

<b>Name of Implementing Partner</b>	Christian Aid
<b>Programme Name</b>	Emergency response against Ebola
<b>Agreement number</b>	AID-OFDA-G-15-00056
<b>Geographical coverage (district/chiefdoms)</b>	Bo District – Kakua, Bumpeh Gao & Tikonkoh chiefdoms Bombali District – Tambaka, Bombali Shebora & Sella Limba chiefdoms Tonkolili District – Tane, Gbonkolenken & Kholifa Rowala chiefdoms Kambia District – Magbema, Masungbala & Manbolo chiefdoms
<b>Agreement start and end date</b>	1 February to 31 July 2015
<b>Period covered by the report</b>	1 February to 31 March 2015
<b>Date of submission</b>	30 April 2015

## I. REPORT SUMMARY

### Key achievements in line with objectives

- Partners submitted revised project activity plans, and SLSAV and CARL finalized their beneficiary lists for the distribution of NFIs to survivors, sharing information with coordination partners to avoid any duplication.
- The project enabled the continuation of critical counselling and psychosocial sessions for people in quarantined homes and survivors.
- Active involvement of 143 contact tracers/community mobilisers in reporting early warning signs of EVD, including 61 in Bo District.
- Partners held planning meetings with local stakeholders, including paramount chiefs, women and youth in the operational chiefdoms in Bombali, Kambia and Bo districts and project details were shared.
- All partners became engaged in Social Mobilisation (SocMob) pillar and DERC in their respective districts. The partner in Kambia collaborated with the DERCs and District Health Management Teams (DHMTs) in the Zero Ebola campaign to carry out sensitisation activities during the three days ‘stay-at-home’ (27-29 March).

### Developments which have had a significant impact on the activities

- During the period between the proposal submission and contract start up the realities in the target areas had significantly changed. While there was an overall decrease in EVD infection rates in most of the country, and consequently a reduction in the number of quarantined homes, the epi-centre also changed and new chiefdoms, particularly in Kambia in the north, became ‘hot spots’. It has become clear that flexibility is needed in terms of which chiefdoms will be covered in the future depending on where the needs emerge for quarantined homes. With an overall reduction in the numbers of quarantined homes more NFI distributions can therefore be re-targeted to EVD survivors. All Partners signed their sub-contract agreements with Christian Aid during the week commencing 23 March to enable the transfer of project funds; therefore many activities were only able to start in April.

### Problems, delays, adverse conditions (which impacted on meeting the objectives)

- SAM and DUNS registrations of local partners were more complex and took longer than initially anticipated. Delay in registrations prevented the issuance of the contract from USAID/OFDA’s side until the first week of March. This created a very tight timeframe for the drafting of sub-contracts with partners, given the need to cascade down clauses from the main contract to the one for partners. Consequently, there was a delay in the signing of the sub-agreements and the first transfers of funds to partners did not meet Christian Aid’s end of financial year deadline; the system’s shut down resulted in transfers being delayed a further 10 days.
- The implementation of the baseline study was postponed due to the need to refine the survey tools based on lessons learned from initial data collection processes using Kobo Collect (see section IV below).

### Action(s) taken/contemplated to resolve problems

- Christian Aid’s Programme Funding Department in London supported the DUNS and SAM registration, as well as the financial transfer processes once these could be initiated in the new financial year.

## II. SUMMARY TABLES OF INDICATORS

### 1. Targets and results

SECTOR indicators (including targets where appropriate in relation to baseline data)	Number of beneficiaries targeted In reporting period	Total number beneficiaries reached in reporting period	Cumulative number of beneficiaries targeted	Cumulative number of beneficiaries reached	Progress / Comments
<b>Objective level indicator 1:</b> Incidence and prevalence of EVD cases in target areas (Ministry of Health and Sanitation-MOHS figures)					
# patients referred by CHWs to holding / treatment centres					
# CHWs / contact tracers trained and supported	143	143	143	143	
# and % CHWs trained actively engaged in contact tracing	143 (100%)	143 (100%)	143 (100%)	143 (100%)	
# and % household members visited by CHWs utilizing target health education message practices	1,500	1,000 (66.7%)	1,500	1,000 (66.7%)	Figures from one partner only
<b>Objective level indicator 2:</b> Evidence of reduction in perceived levels of stigma and discrimination of Ebola survivors					
# religious leaders trained in psychosocial support (target 120)	120	40	120	40	
# religious leaders actively providing psychosocial support and trauma healing in Ebola affected communities	120	40	120	40	
<b>Evidence that essential non-food needs of quarantined and survivor households have been met</b>					
Total # and per item USD cost of NFIs distributed, by type (eg, soap, toothpaste, buckets, mattresses, bedding)	0	0	0	0	
Total # Ebola survivors and people in quarantined households receiving NFIs, by sex, and type (e.g., soap, toothpaste, buckets, mattresses, bedding)	M 0	M 0	M 0	M 0	
	F 0	F 0	F 0	F 0	
<b>Totals</b>					

<b>Objective level indicator 3:</b> Evidence of improved coordination and governance in the EVD response at community / district level	<b>No of attendees / meetings / forums / visits</b>	<b>Comments</b>
# Civil Society Organisation (CSO) representatives / community members / local authorities at meetings; actions points achieved by following meetings	0	
# dialogue forums held (chiefdom / district) in target chiefdoms	0	
# visits to Ebola response structures by community representatives / local authorities and CSOs	3	
# coordination meetings at district and national level attended by partner	48	Two local partners in Bombali District (CAHSec and HPA) registered with, and attended, regular SocMob pillar meetings. Christian Aid and partners have been attending the NERC/DERC briefings and the SocMob pillar meetings at district and national levels.
# representatives of CSOs trained and involved in monitoring resource allocation and utilisation	0	

### **III. PROJECT IMPLEMENTATION BY STRATEGIC OBJECTIVE**

#### **Description of project activities summarized by strategic objectives**

##### **Result 1: Communities are mobilised to break the chain of EVD transmission through information, surveillance, contact tracing and referrals**

###### ***a. Summary of accomplishments of activities undertaken compared with expected results***

- 143 contact tracers/community mobilizers were re-engaged by CARL to carry out social mobilisation on the safe practices to counteract the EVD in Bo District.
- SLSAV met with the Section Chief, women leaders and youth in Gbinleh Dixon Chiefdom (Kambia District) to introduce the project, and met with a group of women in Rogbere-Gbeleh Dixon Chiefdom who had lost children, husbands and other relatives to the disease. During the 3 day 'stay-at-home' SLSAV volunteers, on 27 March 2015, with support from the DHMT, carried out door-to-door sensitization and psychosocial support and distributed soap in Mambolo, Masungbala, Magbema and Samu chiefdoms.
- SLSAV, in cooperation with the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) in Kambia gathered information on Ebola affected children in quarantined homes and have followed up on EVD affected children who have no foster parents and/or affordable caregiver. The data collected has helped key child protection partners to provide psychosocial counselling services.

###### ***b. Challenges and proposed solutions / lessons learned***

- Selecting people from small and isolated communities for training as contact tracers proved to be challenging as some areas are physically hard to access and transportation is costly.
- The involvement of community health officers (CHOs) and chiefdom authorities in recruiting contact tracers was positive because they know the people in their communities and were able to advise on who would be the most committed to the campaign.
- In Magbengbe village in the Samu Chiefdom, the community complained that their section was marginalized in the recruitment of community health workers (CHWS) and therefore would not allow CHWs to be active in their village. Through discussions with the community SLSAV was able to better explain the role of the CHWs, the criteria for selection, and the need to recruit quickly to allow speedy EVD tracing in the area.
- In Masungbala Chiefdom the community was opposed to the SLSAV mobilizers on the basis that the

government is telling people to wash their hands but is not feeding them. Hand washing goes hand-in-hand with eating, therefore when people are told to wash their hands to prevent the spread of EVD there is an expectation that the government should also provide food and not just messages. SLSAV started to use the slogan 'wash your hands without eating'. Lack of safe and accessible water supplies do not exist in many rural communities and the messaging on washing your hands all the time, i.e. using scarce water, was also stressing some communities. The EVD messages on the use of soap and hand sanitizers were not appropriate since these materials are expensive and not readily available to many people.

**Result 2: Support to Ebola survivors and families affected / in quarantine**

***a. Summary of accomplishments of activities undertaken compared with expected results:***

- Identification of survivors, Ebola affected widows, widowers, orphans and vulnerable children carried out in EVD affected communities.
- 40 religious leaders were trained in psychosocial support and have been active in supporting communities

***b. Challenges and proposed solutions / lessons learned***

- Some of the survivors were initially suspicious of NGO aid workers, partly because foreign health organisations have been taking blood samples from survivors. People were also suspicious about who was receiving EVD funding due to the recent Auditor General's report on alleged misuse of funds. CARL staff were very patient in allaying fears and explaining the project and how we wanted to support them.

**Result 3: Communities engaged in improving local governance and coordination of the EVD response**

***a. Summary of accomplishments of activities undertaken compared with expected results:***

- Community neighbourhood committees have been established by CARL in the three operational chiefdoms of Kakua, Tikonkoh and Bumpeh in Bo. The Paramount Chief of Bumpeh Ngao, the town chief of Kalia in Kakua, the chiefdom speakers of Bumpeh and Tikonkoh, women leaders, traditional healers, teachers, traders, bike riders, health workers, local court chairmen, clerks and youth representatives are all involved in these committees. The committees are charged with the responsibility of coordinating actions towards maintaining the zero infection rate in Bo District.
- SLSAV has strengthened coordination with the DHMT and DERC in Kambia District and has shared its experiences and lessons learned from its project work in Port Loko District on how to sustain community engagement in hand washing practices and safe burials.
- The partners participate in local USAID/OFDA weekly coordination meetings in their various locations.

***b. Challenges and proposed solutions / lessons learned***

- CARL's selection of three chiefdoms in Bo out of 15 created concerns in the district as it was not clear why these chiefdoms were chosen until it was explained that they were the worst hit. CARL also held sensitization meetings with stakeholders to explain the project's objective and criteria for selecting beneficiaries. People who had experienced quarantine recommended that they should also be considered in future projects.
- CASL's stipends (to cover transportation, food etc.) to community social mobilisers is lower than the rate paid by the government and some UN agencies. CASL explained their project budget during a training session to mitigate misunderstandings.
- There was frustration amongst some community stakeholders (e.g. local chiefs) that their efforts in social mobilisation have not been recognised nor have they received any financial benefits to support their services while others, such as contact tracers, have received fees. More collaboration should have taken place at the national and district level to set a uniformed amount in advance and agreed by all organisations. All NGOs have now been requested to work through the DERC and have their activities approved first.
- The selection of community mobilisers was a challenge as most of the contact tracers who were recruited by the government and UN agencies have now been made redundant and engaging just a few has raised questions about the recruitment criteria.

- There is a contradiction between the NERC’s Standard Operating Procedures (SOPs), which were produced late, and the Chiefdom bye-laws. The bye-laws state that people who have died from non-Ebola illnesses should be handed over to family members for burial. However, the SOPs state that all burials within the chiefdom must be conducted by EVD burial teams.

#### **IV. MONITORING AND EVALUATION**

- A one day Start-up Forum was organised with partners on 4 February 2015 in Freetown to discuss the project activities, including the M&E framework.
- The base line survey tools are being prepared. Fieldwork will be carried out from 25-29 April, 2015 by enumerators working in the four operational districts. The fieldwork will be followed by data cleaning, analysis, and the writing up of the report and findings will be reported in the next quarterly report.
- Monitoring and evaluation will take place once partners’ projects are up and running in April. Attached is a copy of the monitoring and evaluation plan with gender and age disaggregated data for the reporting period. A monitoring format based on this tool is under development and will be rolled out during the next reporting period

#### **V. PROGRAMME MANAGEMENT**

- The recruitment of full-time programme staff was completed, including for the positions of Emergency Programme Manager, M&E Coordinator, Procurement and Logistics Coordinator, Finance Officer, and Driver.
- DUNS and SAM registration for local partners/sub-grantees were completed. The contract between Christian Aid and USAID/OFDA was signed on 17 March 2015, and terms and conditions cascaded down into sub-agreements with partners, which were signed by the end of March.

#### **IV. BUDGET**

- Please see attached expenditure report for a full breakdown of all costs incurred.
- The Security Advisor’s time has not been charged to this grant because all of the tasks were organized earlier than planned due to the urgency of putting in place adequate safety and security measures for staff and costs were subsequently charged to other grants. Christian Aid would therefore like to request the re-allocation of this budget line to cover the support work of a Programme Funding Officer. She will be spending time with the team in Sierra Leone to provide technical and operational support to the programme and will assist with financial monitoring and reporting.

#### **VII. OTHER ISSUES**

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#### **VIII. SUCCESS STORIES**

- Since the training of contact tracers/community mobilisers, CARL has been receiving more reports on the compliance of chiefdom bye-laws. For example, in Walihun-Bumpeh Gao in Bumpeh Chiefdom, a contact tracer reported a death and his supervisor immediately called in the burial team to carry out a safe burial. In Kenema, a community mobiliser trained by CARL reported to the security that a corpse had been brought into the district from Bo by an alleged ambulance driver and the matter was referred to the Kenema police for further investigations.

