

Rapid Response Fund Payment Request No. 07/2014

Funds Sent To:

Lutheran Development Service, Liberia: US\$ 22,250
Council of Churches Sierra Leone: US\$ 35,614

Amount Sent: US\$ 57,864

Date: 13 May 2014

Details of Response

Emergency: Ebola response in Liberia and Sierra Leone

Date of Emergency: April-May 2014

ACT Requesting Member(s): ACT Forum Liberia and ACT Forum Sierra Leone

I. NARRATIVE SUMMARY

DETAILS OF THE EMERGENCY

The deadly Ebola virus was confirmed in the Guinean capital after a series of tests were conducted on suspected cases, by Government medical authorities in January, 2014. This has since spread into neighbouring Liberia and suspected cases being reported in Sierra Leone. Ebola virus disease (EVD) is considered one of the most aggressive viruses known to date in part because of its rapidity to kill, which can be within one week from exposure or three to four days from the first symptoms become apparent. This leaves very little time for any treatment to act and save a sick individual.

In an Ebola status update posted on its website, the World Health Organization (WHO) said as of May 12, the Guinean Ministry of Health has reported a total of 233 clinical cases of the Ebola virus disease, including 157 deaths.

In Sierra Leone, 14 suspected cases were reported from the Northern region along the border between Sierra Leone and Liberia. However these were later found not to be positive after the health authorities with the support of WHO conducted tested on the suspected cases.

In Liberia, the Ebola virus has now claimed 11 lives in the country. Upon review and consolidation of data, the cumulative number of cases is 12 (6 confirmed, 2 probable and 4 suspected). The present total number of suspected and confirmed EVD cases in Guinea, Liberia and Sierra Leone recorded has risen to 245. However, most of the new suspected cases came from Guinea and Liberia.

ACTIONS TO DATE, AND EMERGENCY NEEDS

In Liberia, some of the measures taken by the Government's Health authorities and development partners include the establishment of a laboratory at the Liberia Institute of Biomedical Research (LIBR) in Margibi County to test for Ebola and Lassa fever. Additionally, the ministry has set up case management treatment Centres in Foyah, Lofa County where the disease was first reported from Guinea and the ELWA Hospital in Monrovia. Various stakeholders, including the Lutheran Church of Liberia (LCL) and the Lutheran Development Service (LDS) are working with various Technical Committees of the National Task Force on Health Emergency in strengthening surveillance, contact tracing, psychosocial support, case management, community mobilization and sensitization on preventing and containing the spread of the Ebola virus. "Other partners, including the United Nations Population Fund (UNFPA) and Plan-Liberia, have printed fliers and posters, including Ebola school-friendly materials for distribution to Lofa, Bong, Nimba, Margibi, and Montserrado Counties," the ministry said.

In Sierra Leone, the Government and Health authorities have outlined plans for management of Haemorrhagic fever by hospital and medical facilities across the country. The government has put in place active surveillance measures and further set up a referral centre for Ebola at the Kenema Lassa Fever Centre. Furthermore, all hospitals, including the facilities managed by the Council of Churches Sierra Leone (CCSL), Methodist Church of Sierra Leone (MCSL), etc., are mandated to accept Ebola patients to avoid further exposure of infected patients.

Another measure announced is for citizens of Sierra Leone "not to bring any corpse from Guinea and Liberia into Sierra Leone for burial and also comply with active surveillance protocols instituted at border crossing points for travellers to and from Guinea and Liberia", especially, Gbalamuya in the Kambia district north of Sierra Leone.

In Sierra Leone, a rapid needs assessment conducted by the CCSL and ACT members in country, have revealed that despite the Government's efforts to prevent Ebola infections across the country, there was still a shortage of basic protection gear for health personnel working in the medial facilities. Another important issue is the inadequacy of the methods presently being used for dissemination of awareness raising messages on the Ebola virus. Reports from the ACT members and their partners working in the remote and difficult to reach areas have indicated that most of the messages are yet to reach these vulnerable segments of the population in Sierra Leone. Most of the message dissemination is centred in Freetown and the district capitals which are within coverage areas of the National radio and television stations. The district and community radio stations (independent) also have limited coverage and thus not able to reach the majority of the remote rural populations.

There is therefore an urgent need for a concerted effort by the ACT forum in Sierra Leone to work towards complementing the efforts of the Health authorities by extending the key messages into these remote areas within the shortest possible period, to prevent spread of the Ebola virus and also save lives, as this deadly virus has no known cure or treatment.

For this action it will be necessary for the ACT members to work across the districts which share boundaries with Guinea and Liberia, and target the populations living in remote communities within these districts, through the use of innovative and effective strategies. This will include formation and capacity strengthening of Ebola sensitization task force teams in each peripheral health units (PHU), to work across designated catchment areas demarcated by the district Ministry of health (MOH) offices. In addition a minimum supply of basic protective gears for health personnel working in the few PHUs would be procured for distribution. Logistics to facilitate the movement and spread of messages in local dialects will be provided to member of the task force.

Parity between males and females will be encouraged within all activities (including participation to trainings, for instance).

PROPOSED EMERGENCY RESPONSE**OVERALL GOAL:**

Prevention of infection and spread of the Ebola Virus among the population in Liberia and Sierra Leone.

OBJECTIVE(S) OF THE EMERGENCY RESPONSE:

To raise awareness of rural populations living in remote communities in Chiefdoms within 4 districts in Sierra Leone (by the Council of Churches Sierra Leone) & 2 Counties in Liberia (by the Lutheran Development Service, Liberia), on the Ebola Virus symptoms and prevention measures by June 2014:

1. Identify, review and adapt key messaging on Ebola for dissemination in 6 local languages (Creole, Mende, Vai, Timni, Limba and Liberian pidgin english)
2. Set up Ebola Task force teams in PHUs Catchment areas, trained and equip them to disseminate key messages
3. Strengthen co-ordination and collaboration between the MOH, PHUs and ETFs to manage and prevent spread of Ebola

PROPOSED ASSISTANCE:

1. Key messaging on Ebola identified, reviewed and adapted for dissemination in 6 local languages (Creole, Mende, Vai, Timni, Limba and Liberian pidgin english)
 - a. Meetings with MOH/stakeholders (district & community level)/community radio stations
 - b. Translation and recording of messages
 - c. Printing of posters / leaflets
 - d. Dissemination of the messages to Ebola Task Forces (ETF), community radios, schools, etc.

The implementation of the project is expected to last two months. The major concerns were directed towards the genuine achievements in the projects objectives. In this direction, the need to create awareness is principally set as an action to keep the alert minds of the target population within the specific border towns and villages of Guinea and Liberia. Through this, information given to different people could be through downcast broadcasting, evening burn fire discussions, and through radio and television discussions. This will take the form of involving community people in the various languages, so that the inhabitants of the most remote village could be reached in a well understanding manner.

The distribution of Information Communication and Technology materials could take different forms. This could be attained through writing messages in the different languages which could be easily read and understood. Furthermore, the drawing of live pictures with self-explanatory actions is another venture in this direction. Pasting of pictures, giving handbills to travellers and erecting bill boards at strategic positions are all feasible undertakings that could help in the achievements of desired results.

2. Ebola Task force teams set up in PHUs Catchment areas, trained and equipped to disseminate key messages
 - a. Meetings with MOH (district)
 - b. Selection and formation of the volunteers ETFs in all targeted districts
 - c. Conduct of Ebola Management and Prevention Training for PHU staff & ETF groups and planning strategy for community level sensitization. Dissemination of key message through radio, mosques, churches, village/town criers/Ward meetings/schools/ market places/ passenger vehicles/boats, etc.
 - d. Workshops for the sensitization and awareness raising

Training is another result oriented step in the achievement of proper success on the project. Training is a direct way of bringing the trainees closer to the information so that they can become more enlightened to pass information and train other people to continue carrying the Ebola prevention into

wider communities. Training is a vital undertaking that could produce far greater results because education and correct knowledge is power to action.

Furthermore, community groups will be set, which could best relate with the community people at the end of the project. This is a deliberate action set as a pre-plan objective and activity as a sustainability and project exit strategy. In this regard, different people within the communities could be attained through including different community persons from religious heads, women in different trades, and youths with a surmountable representation of women and girls and boys.

3. Strengthened co-ordination and collaboration between the MOH, PHUs and ETFs to manage and prevent spread of Ebola
 - a. Co-ordination meetings(district/County & PHU level)
 - b. Joint monitoring visits/reporting

TARGET POPULATIONS:

It is planned to target the remote populations in the under listed districts/Counties within Sierra Leone and Liberia respectively, with appropriately designed and easy to understand awareness raising and sensitization messages on the Ebola Virus symptoms and basic infection prevention methods. The Ebola awareness raising project is set to target 6,500 beneficiaries (2,500 males and 4,000 females) In Liberia, we will target 4,500 (2,000 males and 2,500 females) beneficiaries with the sensitization and awareness campaign.

The 4 targeted Sierra Leone districts include,

1. Kambia district
2. Koinadugu
3. Pujehun
4. Kailahun

Table 1: % Targeted populations (age groups)-6,500

No	% under 5 yrs	% 6-17yrs	% 18-65yrs	% above 65 yrs
Women	5	35	40	20
Men	5	30	45	20

Targeted Counties in Liberia include,

1. Lofa (5 communities – Salayea, Zorzor, Nyela, Bokerza and Kornia)
2. Bong(5 communities – Belefanai, Naama, Gbalatuah, Sharkpala and Garmu)

Table 2: % targeted populations (age groups) -4,500

No	% under 5 yrs	% 6-17yrs	% 18-65yrs	% above 65 yrs
Women	5	40	40	15
Men	5	35	45	15

More people within the age brackets 6-17 & 18-65 have been targeted because of the following reasons

- they can carry information faster (support message dissemination; distribute leaflets/fliers)
- most of the active segment of population are within this age bracket, and for economical reason move frequently across the borders hence increasing possibility of coming into contact with Ebola virus
- This age bracket has majority of the decision makers in most targeted communities.

IMPLEMENTATION ARRANGEMENTS:

The Sierra Leone ACT Forum led by the Southern members (CCSL), shall implement the proposed actions. There will be regular co-ordination meetings with the other members of the ACT forum on a fortnightly basis with a monthly monitoring visit to targeted districts.

Development of key messaging shall be undertaken in collaboration with the National Ebola management unit, set up by the MOH; and the relevant sensitization units of the MOH. Messaging shall be disseminated through leaflets, fliers, radio jingles, community village 'town criers', etc.

However, the training of Ebola task Force groups (community volunteer) shall be undertaken by personnel from the Ministry of Health and Sanitation, particularly the PHU staff. Community residents will participate in message dissemination by undertaking the prescribed tasks assigned by the ETF.

In Liberia, LCL and LDS will ensure the implementation of this project in close collaboration with the local county Health Team of each county, and the chief medical officer of the Ministry of Health who has personally expressed his commitment to co-operate with the response by the LCL and LDS.

COORDINATION:

The main point for co-ordinating the proposed activities in Sierra Leone shall be the CCSL, who will appoint an officer to directly oversee implementation across the 4 targeted districts. The officer will prepare fortnightly reports for CCSL management and which will be shared with other ACT forum members. The programme officer will liaise directly with the PHU supervisor at the district level which has direct oversight and management of the ETF group activities at the community level.

In Liberia co-ordination of the response activities shall be by officials of LCL and LDS, working with Health authorities in Bong and Lofa counties.

COMMUNICATIONS:

Local journalists will be hired to cover response activities of the project and put in the print and electronic media. Situation report will also be sent to Geneva on a monthly basis or as may be required. However the forum may grant interviews with media to share on on-going activities and also share information to targeted populations about upcoming planned activities in their respective areas.

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

PRINCIPLES AND STANDARDS:

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

Besides, the forums will put a complaints mechanism in place and will ensure that beneficiaries will have access to it. They will also ensure that beneficiaries participate in the response and that they will be informed on the response activities, its progresses and outcomes.

PLANNED IMPLEMENTATION PERIOD:

The emergency response project is planned for a 2 months period, to start from May-June, 2014.

HUMAN RESOURCES AND ADMINISTRATION OF FUNDS:

The ACT forum led by CCSL will use existing member staff to carry out planned implementation activities. No new staff recruitment specifically for the response shall be undertaken.

CCSL has qualified finance officers with experience in management of donor funds, in a transparent and accountable manner, and in line with CCSL's own financial procedures and regulations.

In Liberia, the funds for the project will be managed by the Management of the Lutheran Development Service in Liberia. Requests will be made to Finance Office through the Program Officer and approved by the Executive Director before release of money.

MONITORING AND EVALUATION:

In this regard, monitoring will be carried right through the project period and corrections will be made into the implementation process of the project if necessary. Monitoring will be undertaken by the CCSL programme officer in collaboration with the district PHU supervisors. Monitoring visits shall also involve direct engagements with ETFs and the community residents. It is envisaged that during the lifespan of the project 3 key monitoring visits shall be undertaken by the aforementioned persons.

Monthly reports shall be prepared and shared with the members of the ACT forum and the district health authorities.

REPORTING SCHEDULE

Type of Report	Due date
Situation report	At the end of the first month following the emergency – 13 June
Final narrative and financial report	13 August
Audit	As part of the organisation annual audit.

II. FINANCIAL SUMMARY/BUDGET

EBOLA AWARENESS RAISING & SENSITIZATION BUDGET FOR LIBERIA ACT FORUM				
	Type of Unit	No. of Units	Unit Cost USD	RRF Budget USD
DIRECT COST (LIST EXPENDITURE BY SECTION)				
Training (Sensitization & Awareness and Trauma Healing)				
Food for 70 persons for 2 days (35 per/day)	Days	2	525	1,050
Transportation for 70 persons	Persons	70	40	2,800
Lodging for 70 persons (35 persons per session)	Persons	70	10	700
Stationery/Materials for workshop for 70 persons for 2 days	workshops	2	200	400
Ebola Sensitization and Awareness Workshops in 10 towns per 2 counties (Lofa & Bong)				
Food for 300 persons	Persons	300	5	1,500
Stationery/Materials for workshop per town for 30 persons from 10 towns	Towns	10	100	1,000
Media Coverage/Documentation for 10 towns for awareness & sensitization workshop	Towns	10	80	800
Total Direct cost				8,250
OTHER SECTOR RELATED DIRECT COSTS				
Fees for Workshop facilitator (1 external facilitator for Ebola prevention)	Days	2	250	500
Salaries for Coordinator	Monthly	2	350	700

Support Team - dissemination of information 2 staff for 2 counties for 2 months	staff	2	1,000	2,000
Visibility Costs (printing of information, flyers, etc)	County	2	300	600
Communication and phone cards for field staff	Monthly	2	300	600
Total				4,400
Transportation				
Vehicle Rental (Bong and Nimba Counties)	vehicle	2	2,500	5,000
Fuel	Monthly	2	900	1,800
Total Transport				6,800
Total other sector related direct costs				11,200
INDIRECT COSTS : PERSONNEL, ADMINISTRATION AND SUPPORT				
Coordination costs	Monthly	2	600	1,200
Accountant	Monthly	2	250	500
Office Stationery	Monthly	2	200	400
Communications (phone cards, emails, etc., etc.)	Monthly	2	150	300
Audit		1	400	400
Total Indirect Costs				2,800
Total Expenditure				22,250

EBOLA AWARENESS RAISING & SENSITIZATION BUDGET FOR SIERRA LEONE ACT FORUM					
	<i>Type of Unit</i>	<i>No. of Units</i>	<i>Unit Cost SLL</i>	<i>RRF Budget SLL</i>	<i>USD</i>
DIRECT COST (LIST EXPENDITURE BY SECTION)					
Project materials/facilities					
Megaphone / Batteries	Units	45	500,000	22,500,000	5,172
Radio stations x 4, 3 ads per station.	ads	12	1,000,000	12,000,000	2,759
Printing of posters/handbills, etc.	Printing Contract	1	20,000,000	20,000,000	4,598
Sub-total				54,500,000	12,529
Training/Sensitization actions					
Training of PHU staff & Ebola task Force teams	Training Sessions	4	11,000,000	44,000,000	10,115
Community level sensitization/awareness raising sessions by ETF	Districts	12	3,000,000	36,000,000	8,276
Sub-total				80,000,000	18,391
TOTAL DIRECT					
OTHER SECTOR RELATED DIRECT COSTS					

Communications					
Telephone top-up credits	Units(1,000s)	6	40,000	240,000	55
Internet Modem	Unit	1	1,000,000	1,000,000	230
Modem service charge	Monthly	6	80,000	480,000	110
Sub-total				1,720,000	395
Transport Costs for sensitization/Monitoring visits					
Motorcycle/Vehicle running costs(fuel, lubricants)	Gallons/ District	400	22,000	8,800,000	2,023
Motorcycle/ Vehicle maintenance	Monthly	8	450,000	3,600,000	828
Sub-total				12,400,000	2,851
TOTAL OTHER SECTOR RELATED DIRECT COSTS					
INDIRECT COSTS : PERSONNEL, ADMINISTRATION AND SUPPORT					
Personnel (Staff Salaries)					
Programme Director (5%)	Monthly	2	200,000	400,000	92
Project Officer (25%)	Monthly	2	300,000	600,000	138
Accountant (25%)	Monthly	2	250,000	500,000	115
8 Community mobilizers (100%)	Monthly	16	300,000	4,800,000	1,103
Audit		1	2,000,000	2,000,000	460
TOTAL INDIRECT COSTS				6,300,000	1,448
TOTAL EXPENDITURE COSTS				154,920,000	35,614

USD/SLL Forex rate

4,350

ACTION

The ACT Secretariat has approved the use of **US\$ 57,864** towards the budget from its Rapid Response Fund and would be grateful to receive contributions to wholly or partially replenish this payment. Should there be an appeal for this emergency, the RRF payment will be considered as an advance.

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