement for Ebola prevention, early identification, and timely referral of suspected cases in high-risk communities by June 2027					
Outcome 2	Increased adoption of Ebola prevention behaviors and reduced community-level transmission risk within high-risk communities.	number of targeted places of worship implementing standard hygiene practices (e.g., handwashing stations, modified touchless rituals).	50	ELCT	• Faith-community coordination meeting minutes.	montly

Output 2.1	Faith leaders (Mosque and Church committees) trained on Ebola virus disease (EVD) prevention, safe practices, and standardized referral pathways.	Number of religious leaders (faith-based influencers) actively conducting standardized Ebola sensitization sessions in their congregations.	250	ELCT	<ul style="list-style-type: none"> Training attendance sheets. Weekly/monthly faith leader reporting templates. Activity photos and sign-off sheets. 	monthly
Output 2.2	Culturally adapted, language-appropriate Risk Communication and Community Engagement (RCCE) toolkits and materials co-created and distributed.	Number of people reached in localized mass communication events completed by faith leaders and community health workers	5000		Community meeting minutes and attendance registries.	monthly
strategic objective 3						
	Strengthen national and regional multi-sectoral coordination, advocacy, and cross-border collaboration among faith-based and health stakeholders for effective prevention and response to Ebola and other public health emergencies by June 2027.					
Outcome 3	Increased institutional readiness and coordinated resilience among regional faith-based and health stakeholders to effectively prevent, detect, and respond to Ebola and other public health emergencies across borders by June 2027.	<p>Number of people from targeted border regions demonstrating a coordinated, timely response to a simulated or real public health emergency.</p> <p>* Percentage of surveyed faith and health stakeholders reporting</p>	90	ELCT	* Endline stakeholder survey reports and evaluation datasets.	once
Output 3.1	Multi-sectoral, cross-border coordination mechanisms and frameworks formally established or strengthened between faith-based organizations (FBOs) and public health authorities.	Number of active multi-sectoral coordination committees (comprising both FBOs and health authorities) meeting.	At least 5 committees	ELCT	* Signed Memorandums of Understanding (MoUs); meeting minutes, agendas, and participant signed attendance sheets.	once
Output 3.2	Joint advocacy campaigns and community-tailored preparedness toolkits developed and deployed by faith leaders.	<p>* Number of faith leaders actively trained in epidemic prevention messaging.</p> <p>* Number of community members reached through FBO-led health advocacy campaigns.</p>	250 2500	ELCT	<p>* Training workshop reports and pre/post-test scores.</p> <p>FBO campaign tracking sheets.</p>	once monthly
Output 3.3	Formal cross-border communication channels and data-sharing protocols operationalized among health and faith stakeholders in border regions.	* Number of functional cross-border alert and communication protocols formally adopted by neighboring health/faith clusters.	45	ELCT	Copies of the signed cross-border protocols; communication logs or platform analytics (e.g., shared WhatsApp/email	once