

UNITED NATIONS EMERGENCY APPEAL TO COMBAT EBOLA IN SIERRA LEONE



Prepared by the UN Health Team on behalf of the UN Family in Sierra Leone in support of the Government of Sierra Leone

PERIOD:

August 2014 –
January 2015

100%

6.3 million

Total population

16%

of total population

1 million

estimated number of people
in need of humanitarian aid

8%

of total population

500,000

In potential dire need

Key categories of people in need:

500	People under treatment
500,000	Affected people in communities



\$18,130,000
requested for 6
months

Summary: Accelerated Ebola Outbreak Response Plan

Sierra Leone is currently facing a very serious outbreak of the Ebola Virus Disease (EVD). It is part of a regional contagion that has appeared for the first time in West Africa and was first reported in Guinea early in 2014. Although Sierra Leone was the last of the three Mano River countries (the others being Liberia and Guinea) to be affected, it now has the highest number of cases and the outbreak has spread to 12 of the 13 districts of the country since it was first declared on 25 May 2014. According to official records released by the Ministry of Health & Sanitation (MoHS), as at 14 August 2014, EVD had killed over 348 people with a cumulative number of laboratory confirmed cases reaching 733. The CFR is around 45% and a total of 200 patients have been discharged from the treatment centres at the epicentres of Kailahun and Kenema

The national public health authorities, with the support of the United Nations and other governmental and non-governmental partners, have been actively involved in the response. The *Accelerated Ebola Outbreak Response Plan* was launched by H.E. the President Ernest Bai Koroma on 30th July 2014. At the time of launching, the plan was costed at \$25 million, with a short fall of approximately \$14 million. The Plan was organized around four thematic areas which are as follows:

1. Coordination, finance and logistics
2. Epidemiology and laboratory
3. Case management and infection prevention and control; psychosocial support
4. Social mobilization and public information

Each thematic area has two co-chairs, one from the Government of Sierra Leone and the other from the UN. This appeal has been prepared by the UN Health Team in Sierra Leone in order to significantly scale-up current activities being implemented by the UN through the four thematic areas listed above, in direct support of the Accelerated Ebola Outbreak Response Plan.

The Goal of this appeal is the same as that stated in the national Accelerated Ebola Outbreak Response Plan, that being;

“The goal of the operational plan is to reduce morbidity and mortality due to Ebola through prompt identification, notification and effective management of cases, effective social mobilization and coordination of the epidemic response activities. The plan takes into consideration activities to be implemented at district level to break the chains of transmission of the virus to new communities in Sierra Leone and neighboring countries”.

Priority Actions

Using the architecture commissioned by the Sierra Leone Government in its national Accelerated Ebola Outbreak Response Plan, the UN seeks to drive the process forward through: (a) its coordinating role as the co-chair in each of the aforementioned thematic areas; and (b) implement significant projects within each thematic area so as to directly help those communities that are the most affected. The entire UN family will therefore swing behind those four agencies on the front lines of the UN’s assistance to the Government in the national fight against ebola. Those agencies are WHO, WFP, UNICEF and UNFPA. This appeal seeks to ensure that front line agencies are the sole recipients of emergency funds raised through this six-month emergency appeal. Re-programmed regular funds and core funds across the entire UN family will continue to deliver ebola-focused activities across all UN programmes in support of the national response.

Emergency funds are required by the front line UN agencies to urgently strengthen the EVD response capacity of Sierra Leone. The objectives and activities in this appeal were developed based on inputs from the Ministry of Health, other health partners and are aligned to the comprehensive national operational plan. The appropriate cross cutting issues such as protection, gender and human rights have been mainstreamed into all project components. The appeal will focus specifically on the needs of the directly affected and high risk populations (patients, health care workers and their close contacts), and also the vulnerable populations such as children, women and the elderly. Emphasis will be placed on ensuring effective prevention and control of the disease among those who are not yet infected by the disease. This emergency appeal will be administrated by the Office of Humanitarian Affairs (OCHA) through its regional hub in Dakar as part of a regional response to ebola. The donations will be tracked through the OCHA Financial Tracking System, for which details can be obtained on-line.

In addition, there will be a separate appeal by WFP and FAO that falls outside the remit of the Accelerated Ebola Outbreak Response Plan. This appeal will be based on: (a) the Declaration of a State of Emergency by H.E. the President and the requirements of food assistance for households in areas that have now been quarantined under Military Assistance to Government Departments; and (b) post-EVD actions that will be necessary to recover lost agricultural production as a direct result of the Ebola outbreak. This appeal will deal with some of the knock-on affects of ebola and will be

broken down as follows: WFP \$57,300,000 and FAO \$12,000,000 giving a total of \$69,300,000. This will be the basis of the second ebola appeal that will be tracked through OCHA.

Strategy

Planning assumptions: The appeal is based on the following assumptions:

- The ebola outbreak will continue to impact on Sierra Leone for at least a further six months;
- The ebola outbreak should plateau within three months;
- The pledges already made against the national response appeal will be honoured; and
- UN policies will continue to allow UN staff to fully operate at current levels, including the scaling-up of staff deployments in critical areas.

Explanation of the strategy: The Emergency Operations Centre (EOC), with guidance from the World Health Organization (WHO), has put in place a comprehensive plan that will defeat EVD. The aforementioned plan needs to be fully and robustly implemented. Whilst global appeals address regional and international efforts to research ebola and create international safeguards to prevent spread, this Appeal aims to have direct impact at the point of implementation of the national plan in Sierra Leone and meet the critical, identified gaps.

Scope of the strategy: This appeal focuses on providing the UN co-chairs of the four thematic pillars that represent the implementors of that plan the financial resources to reach down to those most in need of help. Whilst other UN agencies (ten in Sierra Leone) will be contributing through other funding channels, this Appeal seeks to avoid potential fragmentation of funding by presenting the donors with a core team of four agencies that are tightly focused, fully embedded in the national strategy and highly aligned with the momentum that has been created by the EOC.

Priorities within the scope of the strategy: Whilst it is envisaged that all four agencies will be fully funded, should prioritization be necessary, then donors should give priority to the following activities:

- Logistical support and provision of medical supplies in order to reach down to the communities in most need and deliver the necessary services at the right time (WFP/UNICEF/WHO)
- Overall coordination and case management to bring the outbreak under control (WHO)
- Surveillance and contact tracing as integral elements of containment (UNFPA)
- Public awareness as absolutely necessary to avoid further spread, panic and social unrest and overcome the climate of misinformation concerning the causes and treatment of EVD (UNICEF/WHO)

Cross-cutting and context-specific issues: The EVD outbreak has been atypical and specific responses at the community level needs to be adapted and revised based on experience in the field. The context within which this outbreak has occurred is central to finding the most effective response.

The UN Health Team has both international and national staff members working at every level of the national response to assist the EOC constantly refine the national response. The UN family brings specialists in the areas of HIV/AIDS, Gender, Governance and Human Rights to advise the four frontline agencies on how best to use their applied knowledge in the current EVD outbreak.

It is evident from the gender disaggregated data related to Sierra Leone that the Ebola Virus disease has differential impact on women and men and requires specific responsiveness to the crisis from a gender perspective. More specifically, the disease continues to affect women as defacto care givers to Ebola infected family members while at the same time assuming the first point of call for Ebola infected persons who approach them in traditional leadership in their communities as healers and social initiators "Sowies" for treatment believing on both sides that they can treat Ebola. These practices have disproportionately affected women because they continue to be exposed to Ebola patients but also dead persons whom they are responsible for preparing for burial rituals. Thus targeting women specifically in all these socially prescribed roles is an important strategy in efforts to curb the infection and deaths due to Ebola. Moreover, the deeply entrenched traditional/customary beliefs and practices; preference for "home remedies" as well as high propaganda/rumours and counter rumours, it is important that female traditional rulers be systematically and critically engaged in taking the lead in addressing the gender social dimensions as they are very influential in their communities.

Moreover the increasing number of male deaths increases each day and with the new cases is increasing women's burden of care for women as female headed households. The vicious cycle continues when women in the family context die and leave their girl child to assume the role of care-giving to fill the shoes of the mother role/figure to their siblings. In many cases girl's education will be curtailed with the death of a mother. In a country where early marriage is a traditional norm, the Ebola crisis continues to be worrisome in relation to the welfare of the girl child. Additional aspects may include sexual exploitation and sexual abuse of girls who may fall prey to sexual offenders as a result of having no parent to provide security at the household level. Similar experiences that have benefited from gender responsive targeted approaches have been amply documented for example during the HIV/AIDS crisis. UNCT Sierra Leone through the Frontline agencies defined in this appeal will continue to examine in detail and elaborate the specific gender responsive measures to be applied in all the Pillars including within the monitoring and evaluation framework for the Accelerated Emergency Response to Ebola.

Constraints and how the UN Health Team will address them:

WHO:

Inadequate human resources for case management –WHO will ensure institution of prompt and effective case management of all cases and build capacity for effective infection control in all health facilities of affected and non-affected districts through provision of health experts and medical supplies.

Coordination- WHO will ensure effective coordination, supervision, monitoring and evaluation of the outbreak response activities at all levels

UNICEF:

Continued denial and myths surrounding Ebola seriously affect prevention and mitigation measures: A nation-wide house-to-house Ebola mobilization campaign is planned.

Inadequate financial resource (including technical and human resources) is a major constraint in the fight against Ebola: Launch of emergency Ebola appeal.

WFP:

Inadequate logistics support, i.e. gap on transport, storage and reporting has posed a serious constraint in the fight against Ebola. Poor infrastructure coupled with rainy season is a serious challenge to deliver supplies timely. The Ebola outbreak has crippled the transport sector, and the augmentation of logistics capacity is required to tackle this challenge.

Food price increase, the closure of cross-border trade and restriction of movement of people and goods and quarantine of the affected areas impact adversely on food security situation. Emergency feeding to the affected people is urgently required. These needs will be addressed in a separate and parallel humanitarian appeal.

UNFPA

Sporadic Network Coverage: UNFPA will continue to work with Mobile Operators to improve network coverage

Rains - leading to reduced mobility: UNFPA has proposed to provide rain gear and umbrellas

Harmonizing approach from different partners: UNFPA is working to strengthen partnership by providing a clear terms of reference under the National Surveillance Pillar and will continue to hold coordination meetings to streamline approaches

Response monitoring:*First 3 months (Aug-Oct)*

Monthly UN Joint monitoring of all proposed activities

Individual agency monitoring every two weeks

Weekly activity reports by respective agencies to the RC Office

Fortnightly UN Performance reports

Second 3 months (Nov – Jan)

Monthly UN Joint monitoring of all proposed activities

Individual agency monitoring every two weeks

Fortnightly activity reports by respective agencies to the RC Office

Monthly UN Performance reports

Strategic objectives and indicators

STRATEGIC OBJECTIVE: LOGISTICAL SUPPORT AND THE PROVISION OF MEDICAL SUPPLIES ARE EFFECTIVE IN ORDER TO DELIVER THE NECESSARY SERVICES AT THE RIGHT TIME

Indicator	Monitoring responsibility & method
Number of women, men, boys and girls receiving assistance, disaggregated by activity, beneficiary category, sex, as % of planned Quantity of assistance distributed, disaggregated by type, category, sex, as % of planned	Sitrep/weekly
Number of supplies delivered to all health stations	Daily Supplies availability report and Daily movement report
Number of frontline staff (social workers, community based groups, CBO, NGO, etc.) trained on CPIE (Child protection in emergencies) training package	SitRep/Weekly
Number of households reached with Ebola hand washing promotion campaign	SitRep/weekly
Number of institutions / check points / public places provided with chlorine solution/soap for hand washing/ disinfection)	SitRep/weekly

STRATEGIC OBJECTIVE: OVERALL COORDINATION AND CASE MANAGEMENT ARE OF A HIGH STANDARD IN ORDER TO GET THE OUTBREAK UNDER CONTROL

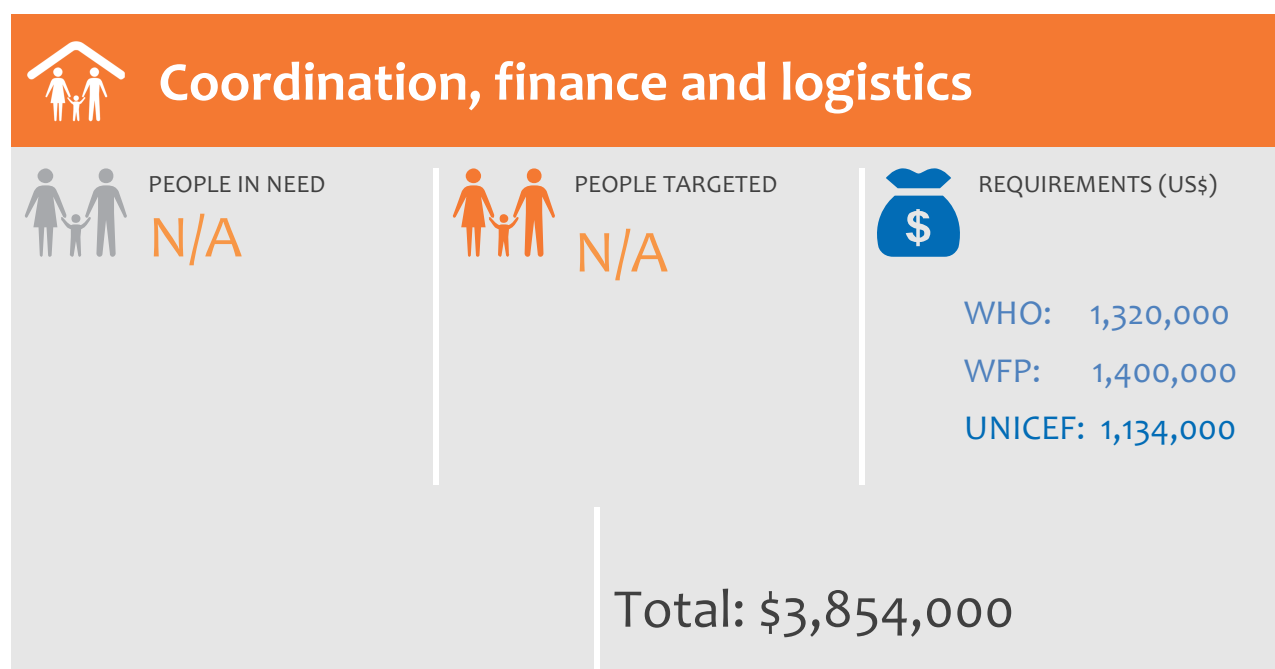
Indicator	Monitoring responsibility & method
Functional Emergenc Operation Centres (EOC)	Responsible: Coordination subcommittee Method :EOC reports
Functional treatment centers Baseline :1 Target 3	Responsible: Case management subcommittee Method: Treaatment center reports

STRATEGIC OBJECTIVE: SURVEILLANCE AND TRACKING IS STRONG IN ORDER TO CONTAIN THE OUTBREAK

Indicator	Monitoring responsibility & method
% of all Ebola contacts monitored by contact tracers (denominator: Total number of contacts listed, Numerator: number of contacts monitored)	Responsibility: National Surveillance Pillar Committee (UNFPA, DPC, CDC, WHO)
Baseline: 52% (data source: Weekly Ebola Situation Report, 6th August. Target: 95	Method of verification: Weekly Ebola Situation Report
	Reporting Frequency: Weekly

STRATEGIC OBJECTIVE: PUBLIC AWARENESS ABOUT EBOLA IS DONE IN SUCH A MANNER TO AVOID FURTHER SPREAD, PANIC AND SOCIAL UNREST

Indicator	Monitoring responsibility & method
Proportion of Chiefdoms covered by NGOs/Partners engaged in Ebola sensitization activities	Report/minutes of meetings
Number of Radio stations airing jingles / discussions on Ebola.	SitRep/Weekly
Number of community volunteers trained in using Ebola Introduction presentation and MSF Community Health Worker guidelines on Ebola/population	SitRep/weekly
Number of households reached through door-to-door Ebola sensitization activities	SitRep/weekly
Number of IEC materials distributed	Social Mobilisation Group Report/Monthly
Number of Group trainings conducted (market women, traders union, motorbike riders, religious leaders, commercial motorist, etc.)	SitRep/Weekly



WHO: WHO will ensure effective coordination, supervision, monitoring and evaluation of the outbreak response activities at all levels. Engagement of both women and men will be considered during coordination meetings. Provision of supplies have taken into consideration gender needs. Staff deployment will ensure women are represented to make sure women issues are captured.

Coordination support support will require \$1, 132, 000 for six months.

Activity	Locations	Indicator	Target
Establishment, furnishing and equipment of Emergency Operation Centres (EOC) at national and district level	Kenema, Kailahun and Freetown	Establishment, furnishing and equipment of Emergency Operation Centres (EOC)	3
Strengthen WHO's capacity for technical assistance and coordination of emergency response through recruitment and field deployment of relevant technical staff, procurement of vehicles and equipment including ICT and radio communication equipment	Freetown, Kenema, Kailahun	Number of relevant staff deployed	4
Establishment, staffing and maintenance of WHO field offices in Kenema and Kailahun	Kenema and Kailahun	Offices operational	2
Production and circulation of daily			

Activity	Locations	Indicator	Target
situation reports and other information products	Freetown and then national circulation	Sitreps reaching key stakeholders on a regular basis	As per agreed frequency

WFP: The Logistics Support Service aims to provide effective logistics coordination and augmentation of efforts to deliver Medical Equipment, Medicine, NFIs and other supplies required to effectively respond in the fight against Ebola Virus Disease in Sierra Leone.

The Logistics Support will require \$1,400,000 for six months.

Logistics Support

The range of activities and services of the logistics cluster are not intended to replace the logistics capacities of individual agencies or organizations, but rather to fill identified gaps in the supply chain and supplement the response of Ebola virus disease through the provision of common services, based on need. The following services will be made available to the humanitarian community:

Logistics Coordination

- Regular coordination meetings in Freetown – three times a week (Monday, Wednesday, Friday)
- Coordination in key hot spot locations, such as Kenema, Makeni and other locations deemed necessary
- Coordination with other pillars of the Ebola Operation Center (EOC).

Logistical Services:

- Common Warehousing: Providing common storage warehouses in Freetown, Makeni and Kenema. Common storage will be for short term use (maximum 7 days) on a free-to-user basis, first come first serve basis.
- Common Transport: Facilitating transport through in house trucking fleets and commercial transport suppliers. Situation dependent, this service can be offered to those partners to all agencies involved in the fight against the Ebola Virus Disease. The Logistics Cluster will collectively focus on addressing challenges in the current Ebola Virus Disease response.

Common Road Transport:

Gap: Lack of coordinated transport support.

Need: Provision of a logistics coordination platform and an information management (IM) system through the establishment of district level interagency logistics centres alongside operational hubs in Freetown, Kenema, Makeni. The Logistics Cluster under WFP, can facilitate transport through in house trucking fleets and commercial transport suppliers focusing on addressing transport challenges in the current Ebola Virus Disease response.

All supplies transported on time, effectively mitigate mis-appropriation and delay.

Activity	Locations	Indicator	Target
Prepositioning supplies	Freetown, Makeni and Kenema	Preposition supplies to central hubs	All supplies in place
Distributing supplies	All treatment centers and quarantined houses across Sierra Leone	<ul style="list-style-type: none"> Timely Delivery Consolidated delivery of supplies 	All supplies distributed on time

Common Warehousing & Supply Tracking:

Gap: Insufficient storage capacity and interagency cargo tracking system.

Need: Augment existing warehouses in Freetown, Bo, Kenema, Makeni and establish logistics hub in these locations and provide supplies tracking system. Common storage will be for short term use (maximum 7 days) on a free-to-user basis and first-come-first-serve basis

Consolidate supplies in central hubs (Freetown, Bo, Kenema and Makeni) to be delivered to treatment centers houses quarantined.

Activity	Locations	Indicator	Target
Common Warehousing	Freetown, Bo, Kenema & Makeni	Supplies consolidated	All items accounted for
Supply Tracking	Across Sierra Leone	Provide report on Supply delivery	All items accounted for

Logistics Coordination: Logistics coordination services will be provided to mitigate any duplication of efforts by different actors and maximize the use of available logistics assets and resources:

Ensure supplies are provided on time, avoid delay of supplies by prepositioning supplies in hot spot locations.

Activities	Locations	Indicator	Target
Regular coordination meetings of agencies– three times a week (Monday, Wednesday, Friday)	Freetown, Makeni, Kenema	Number of coordination meetings	3 times a week

Activities	Locations	Indicator	Target
Coordination with other pillars of the Ebola Operation Center (EOC).	Freetown, Makeni, Kenema.	Number of coordination meetings	At least one coordination meeting daily

WFP table of planned coverage per thematic area

Districts	Organization	# of orgs per district
Kenema	WHO, WFP, UNICEF, MSF	4
Kailahun	MSF, WHO	2
Makeni	WFP, UNICEF	2
Freetown	WHO, WFP, UNICEF, UNFPA, MSF, SC, CRS, CARE, ACF, WVI	10

UNICEF: UNICEF will work on the provision of:

- medical supplies in 13 districts for six months
- Provision of tents, motorbikes and vehicles to support Ebola response in 13 districts
- Timely deployment of UNICEF additional staff to support Ebola response in hot spots

Equipment and personnel support for six month will cost 1,134,000.

Activity	Locations	Indicator	Target
Deploy six UNICEF staff in six districts. Kenema, Kailahun, Bo, Bombali, Tonkolil, Bonthe,		Number of UNICEF staff deployed in six districts	6 UNICEF staff for six districts
Procurement of medical supplies for 6Thirteen affected and non districts months		Quantity and type of medical supplies provided to 13 districts	13 districts have medical supplies for 6 months
Procure 10 tents.	Prepositioned in hot spots	Number of tents 10 tents procured for hotspots	10 tents prepositioned in hot spots
Procure 100 motorbikes and refurbish 13 districts provided with motorbikes and 4 vehicles	districts provided with vehicles	Number of motorbikes procured Number of vehicles refurbished	13 districts provided with motorbikes and 4 districts provided with vehicles



WHO: WHO aims to continue to strengthen early detection, reporting and referral of suspected cases through active surveillance and outbreak investigation.

Activity	Locations	Indicator	Target
Strengthen the system for active case search, collection of epidemiological data, identification and contact tracing of patients at the community level through procurement of relevant equipment and provision of operational support	Western Area, Kenema, Kailahun, Bo, Bonthe, Port Loko, Kambia, Kono, Koinadugu, Tonkolili, Bombali, Pujehun and Moyamba	Timeliness and completeness of surveillance data	90% timelines and 100% completeness
Train contact tracers, health workers and active case search teams on community case definition, contact tracing and follow-up	Western Area, Kenema, Kailahun, Bo, Bonthe, Port Loko, Kambia, Kono, Koinadugu, Tonkolili, Bombali, Pujehun and Moyamba	Number of health workers trained	5000

Other Activities include the printing and circulation of surveillance protocols, case definitions and registers to health facilities in the affected areas.

Strengthening early detection, reporting and referral of suspected cases through active surveillance and outbreak investigation will cost 1,800,000 over a six month period.

UNICEF: UNICEF aims to continue to improve the recognition of the early detection of signs and symptoms of Ebola in order to make a concrete contribution to prevention/reduction of morbidity and mortality of affected people and health workers.

Activity	Locations	Indicator	Target
TOT conducted for Supervisors	Four districts (Bo, Western Area, Port Loko and Kenema.	Number of Supervisors trained as TOT	40 supervisors trained
PHU training conducted	Bo, Western Area, Port Loko and Kenema	Number of PHU staff trained	400 PHU staff trained
Orientation sessions for Community Volunteer	Bo, Western Area, Port Loko and Kenema	Number of Community Volunteers trained	600 Community Volunteers trained

Improving the recognition of the early detection of signs and symptoms of Ebola in order to make a concrete contribution to prevention/reduction of morbidity and mortality of affected people and health workers will cost \$311,000 over a period of six months.

UNFPA: To strengthen early detection, reporting and referral of suspected cases through active surveillance and outbreak investigation.

The reduction in the number of infections in Kailahun, the first epicentre in Sierra Leone evidenced that the UNFPA initiated “The Kailahun Model” worked, and thus it is proposed to scale up this model of contact tracing nationwide to reduce/stop the transmission of Ebola virus in Sierra Leone.

Through the below mentioned activities, contact tracers in partnership with the District Health Management Teams (DHMTs), will assist in a comprehensive and systematic method of surveillance to enable early detection of new cases and minimise spread. “The Kailahun Model” has proven to be responsive to the needs of the epidemic, revitalising the existing infrastructure of the Primary Health Care Unit of MOHS, training Community Health Workers (CHWs) focusing on early detection of infected cases and people who have come into contact, reporting, referral of probable cases and safe burials. The model serves as a mechanism to empower the community, by equipping CHWs to track and reduce the incidence of Ebola.

The contact tracers follow-up with contacts (people linked to confirmed Ebola cases or probable Ebola cases) and monitor whether those contacts exhibit signs and symptoms of Ebola based on the epidemiological case definitions, which include fever, diarrhoea and vomiting. Using mobile phones, they give daily updates on the status of the contacts to the chiefdom supervisors who collect data

from their respective chiefdoms and submit to the District Ebola Task Force Team through the District Surveillance Officer. Community deaths or Cases manifesting signs of Ebola, also referred to as “Alerts”, are communicated with ambulance teams for prompt referral to holding centres for blood samples and laboratory confirmation. The positive cases are taken to Case Management Centres for supportive care. Confirmed cases from the laboratory are line listed by the Surveillance team and new contacts are added for follow-up visits by Community Contact Tracers for a period of 21 days. Community deaths are communicated with Burial teams for safe burial within 24 hours. This triangulated intervention ensures early detection, referral of cases and help to prevent new infection in a cost effective manner.

Due to the increased spread of the Ebola outbreak to nearly all districts in Sierra Leone, it is imperative that contact tracing is conducted in a mainstream and standardised manner to ensure the virus is contained within shortest period of time.

Additionally, it is proposed that the EVD outbreak database is strengthened to facilitate regular epidemiologic data analysis and interpretation to better monitor the evolution on the outbreak and guide policy makers and programme managers on outbreak response.

Activity	Locations	Indicator	Target
Establish/strengthen EVD alert management system at national and district levels to receive alert calls, rumours, and other information from the communities and respond promptly to conduct verifications / investigations	Nation-wide (all 13 districts)	>300 contact tracers trained per district and 213 supervisors and provided with appropriate incentives, transport allowances and mobile phones >Close user group (CUG) provided to all contact tracers and supervisors (4113) >100% contact tracing coverage	>4113 contact tracers /supervisors trained and provided with incentives and rain gear
Engage international partners to support activities and concurrently train national staff to be deployed to affected areas	7 most affected districts and nationally	>1 epidemiologist provided to each of the 7 most affected districts >3 laboratory scientists provided to support laboratory activities	>10 specialists to train staff and support activities

UNFPA table of planned coverage per thematic area

Districts	Organization	# of orgs per district
Western Urban/Rural	UNFPA & MoHS/DHMT	2
Kailahun	UNFPA & MoHS/DHMT	2
Kenema	UNFPA & MoHS/DHMT	2
Bo	UNFPA & MoHS/DHMT	2
Kambia	UNFPA & MoHS/DHMT	2
Port Loko	UNFPA & MoHS/DHMT	2
Bombali	UNFPA & MoHS/DHMT	2
Koinadugu	UNFPA & MoHS/DHMT	2
Tonkolili	UNFPA & MoHS/DHMT	2
Kono	UNFPA & MoHS/DHMT	2
Moyamba	UNFPA & MoHS/DHMT	2
Bonthe	UNFPA & MoHS /DHMT	2
Pujehun	UNFPA & MoHS/DHMT	2

Strengthening early detection, reporting and referral of suspected cases through active surveillance and outbreak investigation will cost \$4,900,000 over a period of six months.

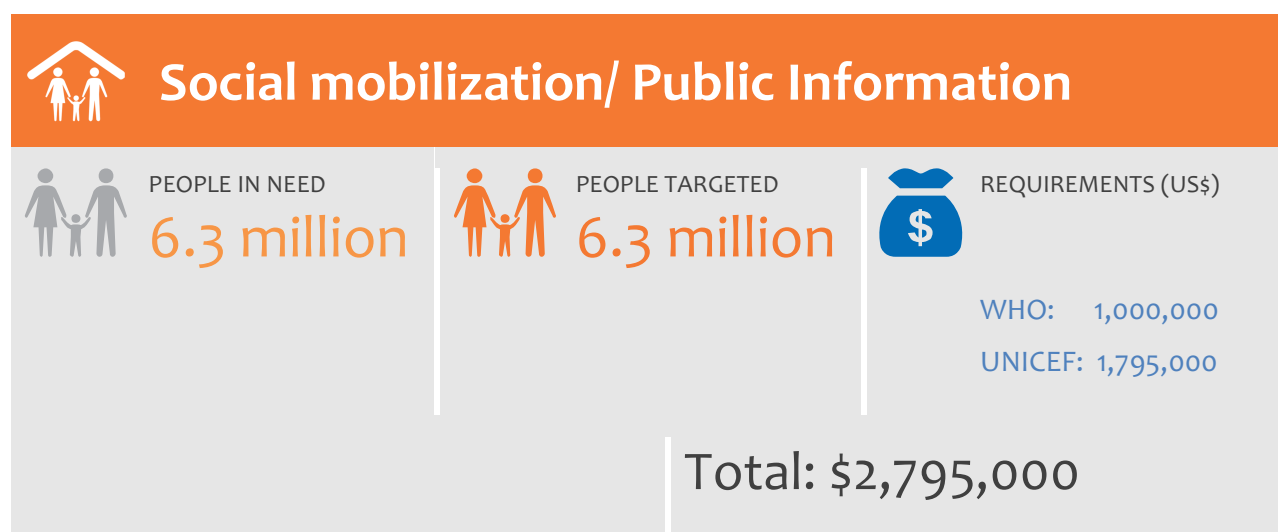


WHO: WHO is to institute prompt and effective case management of all cases and build capacity for effective infection control in all health facilities of affected and non-affected districts.

Activity	Locations	Indicator	Target
Recruit, train and facilitate experienced health workers to work in the isolation units and affected communities	Kenema, Kailahun and Western Area	Number of health workers working in the isolation unit	10 doctors and 40 nurses in each isolation unit
Procure drugs, medical supplies and equipment (especially PPE) needed for the treatment of patients and infection prevention and control at the isolation units and all health units in the districts	Kenema, Kailahun and Western Area	Number of PPE kits procured	20,000
Procurement of assorted medical equipment for isolation unit	Kenema, Kailahun and Western Area	Medical equipment procures	TBC
Train OPD staff in the different health units on patients triage, burial teams on body handling and burial procedures and mobile teams on patient handling and referral	Kenema, Kailahun and Western Area	Training completed	Ongoing
Minimal infrastructure improvement in the isolation units including painting, fencing, small generators, solar panels, water, sanitation and waste management	Kenema, Kailahun and Western Area	Infrastructure improvements completed	Ongoing
Procure additional tents, beds, beddings and blankets for use at the isolation units	Kenema, Kailahun and Western Area	Procurement completed	Ongoing
Procure, fuel and maintain additional ambulances and vehicles to support patient transportation, surveillance, active case searches, contact tracing and	Kenema, Kailahun and Western Area	Procurement completed	Ongoing

Activity	Locations	Indicator	Target
burials			
Provision of psychosocial support and care to patients, their families and health workers	Kenema, Kailahun and Western Area	Number of people receiving psychosocial care	5000
Replacement of destroyed personal effects (mattresses, mats, beddings, clothes, shoes) of patients	Western Area, Kenema, Kailahun, Bo, Bonthe, Port Loko, Kambia, Kono, Koinadugu, Tonkolili, Bombali, Pujehun and Moyamba	TBC	TBC

Instituting prompt and effective case management of all cases and build capacity for effective infection control in all health facilities of affected and non-affected districts will cost \$4,470,000 over a period of six months.



WHO: WHO aims to create public awareness about EVD, the risk factors for its transmission, its prevention and control among the people and support psychosocial care and counselling for affected families, survivors and health workers.

Activity	Locations	Indicator	Target
Development and printing of IEC materials (fact sheets, brochures and posters)	Entire country	IEC materials printed and distributed	TBC
Development and airing of radio messages and spots	Entire country	Radio messages sent out	TBC
Training of community mobilizers and educators	Entire country	Community mobilizers trained	TBC
Deployment of social mobilization teams to affected districts	Affected districts	Social mobilization teams deployed	All affected districts
Identification, training and mobilization of existing social networks for community mobilization and education on Ebola	Entire country	Existing social networks mobilized	N/A
Support rehabilitation and reintegration of survivors back into their communities	Affected areas	Survivors reintegrated into communities	TBC

Creating public awareness about EVD, the risk factors for its transmission, its prevention and control among the people and support psychosocial care and counselling for affected families, survivors and health workers will cost \$1,000,000 over a period of six months.

UNICEF: UNICEF will ensure gender and culture is considered during community engagement in Social mobilization activities. Identification of specific groups will ensure women groups, community volunteers in neighborhood watch, social workers and community PSS staff have both women and men. Youth will also be engaged in awareness and sensitization raising as they are more mobile and can reach the extra miles. Harmful practices and culture have impeded successful measures against Ebola. BCC and community engagement with specific groups will be ensured to address cultural issues. The CP/SP assessment has revealed useful insights on the impact of Ebola on children. Specific interventions to address these issues have been considered in the proposal.

Availability of assorted IEC/BCC materials for community sensitization in 13 districts

Community awareness and understanding on Ebola improved.

Provision of standard package for FTR for children affected by Ebola

Availability of handwashing stations in all strategic areas.

Table of planned coverage per thematic area

Activity	Locations	Indicator	Target
Produce assorted IEC/BCC materials	13 districts	Number and type of IEC/BCC produced	100,000 posters, 100,000 fact sheets, 400,000 key messages, 900 banners, 30 Bill boards, 10,000 T-shirts, 5,000 Bumper stickers
Develop radio skits with Ebola messages	13 districts		40 National radio stations airing Ebola messages
Produce skits with Ebola messages for TV airing	All districts accessing TV stations	Type of skits and frequency of messages aired	All districts with TV stations
Identified theatre groups trained on Ebola skits	13 districts	Number of theatre groups trained Type of Ebola skits developed	10 performances performed by each group in 150 Chiefdoms
Community sensitization done in identified resistant communities	13 districts	Number of community sensitization sessions conducted	2 sensitization sessions conducted in a week for 1 month in 13
Orientation sessions conducted for targeted groups-women, religious, traditional healers,	13 districts	Number of orientation sessions conducted Number of participants	1 orientation session conducted once per month for 4 identified groups for 6 months
Organize EVD survivors conference	2 districts (Kenema & Kailahun)	Number of conferences organized; number of EVD survivors participated	4 conferences organized; 50% of EVD survivors participate

Activity	Locations	Indicator	Target
Organize Coordination meetings for CP/SP pillar	13 districts	Number of coordination meetings held; Attendance list	Weekly meetings held in 13 districts
Conduct training for Social Workers and Child Welfare Committees on FTR/PSS	2 districts (Kenema/Kailahun)	Number of SW and CWC trained on FTR/PSS	70% of SW and CWC trained in FTR/PSS in Kenema and Kailahun
Provision of FTR package to affected children	Kenema & Kailahun and other Ebola affected districts	Number of affected children provided with FTR package	150,000 children affected by Ebola provided with FTR package
Provision of Social protection support to affected children	Kenema & Kailahun	Number of affected children provided with Social protection	150,000 children provided with social protection
Provision of PSS to children in ICC and in the community	Kenema & Kailahun	Number of children provided with PSS in the ICC and community	150,000 children provided with social protection.
Conduct sensitisation sessions with youth and peer educators on CP	Kenema & Kailahun	Number of Peer Educators and youth sensitized on Ebola	50% of youth and Peer educators sensitized
Refurbish and operationalize ICC for affected children	Kenema & Kailahun	Number of affected children supported at the ICC	150,000 affected children supported at the ICC
Install handwashing stations	13 districts	Number of handwashing stations installed in 13 districts	40 handwashing facilities installed in 13 districts
Install handwashing stations	12 district hospitals	Number of handwashing facilities installed in district hospitals	12 handwashing stations installed at entrances of district hospitals
Preposition handwashing stations	Freetown	Number of handwashing stations prepositioned in markets and strategic areas	28 handwashing stations prepositioned in Freetown
Conduct training for WASH IPs	8 districts (Bombali, Bonthe, Kenema, Koinadugu, Tonkolili, Port Loko, Moyamba & Pujehun)	Number of WASH IPs trained on Ebola	156 WASH IPS trained on Ebola
Sensitization sessions conducted by WASH IPs in catchment areas	13 districts	Number of sensitization meetings conducted by WASH Ips	1,495,000 people and 281,800 students will be reached
Distribution of Chlorine and chlorine mixing kits and soap	13 districts	Quantity of Chlorine and soap distributed	Chlorine and soap distributed for 3 months

The package of activities outlined above will cost \$1,795,000 over a period of six months.