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Emergency Response against Ebola



Technical Narrative Report

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I Executive Summary

This project contributed significantly to the reduction of EVD incidence, prevalence and the related stigmatisation. According to the end of project survey, only 10 new cases were recorded in the project areas during the month prior to the survey, which constitutes a significant reduction from the baseline cases reported. The baseline survey that was carried out 3 months into the project recorded 37 monthly cases. It is expected that the average monthly incidence was much higher at the beginning of the project. For instance, the incidence and prevalence of EVD in the targeted chiefdoms in Tonkolili was 89 cases before the project, 6 cases at the start of the project and 1 case by the end of the project. For Bo, it was 63 cases before the project, 10 cases at the start of the project and 0 cases by the end of the project. In Kambia it was 121 cases before, 23 cases during and 1 case by the end of the project. In Bombali it was 121 cases before, 106 cases at the start and 45 cases by the end of the project. Stigmatisation was reduced by over 15%; though the documented reduction is again thought to have been much higher given the delay in carrying out baseline surveys. Over 4,200 persons from 700 survivor, quarantined and the very poor households were reached with essential NFIs. The level of coordination with the Ministry of Health, UN agencies and other humanitarian actors improved significantly in project localities and was sustained during the entire project period. Whilst the number of new cases across the entire country and in the targeted regions was almost zero by the time of writing this report, fears of behavioural relapses that would lead to recurrence of EVD were being expressed by all actors involved in EVD elimination. There were also calls for revamping the Ebola battered health infrastructure. This project and other projects noted the increased levels of vulnerabilities amongst Ebola ravaged communities; hence predisposing them to other health and non-health emergencies. This included significant increases in the numbers of orphaned children, women-led households and the number of households living in extreme poverty. There were also cases of post Ebola symptoms reported amongst survivors including partial blindness, Summary performance against proposal indicators is detailed below:

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

Sector Health	1: Objective: Mobilize communities to effectively prevent and treat EVD		
Achievement:	110,000 persons (approx. 10,930 households) were reached through this objective. This figure includes contact tracers trained and household members reached through awareness raising and home visits. The number of new EVD cases per month reduced from 37 to 10 during the project period. This reduction is thought to have been much higher as the baseline survey was carried out 3 months into the project.		
Beneficiaries targeted	Direct: 109,521	Beneficiaries reached	110,000 persons (approx.. 18,333 households using 1HH = 6 ps)
Total budget requested		Total budget spent	
Budget requested		Budget spent	
Sub-sector name	Indicator & target		Progress / Achievement
Communicable disease – EVD	Reduction in incidence and prevalence of EVD in target areas	A significant reduction in the prevalence and incidence of EVD was observed during the project duration. In the targeted localities, only 10 new EVD cases were being recorded as compared to 37 EVD cases recorded by baseline survey which was conducted 3 months into the project. The number of new EVD cases is thought to have been significantly higher than the 37 cases in February when the project begun.	
Community health / behavioural change	Number of patients referred by CHWs to holding / treatment centres	1,198 patients were referred. The project noted a high compliance by community members to refer / report health-related matters to health facilities based on advice by trained CHWs.	
	Number of CHWs trained and actively engaged in contract tracing	550 CHWs / contact tracers were trained and were engaged in tracing, subsequently a total of --- referrals were made to other agencies for support	

	Number and percentage of HHs visited by CHWs with health education messages	110,000 persons (45,193 male and 64,807 female) were visited and provided with health education. This represented approximately 10,930 households
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Result 2: Support to Ebola Survivors and families affected / in quarantine

Sector: Protection	Objective: Mobilize communities to support Ebola survivors and families affected		
Summarize progress towards achievement of this objective: 85,910 community members were reached and 198 religious leaders trained. Over 15% reduction in stigmatisation was realised.			
Beneficiaries targeted	Direct: 109,066	Beneficiaries reached	85,910 persons reached
Total budget		Total budget spent	
Budget requested		Budget spent	
Sub-sector name	Indicator & target	Progress / Achievement	
Psychosocial support services	Evidence of reduction in perceived level of stigma and discrimination of Ebola survivors	This project achieved over 15% reduction in stigmatisation. The end line survey revealed that 84.5% of the sampled population were not discriminating against EVD survivors / households as opposed to the 69% at the time of the baseline survey. It is again worth noting that the baseline survey was carried out 3 months into the project when the impact of the project was already being felt. The reduction in stigmatisation is therefore likely to have been significantly greater than the 15% noted by the surveys.	
	Number of trained religious leaders trained in psychosocial support (target 120)	A total of 198 religious leaders were trained in psychosocial support. This included 135 male and 63 female leaders. These leaders supported the community with psychosocial care by visiting affected families , lobbying for acceptance of survivors and providing awareness to the community on Ebola disease to reduce transmission	

Sector: Logistics and relief commodities	Objective: Quarantined and survivor households provided with non-food / essential relief commodities		
Summarize progress towards achievement of this objective: Over 4,200 persons in 700 households were reached with NFIs (estimating 6 persons per household). This number included 448 survivor HHs, 179 quarantined households and 73 very poor households.			
Beneficiaries targeted	Direct: 700 Indirect: 4,200	Beneficiaries reached	Direct: 700 Indirect: Over 4,200
Total budget		Total budget spent	
Sub-sector name	Indicator & target	Progress / Achievement	
Logistics and relief commodities	Evidence that essential non-food needs of quarantined and survivor households have been met	Over 4,200 persons in 700 households were reached with NFIs – see annexes.	
	Total number and per item \$ cost of NFIs distributed, by type	See budget and annexes for distribution logs.	

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

Sector: Coordination and information management	Objective: Strengthen coordination between government agencies and CSOs to improve allocation and utilisation of EVD resources		
Summarize progress towards achievement of this objective: Coordination improved significantly and remained so during the project period. 42 community and district dialogue forums were conducted and attended by 5,578 (3,958 male and 1,620 female). These sessions contributed to the enforcement of community by-laws and the formation of neighbourhood watch schemes that effectively referred suspected EVD cases in their communities.			
Beneficiaries targeted	Direct: 160	Beneficiaries reached	5,578 (3,958 male and 1,620 female)
Total budget		Total budget spent	

Budget requested		Budget spent
Sub-sector name	Indicator & target	Progress / Achievement
Coordination, governance, health system strengthening	Evidence of improved coordination and governance in the EVD response at community and district level	Coordination improved during the project period and was sustained until the end of the project (see below for details).
	Number and percentage of humanitarian organisations utilising information management services	All humanitarian agencies participated in coordination and in sharing common information communication tools.
	Number and percentage of humanitarian organisations directly contributing to information products	100% of all those stakeholders interviewed during the end line survey had participated in district level coordination meetings and 80% in chiefdom level meetings; and all 28 of them had visits to Ebola response structures.
	Number of products available by information management services that are accessed by clients / CA & partners	Christian Aid was able to access information and communication products used by other agencies including UN organisations. This included Ebola education materials.
	Number of coordination meetings at district and national levels attended by CA and partners	Christian Aid and partners in this programme attended regional and national meetings coordinated by NERC, MoHS, UN agencies and other INGOs. Over 86 meetings were attended by CA and our partners.
	Number of representatives of CSOs trained and involved in monitoring EVD resource allocation and utilisation (target 12)	Over 120 CSO representatives were trained. At the end of the project, over 28 CSO representatives had conducted monitoring visits to Ebola treatment centres.

II PROGRAMME OVERVIEW

- A. **Goal and Objectives:** The goal of this project was to ‘Contribute to achieving zero new cases of Ebola Virus Disease (EVD) in Sierra Leone’. The objectives were to ‘Mobilize communities to effectively prevent and treat EVD’; ‘Mobilize communities to support Ebola survivors and families affected’; ‘Quarantined and survivor households provided with non-food/essential relief commodities’; and, to ‘Strengthen coordination between government agencies and CSOs to improve allocation and utilization of EVD resources’.
- B. **Profile of targeted population and critical needs identified in the proposal:** By the time of launching this project, Sierra Leone had the highest total number of reported cases of the Ebola Virus Disease (EVD) in West Africa; with probable and suspected cases of Ebola Virus Disease (EVD) being estimated at 9,780 with a total of 2,557 confirmed deaths; while 1,808 had been discharged from treatment.
- C. **Geographic location of all major activities:** This project targeted communities in 3 districts in the north and one in the South which all had high numbers of confirmed cases and a limited EVD response: North - Bombali (967 cases), Kambia (119 cases), Tonkolili (431 cases) and South - Bo (308 cases)

III PROGRAMME PERFORMANCE

A. Performance vis-à-vis programme objectives:

- **Objective 1: Communities are mobilised to break the chain of EVD transmission through information, surveillance, contact tracing and referrals.** Key indicators for this objective were: Reduction in incidence and prevalence of EVD in target areas; Number of patients referred by CHWs to holding / treatment centres; Number of CHWs trained and actively engaged in contract tracing; and, Number and percentage of HHs visited by CHWs with health education messages. As detailed above, a significant reduction in the incidence of EVD was noted in all the project locations and the number of new cases reduced from the 37 recorded in the baseline survey carried out 3 months into the project to 10 recorded by the end line survey. This program directly led to 1,198 patients (497 males and 701 females) referrals to holding/treatment centres and contributed significantly to improving community-led referrals. 49 of the cases referred since February 2015 were confirmed EVD cases in Kambia District (Magbema 42 confirmed cases, 24 deaths and 18 survivors; Mambolo: 7 confirmed cases, 6 deaths 1 survivor). The 42 community / district dialogue forums greatly contributed to the formation of neighbourhood watch schemes which reported / referred suspected EVD cases to health facilities. SMS messaging by 90 community reporters in Bo District additionally contributed to reporting EVD and other health related issues and led to prompt response by DERC and other EVD actors. The community 'reporters' reported 14 alerts via SMS concerning deaths and 20 early warnings in regards to new infections. According to the end line survey, over 60% (111,582 household members / approximately 18,597 HHs of the sampled population received house visits from 550 trained CHWs / contact tracers. This represented an increase of about 40% when compared to the 21.8% recorded by baseline assessments. The key prevention messages the project aimed to impart were the need to engage in regular hand washing and to avoid physical contact with corpses and infected persons. 74.5% of end line survey respondents stated that they now practise regular hand washing, as opposed to 63.9% at the baseline stage. 63% of all those interviewed as part of the end line survey had increased their knowledge of EVD prevention and response due to the activities of religious leaders and CHWs, with a further 19% gaining knowledge from media broadcasts.
- **Objective 2: Support to Ebola survivors and families affected /in quarantine:** Key indicators for this objective were: Evidence of reduction in perceived level of stigma and discrimination of Ebola survivors; and, Number of trained religious leaders trained in psychosocial support (target 120). A significant achievement of this project was the considerable reduction in stigmatisation of persons infected by EVD and survivors. By the time of the end line survey, 84.5% of those interviewed stated that no one was avoiding verbal or physical contact with them, compared to 69% at the time of the baseline survey. This decrease is significant bearing in mind the fact that the baseline survey was conducted 3 months into the project, which meant that stigma had probably already reduced due to other interventions, including those implemented by Christian Aid and its partners. Furthermore, 98% of respondents in the end line survey were in favour of survivors returning to their homes, and 96% stated that survivors should be able to reintegrate into their jobs and school. 198 (135 males, 63 females) religious leaders were trained during the life of the project and provided psychosocial care and counselling to Ebola survivors. 65% of the religious leaders were Muslim. These leaders reached an estimated total number of 2,400 persons on a weekly basis through their religious services and house visits. They still continue to provide counselling and raise awareness at their congregational meetings, especially as the country is called to avoid complacency in its quest for achievement of 0 cases. Although faith leaders were engaged in the fight against the EVD comparatively late in the process, they eventually played a transformational role by using religious texts to interpret biomedical message on the control and prevention of EVD, by accompanying burials and adjusting religious practice so as to reduce the risks of EVD infection, notably during preparation for safe and dignified burial ceremonies. Through these actions, religious leaders also contributed to a significant reduction in stigma which had been set to destroy community relationships

- Objective 3: Quarantined and survivor households provided with non-food/essential relief commodities: Key indicators for this objective were:** Evidence that essential non-food needs of quarantined and survivor households have been met; and, Total number and per item \$ cost of NFIs distributed, by type. Over 4,200 persons in 700 households were reached with NFIs. This number included 448 survivor HHs, 179 quarantined households and 73 very poor households. The items distributed included buckets (700 HHs); 120-litres bins (700 HHs); bed spreads (600 HHs); mattresses (600 HHs); toothpaste (700HHs); sanitary pads (700HHs), soap (700 HHs) and disinfection liquid (Dettol) (400 HHs). The number of items distributed to each household varied and was dependent on other criteria including the number for family members (e.g. the number of women / girls in a household) and whether the family / household had been targeted by other interventions / NGOs. Partners were guided on gender mainstreaming in the project intervention and ensuring a 50/50 target (where appropriate) in all activities. Special attention was given to pregnant and lactating mothers, children, the disabled and the elderly. Sanitary pads were provided on a needs basis for women and adolescent girls. Due to the fact that the number of quarantined homes reduced during the life of the project, some survivor households received items originally planned for quarantined households, such as bottles of Dettol. The decisions regarding beneficiary households were made in close coordination with other EVD actors during DERC meetings, analysing the gaps and ensuring complementarity of the interventions of all actors. In addition to funding from this project, Christian Aid targeted a further 2,000 households with NFIs with funding from other donors including the UK's Disaster Emergency Committee. Distribution logs and number of beneficiaries are attached here as annexes.
- Objective 4: Strengthen coordination between government agencies and CSOs to improve allocation and utilization of EVD resources.** Key indicators for this objective included: Number of products available by information management services that are accessed by clients / CA & partners; Number of coordination meetings at district and national levels attended by CA and partners; and, Number of representatives of CSOs trained and involved in monitoring EVD resource allocation and utilisation (target 12). Coordination of the EVD response significantly improved and was sustained throughout the life of the project. 100% of the stakeholders consulted during the end line survey were aware of the significant role they had to play in a coordinated EVD response, and the number of actors who reported significant obstacles in carrying out their role in the EVD response had decreased by 75% at the moment of the end line survey. Coordination at district level was crucial in ensuring that assistance for quarantined homes was effectively channelled: coordination allowed all actors in the EVD response to determine gaps in support to survivors, coordination ensured that agencies complemented (as opposed to duplicating) each other's efforts. The end line survey showed an increase in EVD actors who were cognisant of the key role they played in an effective Ebola response and a higher number of agencies than before had actively participated in coordination activities and visits to Ebola treatment centres. A total of 42 community and district dialogue forums were conducted and attended by over 5,578 (3,958 male and 1,620 female) participants (representing over 2,000 different stakeholders including different community groups, religious leaders, youth representatives, women's leaders, persons with disability and health workers). These sessions contributed to the enforcement of community by-laws and the formation of neighbourhood watch schemes that effectively referred suspected EVD cases in their communities. The use of SMS messaging by the 90 community reporters who were trained in Kakua, Tikonko and Bumpeh Chiefdoms in Bo District to report on EVD and other health related issues contributed to prompt response by DERC and other EVD actors. The community reporters via SMS reported 14 alerts concerning deaths and 20 early warnings in regards to new infections. According to the end line survey a total of 28 CSO representatives had conducted visits to Ebola response structures, compared to 16 at the moment of the baseline survey, During these visits, the CSO representatives were able to obtain first-hand information, monitor the facilities of the structures and served as pressure groups to ensure the right facilities and services were provided by the authorities. Other coordination activities undertaken by the trained CSO representatives included attending DERC and the social mobilisation pillar meeting. As a result of their increased involvement there was improvement in response and services at the centres as well as improved coordination. More humanitarian organisations attended coordination meetings as the EVD cases increased in the various districts and stakeholders increased the awareness. However, data was not collected on specific attendance rates given time constraints

and the priority focus on saving lives and alleviating suffering of EVD affected populations. The coordination established now stands the country in good stead for action in the post Ebola context. The government is using the various coordination structures to continue the count down to 42 days EVD cases as well as designing post EVD recovery programs. The coordination model of the EVD has clearly spelt out the importance of involving all stakeholders-- especially the beneficiaries-- in their development programs. At the national level, CAID team members and partners attended various meetings held by NERC, MOHS, INGO and the different pillars. These helped in information sharing, streamlining of interventions and complimenting the efforts of each other.

- **Positive multiplier effects and threats to sustainability of programme achievements:** Though statistics are largely unavailable, the government ban of secret societies and social gatherings has contributed to a reduction in harmful practices such as Female Genital Mutilation (FGM) in Sierra Leone. This programme contributed towards the integration of traditional healers and heads of secret societies into mainstream social mobilisation teams and towards the refinement of by-laws promoted by these teams. It is hoped that this will be sustained beyond the life of the project. The work with traditional healers and religious leaders has also created other powerful opportunities. 89% of survivors interviewed as part of our end line survey had received emotional support from religious leaders trained for this purpose, with the number of women benefiting from this increasing in a marked way between the baseline and the end line surveys. This outcome and the positive involvement of traditional healers in providing support and referrals should be maximised for any interventions in Sierra Leone, as the country seeks to strengthen health systems and deal with the ongoing psychosocial effects of the crisis. The improved EVD coordination achieved in part by this programme now constitutes an additional opportunity for the recovery phase. It is hoped that the momentum gained through the EVD response can be maintained and form part of improved governance as the country moves forward. This OFDA funded programme was complemented by funds from other sources such as Christian Aid's own emergency appeal, the DEC appeal, and grants from ICCO/ACT alliance and BANDAID respectively. These funds strengthened the intervention and benefitted and additional 2,000 EVD affected households that received non-food items, psychosocial and trauma healing support and livelihoods support in Port Loko District in the Northern Province and Kenema District in the Eastern Province.

Reasons why established goals were not met / divergence from the original project scope: All project goals and targets were met and there was no divergence from the original programmatic / geographical scope as envisaged in the proposal. Minor changes in the target locations were made to adjust to the changing nature of the emergency. All these locations were however within the targeted districts.

B. Success stories: Sita *** Story: During a visit by Christian Aid's Head of Humanitarian Programmes in Africa (Maurice Onyango) to Makeni in Northern Province, the team met survivors who shared their stories on how they were affected by EVD and how they conquered the virus. Among these stories was one for Sita Kamara, an EVD survivor. Sita is a young boy of 5 years who lost 5 relatives to Ebola. Sita was eventually adopted by his aunt who took him in when he was discharged from the treatment centre. On returning home however, Sita's aunt was disavowed by her husband and cast away for fear of infecting the other family members. As a direct result of EVD messaging and knowledge gained from this project and in particular messages on stigmatisation, the husband took Sita's aunt back. Christian Aid and partners under this project heard many such stories of how awareness had contributed significantly to reduction of stigma and reunited families.

Attached to this report as annex 3 are other success stories.

C. Unforeseen circumstances and how activities were adjusted accordingly: This project did not experience any significant change that required a change in proposed activities nor implementation methodology. Some of the minor challenges experienced by the project included:

- The programme had to reconfigure support due to the reduction in quarantined homes in some targeted chiefdoms and the increase in other chiefdoms. Our partners SLSAV and CAHSec had to

increase support to Tonko Limba and Samu Chiefdoms in Kambia District and Makari Gbanti and Paki Masabong Chiefdoms in Bombali Districts. These localities had not initially been targeted by the project.

- The curfew in EVD hot spot chiefdoms in Kambia District restricted the movement of CHWs and community members, leading to challenges in delivering training activities. This challenge was addressed through prior information sharing on planned activities with key EVD stakeholders at DERC during coordination meetings
- Communication gaps prior to and during distributions of NFIs were noted; and, community feedback mechanisms were not robust enough during the earlier months of the programme. Christian Aid organised in depth reflection meeting, involving all local partners, to explore how communication and accountability could be improved for future interventions to improve compliance with Sphere and HAP standards.
- Despite many agencies providing relief goods to the targeted communities, there was a shortage of relief items for all the survivor families. This created tension during initial distributions that threatened implementation of distribution activities. This threat was partially alleviated by increasing targeted households using funding from the UK's Disaster Emergency Committee and ICCO. Whilst survivor households welcomed emergency interventions, they also requested for longer term livelihoods support such as agricultural inputs and micro-finance programmes. Communities felt that these longer term measures would contribute to improving their dignity and decreasing dependency on other households. Using DEC (phase 2) and ICCO funding, Christian Aid provided limited livelihood and financial support to the most vulnerable households.
- Threats to the impact achieved through this programme include on-going support to affected survivor households during the recovery and rehabilitation phase. A significant number of households still face pressing needs in regard to clothing, housing, food and health care provision and medical needs according to the end line survey. Ebola significantly increased health and food vulnerabilities. In addition, survivors are suffering from the secondary effects of Ebola, such as reduced vision, generalised body pains, weakness, reduced hearing and others. This, too, highlights the urgent need for significant health systems strengthening during the recovery phase, to ensure well-being is consistently improved in the coming months.
- Despite significant improvements in coordination between all actors in the EVD response, there were still families that received similar items from more than one source. Our end line survey found that 57.4% of all those interviewed had also received NFIs from other sources. This contrasts with the remaining gaps in support relating to income generation, food and assistance to enable medical care. For future responses, actors could give more attention to gaps analysis during the life of all interventions so as to be able to consider cash based interventions or an earlier launch of income generation training or support if this is shown to be a need, as was clearly the case in this programme. However, considering that in some instances the houses of the EVD survivors were burnt down, and that aid packages were limited in their content and the number of items in each package, receiving a similar package from different agencies was actually still helpful for the beneficiaries and allowed them to recover more fully from the fallout of all the trauma they had experienced
- High expectations by community stakeholders regarding financial rewards in exchange for their services (e.g. in Sella Limba Chiefdom) posed a threat to the implementation of the programme. This situation was managed by ensuring community stakeholders had better understanding of the project and of the need for local ownership for greater sustainability. As a result, community leaders played a key role in selecting CHWs in their respective localities.

IV. Monitoring and Evaluation

Despite significant challenges, monitoring of this intervention was regular and scope was created for continuous dialogue and learning with all concerned stakeholders. The Emergency Manager conducted bi-monthly field monitoring visits, and CAID Senior Management carried out quarterly field visits to the project districts. In April Christian Aid made the decision to re-locate its programme officers to the field (2 in the North and 32 in the Southeast) so as to increase scope for them to support, mentor and coach partners during project implementation. A reflection meeting was held in July to the end of the project. This meeting yielded further insights into some of the challenges faced by the programme which, due to the short time remaining between the review and the project end date, could not be fully addressed. Future programmes should organise a higher number of such reflection meetings throughout the life of the project.

Data collection for the end line survey was conducted in July 2015 and created scope for comparison of baseline and end line data. Reliability of research data and the comparison between the baseline and end line survey is, however, not optimal due to the following factors:

- The baseline survey for this project was conducted at the end of April 2015, almost 3 months into project implementation. Whilst the two surveys provided a means of measuring achievements by this programme, the variations between the indicators could have been more significant had the baseline been carried out at the project onset.
- Although the methodology for the baseline and end line surveys including survey enumeration areas (project and control locations), sample size and type and tools were meant to be the same, it was difficult to ensure consistency in respondents between the two surveys as some had moved away or could not be found during timings of the survey, despite considerable efforts from the enumerators to adjust timings and visit respondents in their places of work, including on farms. This means that the comparisons between the baseline and the end line surveys are not 100% reliable.
- Following requests from DHMTs and DERCs / in light of the dynamic nature of new EVD cases in Bombali and Kambia, project locations were changed by either adding new chiefdoms or relocating the project to a new chiefdom. The baseline survey was not conducted in the additional chiefdoms and for the end line survey, only Kapi Masabung Chiefdom in Bombali district was included in the end line survey. There are therefore no baseline data for these new chiefdoms.

V. Program Management: Sustainability and coordination with other groups

By July 2015, the majority of preconditions for successful exit from the programme existed in most intervention areas. This included:

- A reduction in new EVD cases / Zero incidence of new EVD cases countrywide on a few consecutive days
- Over 65% of the national and community level health infrastructure and referral systems had resumed operations. Contact tracing and referral activities can therefore continue
- Christian Aid has commenced the provision of livelihood support in the form of agricultural seeds, basic tools and fertilizer inputs; life-skills training for youths and support with income generating micro grants for EVD survivors and vulnerable groups with funding from other funding sources to complement this OFDA funded programme
- In order to improve partner capacity in fundraising and project implementation skills and to strengthen their coordination skills with key stakeholders in their communities to achieve zero EVD cases, Christian Aid conducted an exit training for partners and key community stakeholders in “Fundraising for Non-Profit Organizations”, “Disaster Risk Management” and “Mapping out the Roles and Responsibilities of community stakeholders in the EVD response”.
- 90 community reporters in the three (3) operational chiefdoms - Bumpeh, Tikonko and Kakua chiefdoms in Bo District were trained in the Short Message System (SMS) equipping them with the communication skills needed to adequately report on Where, What, When, Why and Who is doing what especially relating to the sick, deaths, secret burials, surveillance, other EVD and human rights incidents.

V Resource use / Expenditures

Attached separately as Annex 5.

VI Cost effectiveness

Over 110,000 persons were reached by this intervention using *** from OFDA. The additional value of this intervention was in the coverage of the most vulnerable border localities which were not being covered by other agencies. Christian Aid leveraged additional funding from UK's DEC and ICCO - as reported above - which increased the impact of this intervention and mitigated against threats such as clients' dissatisfaction caused by inadequate coverage. Additional multiplier effects (listed above) will contribute towards recovery and rehabilitation phases in the post EVD Sierra Leone.

Annex 1: Summary Table of Indicators.

SECTOR indicators (including targets where appropriate in relation to baseline data)	Proposal target	Cumulative number of beneficiaries targeted (Feb – July)	Cumulative number of beneficiaries reached (Feb - July)		Progress / Comments
			M	F	
Result 1: Objective level indicator: Incidence and prevalence of EVD cases in target areas (MOHS figures). According to the end of project survey, only 10 new cases were recorded in the project areas during the month prior to the survey. Baseline survey carried 3 months into the project recorded 37 monthly cases. MoH statistics for the project localities indicated the following: EVD in Tonkolili was 89 cases before the project, 6 cases at the start of the project and 1 case by the end of the project. For Bo, it was 63 cases before the project, 10 cases at the start of the project and 0 cases by the end of the project. In Kambia it was 121 cases before, 23 cases during and 1 case by the end of the project. In Bombali it was 121 cases before, 106 cases at the start and 45 cases by the end of the project.					
Objective level indicators 1: # Patients referred by CHWs to holding/treatment centres.	100% of identified / suspected EVD cases	1,198	497	701	Community members are increasingly complying with reporting of health related matters to PHUs and other health facilities as advised or recommended by trained CHWs
# CHWs/contact tracers trained and supported (total and per 10,000 population within project area), by sex	432 (of which 50% will be women)	550	284	266	CHWs are engaging communities through regular sensitisation meetings and referrals
# and % of CHWs trained actively engaged in contact tracing	100% of trained CHWs / contact tracers	550	284	226	
# and % of household members visited by CHWs	Not determined	11,582	44,997	65,585	This data reflects number of household members visited. The second part of the indicator relating to utilisation of health education messages will be fully measured during the final surveys
Result 2: Objective level indicator 2 Evidence of reduction in perceived levels of stigma and discrimination by Ebola survivors. Stigmatisation was reduced by over 15%; though the documented reduction is again thought to have been much higher given the delay in carrying out baseline surveys.					
# religious leaders trained in psychosocial support	120	208	141	67	CARL. HPA exceeds the number (10) targeted initially. REWAP also conducted an additional 10 training sessions. More male religious leaders have been trained as there are few female religious leaders within communities and districts. CARL was not expected to train religious leaders, but religious leaders attended meetings they had organised
# Religious leaders actively providing psychosocial support and trauma healing in Ebola affected communities.	120	208	141	67	All religious leaders trained to date are engaged in psychosocial and sharing of social mobilisation messages
Objective level indicator: Evidence that essential non-food needs of quarantined and survivor households have been met. Over 4,200 persons in 700 households were reached with NFIs. This number included 448 survivor HHs, 179 quarantined households and 73 very poor households.					
Total number and per item USD cost of NFIs distributed, by type (e.g. soap, toothpaste, buckets, mattresses, bedding)	Detailed separately as annex 2 below.				
# Ebola survivors and people in quarantined households receiving NFIs, by sex and type (e.g., soap, toothpaste, buckets, mattresses, bedding)					
Objective level indicator 3: Evidence of improved coordination and governance in the EVD response at community/ district level.					
# dialogue forums held (chiefdom / district) in target chiefdoms		42	42		REWAP did additional 2 sessions because of the spike in July.

Number of representatives of CSOs trained and involved in monitoring EVD resource allocation and utilization	120	160	160	The total accumulative number of beneficiaries under this indicator has not increased since the last reporting period as the individuals concerned are the same during the project period
Number of coordination meetings at district and national level attended by CA and partners		86	86	These are one-day meetings held and CA & partners attend these meetings at regional and district levels.

Annex 2: NFI distribution logs and notes

DISTRICT	DIRECT BENEFICIARY											Male Total	Female Total	Total
	0-5		6-17		18-50		51-65		65+					
	M	F	M	F	M	F	M	F	M	F				
Bo			20	23	35	45	20	29	9	7	84	104	188	
Bombali	2		10	22	44	53	12	12	4	2	72	89	161	
Kambia	2	2	15	25	23	35	22	13	20	26	82	101	183	
Tonkolili			19	11	45	60	13	15	1	4	78	90	168	
	4	2	64	81	147	193	67	69	34	39	316	384	700	

TYPE OF ITEM	0-5		6-17		18-50		51-65		65+		Male Total	Female Total	Grand Total	TOTAL # OF ITEMS DISTRIBUTED	EXPLANATION
	M	F	M	F	M	F	M	F	M	F					
Veronica bucket	4	2	64	81	147	193	67	69	34	39	316	384	700	1050	The average number of veronica buckets received by each beneficiary was one. However, beneficiaries with larger households received 2.
120lts bins	4	2	64	81	147	193	67	69	34	39	316	384	700	1050	The average number of 120 lit. bin received by each beneficiary was one. However, beneficiary with larger households received 2.
Bed spread	4	2	55	71	123	171	57	80	14	23	253	347	600	650	The average number of bed spread received by ach beneficiary was one. However, beneficiaries with larger households received 2. Category of beneficiary; 73 other vulnerable (36 M & 37 F), 179 persons in quarantine (82 M & 97 F), 250 female survivors and 98 male survivors. The 50 remaining bed-spread were distributed to as follows: 10 in Kambia, 15 in Bo, 15 in Tonkolili and 10 in Bombali.

Mattress	4	2	55	71	123	171	57	80	14	23	253	347	600	650	The average number of mattress received by each beneficiary was one. However, beneficiaries with larger households received 2. Category of beneficiary; 73 other vulnerable (36 M & 37 F), 179 persons in quarantine (82 M & 97 F), 250 female survivors and 98 male survivors. The 50 remaining mattresses were distributed to as follows: 10 in Kambia, 15 in Bo, 15 in Tonkolili and 10 in Bombali.
Toothpaste	4	2	64	81	147	193	67	69	34	39	316	384	700	1050	The average number of toothpaste received by each beneficiary was one. However, beneficiary with larger households received 2.
Sanitary pad	0	0	66	81	149	195	67	69	34	39	316	384	700	1050	The average number of sanitary pads (pack of 10) received by each beneficiary was one. However, female beneficiaries with larger households received 2.
Bathing soap	4	2	64	81	147	193	67	69	34	39	316	384	700	12600	The number of bathing soap received by each beneficiary depended on beneficiary household size. The average number of bathing soap given to each beneficiary was 12 cakes. However, beneficiary with larger households received more (18 cakes).
Laundry soap	4	2	64	81	147	193	67	69	34	39	316	384	700	12600	The number of laundry soap received by each beneficiary depended on beneficiary household size. The average number of laundry soap given to each beneficiary was 12 cakes. However, beneficiary with larger households received more (18 cakes).
Dettol	4	2	31	54	79	131	19	55	10	15	143	257	400	400	400 beneficiaries received Dettol; All 179 quarantined person in quarantine (82 M and 97 F) and all 215 female survivors - this was because women are care givers and are more prone to infectious diseases, 6 (4 M and 2 F) under 5s that benefitted from other items - children are also vulnerable to infectious diseases. Each beneficiary received one dettol.

Annex 5: Resources used

Attached separately

Annex 6: Christian Aid Ebola Response Projects by Donor

Attached separately