



PROPOSAL MONTHLY PROGRESS UPDATE
As of 28 February 2015

Recipient UN Organization(s):	UNMEER	SOs Strategic Objective(s): MCA1-MCA6; MCA9-11, MCA13	SO5: Prevent further spread
		MCAs Mission Critical Action(s)	MCA13: Multifaceted preparedness
Implementing Partner(s):	Government and State Institutions, Commercial Companies, NGOs, UN agencies and International agencies.		
Project Number:	00092650 (UNMEER)		
Proposal Title:	Ebola Response Quick Impact Projects		
Total Approved Proposal Budget:	USD 1,000,000.00		
Total Approved Project Budget:	SO5/MCA13 Total	Project	Budget Approved
		QIP-1	\$181,043
		QIP-2	\$3,850
		QIP-3	\$118,863.02
		QIP-4	\$15,425
		QIP-5	\$6,027
		QIP-6	\$13,860
		QIP-7	\$2,797
		QIP-8	\$11,200.00
		QIP-9	\$2,945
		QIP-10	\$18,864
		QIP-11	\$11,771
		QIP-12	\$18,710
		QIP-13	\$19,112
		QIP-14	\$4,992.1
		QIP-15	\$35,393.3
		QIP-16	\$13,584.3
		QIP-17	\$8,424.45
		QIP-18	\$9,735.24
		QIP-19	\$21,576.63
		QIP-20	\$3,429
		QIP-21	\$3,574
		QIP-22	\$4,170
		QIP-23	\$6,642
		QIP-24	\$10,425
		QIP-25	\$12,503
		QIP-26	\$18,675
		QIP-27	\$19,976.67
		QIP-28	\$12,132
QIP-29	\$19,850.76		

			QIP-30	\$6,386			
			QIP-31	\$18,522.68			
			QIP-32	\$20,000			
			TOTAL	USD 674,459			
Geographical Focus Area	<input checked="" type="checkbox"/> Sierra Leone	Geographical Local Area All provinces within UNMEER's area of operation.	<input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Border				
Outbreak Hot Zones	Please select one from the following <input checked="" type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)						
# Direct Beneficiaries (Ensure the information below indicates both the total number of beneficiaries ensure inclusive participation and non-discrimination of the vulnerable and at-risk groups)	Total Beneficiaries	# N/A					
	Women:	# N/A					
	Girls:	# N/A					
	Men:	# N/A					
	Boys:	# N/A					
Project Duration (months):		Starting Date:	Until Spent	Completion Date:		Delay (months)	N/A
	QIP-1:	19/12/2014		17/01/2015		N/A	
	QIP-2:	29/12/2014		05/01/2014		None	
	QIP-3:	01/19/2015		02/02/2015		None	
	QIP-4:	18/01/2015		18/05/2015		None	
	QIP-5:	20/01/2015		20/03/2015		None	
	QIP-6:	25/01/2015		28/02/2015		2 weeks	
	QIP-7:	24/01/2015		24/01/2015		None	
	QIP-8:	21/01/2015		31/01/2015		None	
	QIP-9:	24/02/2015		24/03/2015		2 Weeks	
	QIP-10:	01/02/2015		01/04/2015		1 Month	
	QIP-11:	19/02/2015		19/03/2015		1 Week	
	QIP-12:	23/02/2015		13/04/2015		1 Week	
	QIP-13:	23/02/2015		23/03/2015		2 Weeks	
	QIP-14:	01/02/2015		10/02/2015		1 Month	
	QIP-15:	01/02/2015		10/04/2015		1 Month	
	QIP-16:	01/02/2015		10/02/2015		1 Month	
	QIP-17:	14/02/2015		14/03/2015		1 Month	
	QIP-18:	26/02/15		23/04/15		None	
	QIP-19:	24/03/2015		24/04/15		None	
	QIP-20:	7/04/15		21/04/15		1 Month	
	QIP-21:	7/04/15		21/04/15		1 Month	
	QIP-22:	24/02/15		24/02/15		None	
	QIP-23:	14/03/15		11/04/15		None	
	QIP-24:	14/03/15		14/05/15		None	
	QIP-25:	19/03/15		19/04/15		None	
	QIP-26:	18/03/15		29/04/15		None	
QIP-27:	10/03/15		20/05/15		None		
QIP-28:	02/04/15		14/05/15		2 Weeks		
QIP-29:	08/04/15		20/04/15		3 weeks		
QIP-30:	27/02/15		28/02/15		None		

	QIP-31	27/03/15		27/05/15		None	
	QIP-32	26/03/15		29/03/15		None	

Proposal Title: QIP-1: Operationalization of the Police Training School 2 and ADRA Waterloo Ebola Treatment Centers.			
Funds Committed:	US\$ 181,043.00	% of Approved:	18%
Funds Disbursed:	US\$ 45,024.90	% of Approved:	24.9%
Proposal Title: QIP-2: Support to the Western Area Surge (WAS)			
Funds Committed:	US\$ 3,850.00	% of Approved:	0.3%
Funds Disbursed:	US\$ 3,850.00	% of Approved:	100%
Proposal Title: QIP-3: Western Area Surge II (WAS II): Heightened Social Mobilization.			
Funds Committed:	US\$ 118,863.02	% of Approved:	11.8%
Funds Disbursed:	US\$ 118,863.02	% of Approved:	100%
Proposal Title: QIP-4: Refueling of water treatment facility in Kambia.			
Funds Committed:	US\$ 15,425	% of Approved:	1.54%
Funds Disbursed:	US\$ 7,712.5	% of Approved:	50%
Proposal Title: QIP-5: Social Mobilization Prompt Action Team, for villages with new infection outbreaks.			
Funds Committed:	US\$ 6,027	% of Approved:	0.6%
Funds Disbursed:	US\$ 6,027	% of Approved:	100%
Proposal Title: QIP-6: EVD Survivors involvement in effective community mobilization in Ebola Hotspot chiefdoms.			
Funds Committed:	US\$ 13,860	% of Approved:	1.39%
Funds Disbursed:	US\$ 11,088	% of Approved:	80%
Proposal Title: QIP-7: Support to Cross-Border meeting between Gueckedou-Guinea, Lofa-Liberia, Kailahun-Sierra. Leone.			
Funds Committed:	US\$ 2,797.8	% of Approved:	0.28%
Funds Disbursed:	US\$ 2,797.8	% of Approved:	100%
Proposal Title: QIP-8: IDT Labs Verification			
Funds Committed:	US\$ 11,200	% of Approved:	100%
Funds Disbursed:	US\$ 11,200	% of Approved:	100%
Proposal Title: QIP-9: Material and logistical support to decontamination teams to enable them to adequately replace mattresses.			
Funds Committed:	US\$ 2,945	% of Approved:	0.29 %
Funds Disbursed:	US\$ 2,945	% of Approved:	0%
Proposal Title: QIP-10 IPC-Compliant Post Ebola Clinical Services – Bombali District			

Funds Committed:	US\$ 18,864	% of Approved:	1.88%
Funds Disbursed:	US\$ 14,758	% of Approved:	80%
Proposal Title: QIP-11: Emergency delivery of replacement household kits in Kono district			
Funds Committed:	US\$ 11,771	% of Approved:	1.17%
Funds Disbursed:	\$ 9,426.80	% of Approved:	80%
Proposal Title: QIP-12: Ebola Reach Project/ Strengthening Contact Tracing through reaching the un-reached members of society in Koya chiefdom			
Funds Committed:	US\$ 18,710	% of Approved:	% 1.87
Funds Disbursed:	US\$ 14,968	% of Approved:	% 80%
Proposal Title: QIP-13: Social Mobilization with EBOLA survivors in Koinadugu district			
Funds Committed:	US\$19,112	% of Approved	1.9%
Funds Disbursed:	US\$15,289.6	% of Approved	80%
Proposal Title: QIP-14: Intensification of Social Mobilization on Ebola Response at Community Level: Inter agency coordination			
Funds Committed:	US\$ 4,992.1	% of Approved	0.49%
Funds Disbursed:	US\$ 3,993.0	% of Approved	80%
Proposal Title: QIP-15: Intensification of Social Mobilization on Ebola Response at Community Level: Stipends			
Funds Committed:	US\$ 35,393.3	% of Approved	3.5%
Funds Disbursed:	US\$ 28,314.64	% of Approved	80%
Proposal Title: QIP-16: Intensification of Social Mobilisation on Ebola Response at Community Level			
Funds Committed:	US\$ 13,584.3	% of Approved	1.35%
Funds Disbursed:	US\$ 10,867	% of Approved	80%
Proposal Title: QIP-17: Engage EVD Survivor's in Community Mobilization in Ebola Hotspots and silent communities in Kambia district			
Funds Committed:	US\$ 8,424.45	% of Approved	0.84%
Funds Disbursed:	US\$ 6,739	% of Approved	80%
Proposal Title: QIP-18: Media action to scaling-up awareness on EVD on borders of Gbindixon, Samu & Bramaia chiefdoms and overall Kambia district			
Funds Committed:	US\$ 9,735.24	% of Approved	0.97 %
Funds Disbursed:	US\$ 0	% of Approved	0 %
Proposal Title: QIP- 19: Strengthening Traditional Community structures for the prevention and containment of EVD			
Funds Committed:	US\$ 21,576.63	% of Approved	%2.16
Funds Disbursed:	US\$ 16,881.9	% of Approved	80%

Proposal Title: QIP- 20: IT support to Social Mobilization for Behavior Change Communication in Moyamba District			
Funds Committed:	US\$ 3,429	% of Approved	% 0.34
Funds Disbursed:	US\$ 3,429	% of Approved	100%
Proposal Title: QIP- 21: Media Campaign to Eradicate EVD in Moyamba District			
Funds Committed:	US\$ 3,574	% of Approved	0.36 %
Funds Disbursed:	US\$ 3,574	% of Approved	100%
Proposal Title: QIP- 22: Cross Border Meeting between Kono District and neighboring districts in the Republic of Guinea			
Funds Committed:	US\$ 4,170	% of Approved	0.41 %
Funds Disbursed:	US\$ 0	% of Approved	0 %
Proposal Title: QIP- 23: Providing safe sanitation facility to end Ebola			
Funds Committed:	US\$ 6,642	% of Approved	0.664%
Funds Disbursed:	US\$ 6,642	% of Approved	100%
Proposal Title: QIP- 24: Improved Sanitation to Prevent EVD Transmission; We De Duam!			
Funds Committed:	US\$ 10,425	% of Approved	1.04%
Funds Disbursed:	US\$ 10,425	% of Approved	100%
Proposal Title: QIP- 25: WASH support to quarantined families and homes in Kono hotspots			
Funds Committed:	US\$ 12,503	% of Approved	1.25%
Funds Disbursed:	US\$ 12,503	% of Approved	100%
Proposal Title: QIP- 26: Cross Border Training and Collaboration- Bombali District			
Funds Committed:	US\$ 18,675	% of Approved	1.87%
Funds Disbursed:	US\$ 0	% of Approved	0%
Proposal Title: QIP- 27: Training and Sensitization of Traditional Healers and Community Members to Help Stop the Spread of Ebola Virus disease			
Funds Committed:	US\$ 19,976.67	% of Approved	1.2%
Funds Disbursed:	US\$ 0	% of Approved	0%
Proposal Title: QIP- 28: Mobile based data collection			
Funds Committed:	US\$ 12,132	% of Approved	1.2 %
Funds Disbursed:	US\$ 0	% of Approved	0%
Proposal Title: QIP- 29: Cooling project (providing running water to the hospital)			
Funds Committed:	US\$ 19,850.76	% of Approved	1.99%
Funds Disbursed:	US\$ 0	% of Approved	0%

Proposal Title: QIP- 30: Cross border meeting on Ebola IPC with Liberian counterpart. (Pujehun+ Kenema joint proposal)			
Funds Committed:	US\$ 6,386	% of Approved	0.64 %
Funds Disbursed:	US\$ 0	% of Approved	0%
Proposal Title: QIP- 31: Helping Ebola survivors, bereaved families, health care workers and communities to cope.			
Funds Committed:	US\$ 18,522.68	% of Approved	1.85%
Funds Disbursed:	\$0	% of Approved	0%
Proposal Title: QIP- 32: Secret society support to Stay at home National Zero Ebola campaign			
Funds Committed:	US\$ 20,000	% of Approved	2%
Funds Disbursed:	US\$ 20,000	% of Approved	0%

PROPOSAL – MONTHLY PROGRESS UPDATE RESULT MATRIX

Strategic Objective to which the Proposal is contributing¹	
SO5/MCA13	<p>MCA Description:</p> <p>QIP-1: The project is to urgently operationalize two new Ebola Treatment Centers that are critical to the successful implementation of the Western Area Surge (WAS). WAS is a strategic response to the recent exponential rise in EVD cases in the Western Area. The Western Area accounted for 50% of all new EVD cases nationally in November 2014. WAS, launched on 15 December 2014 comprises a three pronged approach: (i) strengthening the operational capacity of the Western Area Ebola Response in respect of bed capacity, lab capacity and processes and command and control; (ii) using the recent anti-malaria Mass Drug Administration as a spring board; and (iii) enhancing active case finding and social mobilization.</p>
SO5/MCA13	<p>QIP-2: This activity contributes to the strategic objective 1, “stop outbreak” and strategic objective 2, “treat infected people.” With support to blood sample management, this project contributed to maintaining the quality of the samples and speed up the time taken to analyze positive EVD cases and implement isolation, care and treatment of infected people. Further, the purchase of fridge/freezers in Holding Centers and Treatment Centers contributed to all the samples to be chilled until the sample is collected. The cool boxes provided with cold packs kept the samples cold during transit, both in the large cold boxes used in the cars or the small cold boxes secured to the rear passenger seat of a donor-provided motorcycle.</p>
SO5/MCA13	<p>QIP-3: The Social Mobilization Implementing Partners Forum will bring partners together to recognize social mobilization achievements in the Ebola response and agree on the way forward. The forum is expected to focus on the next phase of the Ebola response and promote agreement on alignment with: coordination, operational structures, roles and accountabilities ;(2) consolidation and intensification around agreed messages; (3) common approach to social mobilization, targeted to epidemiological and community factors; (4) targets for the districts, aligned to the status of the epidemic in the district.</p>
SO5/MCA13	

¹ Proposal can only contribute to one Strategic Objective

	<p>QIP 4: Currently there are 4 main establishments that require a constant supply of water to facilitate operations during the state of emergency, these being: (i) newly refurbished holding center in the previous Polio treatment facility. Kambia district hospital, operation of fleet management/decontamination center and District Ebola Response Centre. The goal of the project is to provide clean water to the 4 main Ebola response establishments and to facilitate operations during the state of emergency. Water will be provided for 4 hours per day, every day of the week for 4 months from 18 Jan 2015 to 18 May 2015.</p>
SO5/MCA13	<p>QIP 5: The Tonkolili Surveillance Pillar meets every morning at DHMT, Magburaka to review new infection outbreaks across the district and to monitor the progress of control and prevention in existing outbreak villages. Containing and ending each outbreak requires rapid and intensive work by a number of roles with Social Mobilization being a key contributor. Since early January, Real Women for Action (REWAP) have been providing this contribution due to the success of their participative methods and their ability to engage with women. REWAP have received no support from Ebola response funding and currently funding thanks to some limited private donations, which are nearly exhausted. REWAP is an active member of the Surveillance Pillar, which supports this project. This project will allow the important contribution of REWAP through the Prompt Action Team to continue.</p>
SO5/MCA13	<p>QIP 6: The EVD survivor should be and can be mapped and empowered for respectful survival in their communities by strategically involving them in effective Ebola Response in top priority districts like Port Loko which is severely affected by the disease where a cumulative total of 1,202 laboratory confirmed cases with more than 200 discharged cases as of 2nd January 2015. 160 EVD survivors have been identified in Port Loko, a number that is likely to increase in the coming weeks. Considering the potential manpower this could add to the Social Mobilization pillar, this projects aims to engage a large proportion of survivors in raising community awareness in each of the 7 priority hotspots of Port Loko.</p>
SO5/MCA13	<p>QIP 7: WHO cites that a high degree of population movement across exceptionally porous borders in West Africa is one of the key factors that contributed to the spread of EVD. It is estimated that population mobility in these countries is seven times higher than elsewhere in the world. Considering the movement of people between the 3 countries and the response to the outbreak of the Ebola virus the community living across this border along the Joint Unit Manor River Union have found it useful and necessary to organize this seeing to harmonize rapid response interventions, a meeting this project will help sponsor.</p>
SO5/MCA13	<p>QIP 8: The project contributes to effective stopping of Ebola spread by ensuring that the Ebola Response Workers (ERWs), who constitute a very significant and sensitive workforce in the fight against Ebola are paid hazard incentive on time and with correct hazard incentive level.</p>
SO5/MCA13	<p>QIP 9: In recent weeks, there has been a dramatic decrease in the number of cases in Tonkilili. However, all of the cases that occurred in the past two weeks occurred in quarantined homes. One of the most important steps in preventing transmission in the quarantined home is to thoroughly decontaminate the home. Home decontamination involves cleaning latrines, wiping down surfaces, spraying the home with chlorine, and incinerating any contaminated items, including mattresses, blankets and clothing of residents. While the district medical store can supply PPE for the decontamination teams, and supplies of chlorine, buckets, and sprayers, the store cannot supply household items such as mattresses and clothing for residents for replacement. REWAP will organize the procurement of the bedding (mattresses and blankets) which will then be distributed to quarantine households after decontamination has taken place in Tonkolili.</p>

SO5/MCA13	<p>QIP 10:The vast majority of post mortem swabs taken in Bombali District (many taken from children and young adults) now test negative for Ebola suggesting that people are dying of other pathologies (and not only old age). Services for emergencies like road traffic accidents, sudden collapse or heart attacks have been largely eclipsed by Ebola. HSH plans to resume (in early February 2015) full inpatient and surgical services to address non-Ebola medical and surgical needs among people in Makeni and beyond with the aim of helping to help reduce overall morbidity and mortality. This project will provide for the salaries of HSH staff and activities of HSH operations during the first two (2) months of resumption.</p>
SO5/MCA13	<p>QIP 11: Meaningfully contribute to breaking the chain of transmission of EVD from homes and among families of EVD deceased or EVD positive patients through replacement of household kits that would ensure contaminated beddings are not utilized and thus not spreading the virus in Kono District.</p>
SO5/MCA13	<p>QIP 12: The Ebola epidemic in Koya chiefdom is currently believed to be fueled by secret burial, washing of dead bodies and care of sick persons at home by relatives and traditional healers. Hence, these harmful cultural practices are contributing highly to the increase of EVD in this part of the District. Community members have the preference of seeking care from within the community. The main objective of this QIP proposal is to increase case detection in the Chiefdom and to cut down the chain of transmission through reaching the unreached communities such as secret societies and the traditional herbalists currently involved in treating EVD patients.</p>
SO5/MCA13	<p>QIP 13: This project will train survivors on community engagement techniques for use in social mobilization activities over the community radio station in Kabala and within their communities. In this regard, a complete profile of each survivor will be documented. The profiles will inform the composition of a survivor panel for a radio discussion that will include phone inputs from the community. In addition, survivors will be organized into groups to cover certain zones and equipped with mega phones, T-shirts and banners to spread the key messages on EVD prevention and care. The potential for survivors to share their experiences as typical examples will also be explored.</p>
SO5/MCA13	<p>QIP 14: Phase 2 of the District Plan – Getting to Zero recognizes that there has been an overall improvement in case management, quarantine and burials that were priority areas in Phase 1. The emphasis for the next period however is to build preventive behaviors at community level through social mobilization as well as increase community ownership of and engagement with the Ebola response. As the Ebola caseload reduces there is a risk that people will relax good practice and ignore by laws. There is therefore an even more urgent need for social mobilisers to engage with communities to promote prevention, early referral, safe burials, and the reintegration of survivors into their communities and increase general awareness of Ebola, especially amongst vulnerable groups and women, which KAP surveys have shown to have lower levels of knowledge. This project will aim to build strong community ownership and engagement with the Ebola response to promote preventive behavior leading to higher numbers of early referral, safe burial, reintegration of survivors and general awareness. Also the project will establish active feedback loops on the Ebola response from communities to Task Forces and to the DERC.</p>
SO5/MCA13	<p>QIP 15: At the heart of the Bo District Ebola Response plan there is a focus on conducting social mobilization at community level throughout the chiefdoms, not just those that have been hot spots. The work will link at section and community level to the IRC Community Alert system as well as to Restless Development SMAC. This funding application therefore requests the weekly provision of Le 17,500,000 (\$2,917) for over a 10 week period, a total sum of \$35,000 or Le 157,500,000 to 175 social mobilizers.</p>
SO5/MCA13	<p>QIP 16: 175 Community Social Mobilizers to be identified through the section level Task forces, ensuring equal representation of women; 24 Training of Trainers (TOTs) in 2 person training teams to conduct social mobilization training of 385 Contact Tracers and 175 community volunteers as section level in groups of 40 people over 10 day period. After training social mobilisers will conduct peer to peer, house to house and opportunistic engagement with other community members, particularly targeting vulnerable groups and women to the effective engagement and mobilization of people at</p>

	household/community level through peer to peer or house to house discussion; Social mobilisers will be supervised monthly by 15 DHMT supervisors.
SO5/MCA13	QIP 17: CSM in the coordination with DERC Social Mobilization Pillar is proposing to map out, bridge the gap between communities and survivors, to train and empower EVD Survivors for serving as stationed community mobilizers in their communities by expecting to enhance mobilization continuity for improved behavior and practices in the fight of EVD.
SO5/MCA13	QIP 18: MARWOPNET Peace Radio 88.4 FM has been embarking on massive radio sensitization, education and awareness on prevention and reporting for early treatment. However, based on initial assessment in Gbindixon chiefdom, we identified that out of 3531 households in these communities 714 households do not have radio set and do not benefit daily updates EVD through radio programs. This is creating a gap and a challenge in the fight against the Ebola transmission. Currently we are running our programs on-air with local sharing, different advertisement program and facing financial hurdles in scaling up awareness programs. MARWOPNET PEACE RADIO 88.4 FM is soliciting Funds and support from UNMEER to a) procure radio handsets for border communities in Kambia district as one of tool to broad listeners who will benefit from awareness on EVD and same beneficiaries will share those leanings to others; and b) 40 hours on air talk program to be used by DERC as a communication tool.
SO5/MCA13	QIP 19: The project will target existing community structures including women groups, youth groups, 'soweis' (female society leaders), religious and traditional leaders for EVD elimination in Koinadugu district. These groups of people are major stakeholders at the community level and they have large followers and as such command respect. The project has three components – consultative and training sessions, community based social mobilization and radio discussions
SO5/MCA13	QIP 20: At several social mobilization outreach sessions, communities have requested for evidence based information on EVD such as the availability and quality of care and treatment, psycho-social support and performance of safe and dignified burials by the burial team. In that direction the DERC has compiled series of documentaries on the treatment center, psycho-social support and performance of safe and dignified burials that would be streamed during social mobilization meetings in hot spots and communities visited. The social mobilization pillar will be equipped with these basic IT equipment to stream these documentaries during outreach sessions to allay the fears and stigma of community members. The pillar will be able to stream these documentaries during their outreach sessions.
SO5/MCA13	QIP 21: This project is designed to engage the Moyamba District Community through the media (Moyamba District Children's Awareness Radio- MODCAR, Njala University radio and Fountain of Peace-FOP) radio to train chiefdom reporters, and conducting radio discussion programmes using local languages. The project would engage herbalists, sorcerers and traditional healers, religious and traditional leaders from various communities within the district for discussions on key health seeking behavior change messages. Press conferences would be held as a platform to educate social behavior change antagonist
SO5/MCA13	QIP 22: The main activity is a cross border meeting between the people of the border communities of Kono in Sierra Leone and Jendema in Guinea involving local leaders, international actors, and security personnel to discuss and plan health and security issues.
SO5/MCA13	QIP 23: This project will provide a pit latrine with a privacy shelter for the sole use of a quarantine family rather than them using a shared community latrine to reduce the potential spread of EVD within a community. There are a number of communities within Kambia that use shared community pit latrines. When a house is put into quarantine, the rest of the community often prevents the quarantine family from using the shared latrine. This causes the quarantine family to have to defecate into bags that are then left in the street or in the area around the house- both potential source of disease spread. In communities that allow the family to share the latrine a risk of cross infection of EVD exists if a member of the quarantine home becomes ill, but it is not detected at an early stage.

SO5/MCA13	<p>QIP 24: The area of Magazin is a public hot-spot which includes a high risk of cross infections in terms of all diseases. Thousands of people visit the Magazine markets daily as traders and passengers. This influx cannot be controlled or monitored which benefits the spread of a Virus. Especially the public toilets are a highly risk of cross infection as all people use them, even residents. The public toilets are managed, maintained and cleaned by representatives of the community. Currently, MSF supports decontamination of the public toilets daily as Magazine became a hot-spot for Ebola infections, but this service will not be long lasting. This project will ensure toilets continue to get cleaned in a safe manner (providing material) as well as skills and practical training to the community on professional cleaning)</p>
SO5/MCA13	<p>QIP 25: MUWODA proposes to take over the provision of emergency WASH services for populations directly affected by EVD only. Direct beneficiaries of this project will include 10 quarantined families. They will be supported with 10 temporary toilets constructed for quarantined families without adequate toilet facility. The project will facilitate the distribution of hand washing stations, maintenance/cleaning kits for latrines, portable toilets and decontamination materials to contain the spread of the disease. It is expected that more households will be reached in a bid to increase knowledge on IPC management and general hygiene awareness within the affected communities using IEC materials and through PHP activities.</p>
SO5/MCA13	<p>QIP 26: The goal of this project is to prevent cross-border transmission of EVD by building the capacity of border control officials and community leaders near the Sierra Leone/Guinea border to recognize, deter and/or refer potential cases of EVD through the appropriate channels and in communication with each other. WHI will facilitate closer collaboration and conduct four trainings in border villages in the Tambakka chiefdom in Bombali District that will include individuals from both the Sierra Leone and Guinea sides of the border.</p>
SO5/MCA13	<p>QIP 27: Scaling up community mobilization through traditional healers. So far, traditional healing practices have been hampering the efforts of the district to stop the chain of EVD transmission. The recent survey conducted on the tradition healing practices indicated that most people still consult traditional healers. At the same time, most traditional healers are unwilling to abandon their work being a source of livelihood for them Amid continuous movement of sick people in search of traditional healers to the district, the issues of training and using the traditional healers as social mobilizers is critical to help stem down new incidences of EVD in the district.</p>
SO5/MCA13	<p>QIP 28: The recent surge in new cases in Bombali district signals the necessity of improving robust active case search and reporting systems. In only one week time (from February 21-26/2015), more than 24 confirmed cases were reported. As the case investigation processes require a timely data collection and sharing, surveillance teams have been facing communication problems with the teams deployed at each of the chiefdom. To this end, the application of mobile technology and empowering the surveillance teams has the potential to considerably improve the speed of data collection, reporting and decision making processes. That is reasoned by the powerful combination of four facts; (a) mobile technology has contributed to a rapid technical development (b) following market prices of the products, (c) increasing network coverage as more than 80% of the chiefdoms have network coverage, and (d) an explosive increase of cell phones user rates all over the world.</p>
SO5/MCA13	<p>QIP 29: Masanga hospital currently has no running water. Most of the metal pipelines installed in the 60's have never been replaced before and are too old and weak to repair. At the moment we are replacing iron pipes from our wells to the big water tower (approx. 100,000 liters) for PE pipes. Quick impact can be achieved once there is sufficient water in the tank. We will be able to provide the hospital with running water and have enough to chlorinate for cleaning purposes. Large quantities of water are essential in a hospital setting during the Ebola outbreak regarding IPC, and will continue to be important in the coming years. Masanga hospital is also a training center. All the hospital staff (100 pax) will be trained in IPC, screening and triage. Running water is requested to do proper trainings</p>

SO5/MCA13	<p>QIP 30: The proposal is to organize a meeting of authorities responsible for management of the Ebola situation at the level of the District (Sierra Leone) and County (Liberia) to share experiences and agree on modalities for cooperation and collaboration on joint approaches to break the transmission of Ebola and maintaining the Zero status already achieved on both sides. The meeting will lead to formalized cross border coordination and communication. It will build on the outcomes of the last meeting held between Pujehun District and Grand Cape Mount County on 06 Jan 2015 in Liberia. The meeting <i>inter alia</i> agreed to have a Task Force in Place with clear ToRs and membership, timeline for meetings to agree on measures for cross-border screening & surveillance.</p>				
SO5/MCA13	<p>QIP 31: Despite the existence of many structures put in place by the Government to respond to the Ebola situation in Sierra Leone, there is a need for a psychosocial interventions that will help to heal the minds of survivors, bereaved families, medical staff, burial teams, case investigators, DHMT staff and communities if they are to regain their normal life and functioning capabilities during and after the Ebola outbreak. CAPS will fully engage survivors, burial teams, bereaved families and the medical staff on proper psychosocial counselling sessions that will last between one to two months, so that they could be relieved of their psychic burdens and traumatic symptoms. Among the target beneficiaries of this project, CAPS will also pay special attention to the most vulnerable groups such as orphans, widowers and the elderly, by engaging them in counselling sessions with a view of improving their resilience and reintegration into their societies. In addition to the counselling services, CAPS will also provide stress management and self care training for the medical staffs and burial teams in Kono District</p>				
SO5/MCA13	<p>QIP 32: In preparation for the 3 days activities during the Stay at Home in Kambia, Port Loko, Bombali, Western Rural and Western urban, ERB Champions or Secret Society groups, Soweis, and Traditional leaders will engage in orientation sessions on how to organize and implement awareness raising and messaging on Ebola resistant behaviour change in their communities and society bushes. The Secret Society secretariat in Western Area coordinates the activities together with the Senior Secret Society heads(e.g Agbas) at District level to organize and facilitates these one-day orientation sessions which bring out the ERB Champions to the District Headquarter towns/ bigger towns (Makeni, Port Loko, Kambia, Waterloo, Freetown) to prepare for the 3 Days Stay at Home actions. Planning will be done in these sessions through discussions.</p>				
Output Indicators	Geographical Focus Area	Target (as per Proposal Matrix)	Quantitative Results achieved at Month 1	Planned % Delivery Rate	Effective % Delivery Rate at Month 1
Description of the Quantifiable Indicator as per Matrix originally presented					
<p>QIP-1: To urgently operationalize the PTS 2 and ADRA Waterloo Ebola Holding/Treatment Centers.</p>	Western Area, Freetown	Provide 100% of all demanded supplies, equipment and Fuel.	Rapid fuelling of the vehicles that transport identified cases to the respective holding and treatment centers.	90%	100%
<p>QIP-2: Support Lab Technical Working Group to support Western Area Surge.</p>	Western Area, Freetown	<p>Fridges delivered in 8 Holding Centers and 1 Treatment Centre.</p> <p>10 Cars and 20 motorbikes fitted with cool boxes for samples.</p>	All identified equipment rapidly procured and deployed.	100%	100%

QIP-3: Western Area Surge II: Heightened Social Mobilization.	Western Area, Freetown	Increasing messaging methods to directly target current modes of Ebola transmission in the Western Area.	Provide 85% of funding for social mobilization implementing forum.	100%	90%
QIP-4: Refueling of water treatment facility in Kambia.	Kambia	Provide 100% fuel necessary to water treatment facility in Kambia. The water treatment facility provides water to treatment and holding centers in Kambia	Provide 25% of fuel necessary to pump water treatment facilities.	100%	50%
QIP-5: Social Mobilization Prompt Action Team, for villages with new infection outbreaks	Tonkolili	Contributing to social mobilization by including women in the Rapid Response Teams sent out to villages with positive cases	Real Women for Action's efforts are ongoing.	75%	75%
QIP-6: EVD Survivor's involvement in effective community mobilization in Ebola Hotspots chiefdom.	Port Loko	Recruiting and utilizing Ebola survivor's in sensitizing their respective communities on safe practices	Preparation is ongoing for Social Mobilization work with EVD survivor's	60%	50%
QIP-7: Support to Cross-Border meeting between Gueckedou-Guinea, Lofa-Liberia, Kailahun-Sierra Leone.	Kailahun	Cross Border meeting to reduce/prevent cross border transmission of EVD.	100% of activities carried out	100%	100%
QIP 8: Support to the Western Area verification exercise, planning and analysis of all list from Ebola and non-Ebola medical and non-medical facilities for hazard pay.	Sierra Leone National	Enforce 100% of contracts as per revised Hazard policy, while reclassifying workers based on improved classification and issuing identification cards with Unique ID.	Re-verification of the full ERW (Ebola Response Workers) list and to provide the necessary information management support to clean the ERW list and provide the required analysis and establish the baseline for ERWs to be managed under new policy.	100 %	100%

QIP-9: Material and logistical support to decontamination teams to enable them to adequately replace mattresses.	Tonkolili	Provide Materials to 60% of decontaminated homes in Tonkolili District	0% of materials have decontaminated homes in Tonkolili District.	100%	0%
QIP-10: IPC-Compliant Post Ebola Clinical Services	Bombali	Holy Spirit Hospital (HSH) is able to safely render a full range of clinical services (including surgery) despite the presence of Ebola virus in the community. 1,200 patients per month diagnosed & treated at HSH.	20% of planned activities achieved.	50%	20%
QIP-11: Emergency delivery of replacement household kits in Kono district	Kono	450 Replacement Households Kits to 150 homes	20% of replacement of household kits delivered to homes.	25%	20%
QIP-12: Ebola Reach Project; Strengthening Contact Tracing through reaching the un-reached members of society in Koya chiefdom	Port Loko	Train traditional/spiritual healers of unsafe practices and train section chief and village headmen as active case finders in 19 sections in the Chiefdoms of Port Loko district.	14% of traditional/spiritual healers and section chiefs trained on unsafe practices	28%	14%
QIP-13: Social Mobilisation with EBOLA survivors in Koinadugu district	Koinadugu	All 47 Survivors in Koinadugu district trained and participating in social mobilization and community surveillance activities	0% due to delay in transferring funds.	25%	0%
QIP-14: Intensification of Social Mobilization on Ebola Response at Community Level: Inter agency coordination	Bo	24 people meet weekly to map out at risk communities and identify specific social groups to engage with; 24 Training Of Trainers in 3-person teams travel to communities and conduct dialoguing with groups of up to 15 persons exploring	100% of activities planned to be carried out in month 1	100%	50%

		positive and negative impacts, comment on response, messaging,			
QIP-15: Intensification of Social Mobilization on Ebola Response at Community Level: Stipends	Bo	\$35,393.3 paid out to 175 social mobilizers for seven weeks.	0% of funds disbursed as stipend.	33%	0%
QIP-16: Intensification of Social Mobilisation on Ebola Response at Community Level Implementation.	Bo	Training of 560 community social mobilization volunteers	0% of 560 community social mobilizers trained	100%	0%
QIP-17: Engage EVD Survivor's in Community Mobilization in Ebola Hotspots and silent communities in Kambia district.	Kambia	To engage 34 EVD survivors through Social Mobilization process, training session, deployment for community mobilization and other related field activities within their areas.	0% due to delay in fund disbursement	50%	0%
QIP-18: Media action to scaling-up awareness on EVD on borders of Gbindixon, Samu & Bramaia chiefdoms and overall Kambia district	Kambia	Provide 25,000 households in Kambia with radio hand sets	Provided 25,000 households in Kambia with radio hand sets 20 hours of airtime of EVD programmes 20 hours of airtime of EVD programs	50%	50%
QIP-19: Strengthening Traditional Community structures for the prevention and containment of EVD	Koinadugu:	28 groups in 28 communities	Engaged 14 groups in 28 communities	100%	25%

QIP-20: IT support to Social Mobilization for Behavior Change Communication in Moyamba District.	Moyamba	Communities reporting all deaths to 117	Communities reporting most deaths to 117	100%	35%
QIP-21: Media Campaign to Eradicate EVD in Moyamba District	Moyamba	70% of Residents engaging in positive EVD prevention behaviour	30% of Residents engaging in positive EVD prevention behaviour	100%	42%
QIP-22: Cross Border Meeting between Kono District and neighbouring districts in the Republic of Guinea	Kono	111 Participants from Sierra Leone and Guinea to be involved in discussions to enhance cross-border surveillance and security	111 Participants from Sierra Leone and Guinea participated in discussions to enhance cross-border surveillance and security	100%	100%
QIP- 23: Providing safe sanitation facility to end Ebola	Kambia	Construction of 20 pit latrines	13 latrines constructed	50%	65%
QIP- 24: Improved Sanitation to Prevent EVD Transmission; We De Duam!	Western Area	Clean 10 toilets in the area, train 20 community members to professionally clean the toilets after the project wraps up	Cleaned 20 toilets, trained 10 community members to professionally clean the toilets	50%	50%
QIP- 25: WASH support to quarantined families and homes in Kono hotspots	Kono	10 toilets constructed, 100 hand washing stations distributed, 100 maintenance kits for latrines 10 portable toilets distributed 10 decontamination materials distributed	5 toilets constructed 40 hand washing stations distributed 40 maintenance kits distributed 10 portable toilets distributed 10 decontamination materials distributed	40%	30%

QIP- 26: Cross Border Training and Collaboration- Bombali District	Bombali	60 border officials trained, 60 community leaders trained	30 border officials trained, 30 community leaders trained	43%	30%
QIP- 27: Training and Sensitization of Traditional Healers and Community Members to Help Stop the Spread of Ebola Virus disease	Bombali	55 selected prominent traditional healers trained and engaged in the fight against the EVD.	20 selected prominent traditional healers trained and engaged in the fight against the EVD.	30%	13%
QIP- 28: Mobile based data collection	Bombali	13 chiefdoms' surveillance officers and 5 district level officers (3 monitoring and evaluation, 2 data management officers)	4 chiefdoms' surveillance officers and 5 district level officers (3 monitoring and evaluation, 2 data management officers)	30%	10%
QIP- 29: Cooling project (providing running water to the hospital)	Tonkolili	Replace pipes from the wells to the water tank (approx. 100,000 L) Finish connections and taps at the hospital wards (50% completed) Clean the water tank Do a test run Install water filters) Install chlorine dosing system Test water quality	Replace pipes from the wells to the water tank Finish connections and taps at the hospital wards (75% completed) Clean the water tank Do a test run Install water filters Install chlorine dosing system Test water quality	40%	30%
QIP- 30: Cross border meeting on Ebola IPC with Liberian counterpart. (Pujehun+ Kenema joint proposal)	Pujehun and Kenema	125 participants in cross-border discussions from Sierra Leone and Liberia	125 participants in cross-border discussions from Sierra Leone and Liberia	100%	100%

QIP- 31: Helping Ebola survivors, bereaved families, health care workers and communities to cope	Kono	88 survivors, 96 immediate bereaved families, 63 orphans and 23 widows 34 hospital staff	Identification and registration of target	10%	10%
QIP- 32: Secret society support to Stay at home National Zero Ebola campaign	National	Orientation and training of 420 secret society champions	Orientation and training of 420 secret society champions	100%	100%

Qualitative achievements against outcomes and results:

Please, describe the achievements including documents, reports, evaluations. Please include pictures if possible

Section1: Results and Outcomes expected

Section2: Impact on Gender Results

Section 3: Environmental Impact Assessment in reference to the proposal

Section 4: Describe the conditions based on which the proposal might have change its destination (even partially)

Section: 1- MCA 13: Operationalization of the Police Training School 2 and ADRA Waterloo Ebola Treatment Centers

Results QIP-1

Rapid provision of fuel to the vehicles catering to the two identified Holding and Treatment Centers enabled efficient and timely transportation of patients isolated from the community for infection prevention, treatment and care.

For January: Mentoring staff were required to offer specialized training on EVD care to medical personnel at the two treatment centers.

Outcome Expected: Provide 100% of all demanded supplies (Medical supplies, fuel for generators and vehicles, staff training, clearing of the treatment site and maintenance of the external landscape and a minimal contribution to the construction cost of PTS2.)

Section: 1 - MCA 13: QIP-2: Support to the Western Area Surge (WAS.)

Results: It was a short duration project that aimed at supplying essential equipment to support expeditious transport and storage of samples to laboratories. The equipment provided contributed to minimizing the chances of contamination of samples taken from live persons as well as corpses to enable timely analysis of results for EVD.

Section: 1- MCA 13: QIP-3: Western Area Surge II (WAS II): Heightened Social Mobilization.

Expected Results:

WAS II is placing a greater emphasis on increasing messaging methods to directly target current modes of Ebola transmission in the Western Area. Provide 85% of funding for social mobilization implementing forum.

Outcome Expected

Increased community and social awareness on proper EVD prevention practices in the Western area.

Section: 1 - MCA 13: QIP-4: Refueling of water treatment facility in Kambia.

Expected Results

The water treatment facility in Kambia provides sanitized water to various treatment and decontamination units. The QIP project involves providing fuel for the water treatment facility, for the next 4 months (ending in May.)

Outcome Expected:

Provide 100% safe and sanitized drinking water to treatment centers and decontamination units in Kambia until May 2015. The project will supply fuel to the water treatment plant. The main National Petroleum station in Kambia town will deliver 210 gallons of fuel per week to the water treatment plant. This will facilitate the water treatment and pumping pant to run for 16 hours per day, which will allow for approximately 4 hours per day water supply to the 4 main operational areas and the surrounding districts.

Section: 1-MCA 13: QIP-5: Social Mobilization Prompt Action Team, for villages with new infection outbreaks.

Expected Results

Increasing community involvement in social mobilization, especially with the womenfolk of the various communities.

Outcome expected

A significant reduction in cases as a result of the involvement of all members of the community in promoting preventive measures. Real Women for Action's (REWAP) work involves reviewing the lab test results and then visit all villages where infection has occurred, following initial visits rom Case Investigators.

Section: 1-MCA 13 QIP-6: EVD Survivors involvement in effective community mobilization in Ebola Hotspot chiefdoms.

Expected Results

Preparations are on-going.

Outcome expected

To map out EVD survivor's in Port Loko District by the District Social Mobilization Pillar, and train and deploy them for community mobilization and other related field activities in the hotspot Chiefdoms in the district. Social mobilization activities and interventions would immensely benefit from the credible IPC and community dialogues on the serious threat that EVD poses on the communities because they have gone through it themselves and can provide appropriate techniques on how communities can protect themselves.

Section 1- MCA 13: QIP-8: IDT Labs Verification.

Expected Results

The re-revivification exercise is focusing on the enforcement of contract as per revised hazard policy; reclassify workers based on improved classification/hazard categories in the payroll system; issuance of identification card with unique ID numbers generated by Payroll system; correct names, mobile numbers and bank account numbers (with digit validation conducted on spot) of ERWs in the payroll system.

Outcome expected:

The project contributes to effective stopping of Ebola spread by ensuring that the ERWs, who constitute a very significant and significant and sensitive workforce in the fight against Ebola are paid hazard incentive on time and with correct hazard incentive levels.

Section 1- MCA 13: QIP-9: Material and logistical support to decontamination teams to enable them to adequately replace mattresses.

Expected Results: The decontamination team will conduct 100% of all necessary decontaminations each week and replace Bedding as quickly as possible.

Outcome expected: Decontaminate and replace household items in the home of every EVD case in the next one month see a drop in cases occurring due to secondary transmission of EVD.

Section 1- MCA 13: QIP-10: : IPC-Compliant Post Ebola Clinical Services

Expected Results: Curative health care services are safe for both patients and staff by mainstreaming IPC across all wards and departments at HSH through a well-trained IPC team.

Outcome expected:

By resuming comprehensive curative health care services at Holy Spirit Hospital (HSH), this project aims to make a contribution to case management by reducing the risk of 'hospital acquired' Ebola infections at Holding Centers and overall morbidity and mortality among the Makeni populace

Section 1- MCA 13: QIP-11: Emergency delivery of replacement household kits in Kono district

Expected Results: Specific objective is to deliver of up to 450 replacement household kits to approximately 150 households in Kono District.

Outcome expected: Meaningfully contribute to breaking the chain of transmission of EVD from homes and among families of EVD deceased or EVD positive patients through replacement of household kits that would ensure contaminated beddings are not utilised and thus not spreading the virus in Kono District.

Section 1- MCA 13: QIP-12: Ebola Reach Project; Strengthening Contact Tracing through reaching the un-reached members of society in Koya chiefdom

Expected Results: Increased case detection in the Chiefdom

Outcome expected: Increased and involvement of secret society leaders and traditional healers in Koya chiefdom in contact tracing activities to cut down the chain of transmission.

Section 1- MCA 13: QIP-13: Social Mobilization with EBOLA survivors in Koinadugu district

Expected Results: To facilitate the use of survivors as a resource that could be harnessed in breaking the chain of EVD transmission in the district.

Outcome expected: The trained survivors will become lead actors in arresting the EVD transmission of any future outbreaks in their communities.

Section 1- MCA 13: QIP-14: Intensification of Social Mobilization on Ebola Response at Community Level: Inter agency coordination

Expected Results: To build strong community ownership and engagement with the Ebola response.

Outcome expected: Community fully engaged in preventive behavior leading to higher numbers of early referral, safe burial, reintegration of survivors and general awareness.

Section 1- MCA 13: QIP-15 Intensification of Social Mobilization on Ebola Response at Community Level: Stipends

Expected Results: Providing incentives to ensure active volunteers.

Outcome expected: Continued community awareness in the district.

Section 1- MCA 13: QIP-16: Intensification of Social Mobilisation on Ebola Response at Community Level Implementation

Expected Results: Vulnerable groups- youth, children, and women- are increasingly aware of EVD preventive behavior.

Outcome expected: Communities become fully engaged in practicing preventive behavior

Section 1- MCA 13: QIP-17: Engage EVD Survivor's in Community Mobilization in Ebola Hotspots and silent communities in Kambia district

Expected Results: Contribute towards positive behavior and practices in communities.

Outcome expected: Engage EVD Survivors' in Community Mobilization in Ebola Hotspots and silent communities in Kambia District.

Section 1- MCA 13: QIP-18:

Expected Results: By the end of project; 40 hours of EVD related program aired.

Outcome expected: Increased listening by 30% in border communities in relation to dialogue and feedback on EVD information at village level and 450 community groups in addition to existing ones having better information tools

Section 1- MCA 13: QIP-19:

Expected Results: Women, traditional, and religious leaders fully involved in a collective fight against Ebola.

Outcome Expected: To sensitize and train the identified groups on EVD prevention the bye laws that have been passed by government and local authorities.

Section 1- MCA 13: QIP-20:

Expected Results: All deaths reported to 117

Outcome Expected: Behavior change by traditional & religious leaders and confidence built in communities to conduct safe and dignified burials

Section 1- MCA 13: QIP-21:

Expected Results: Sensitize citizens of Moyamba district on Infection Prevention and control mechanisms

Outcome Expected: Citizens fully engaged in EVD prevention activities due to radio sensitisation

Section 1- MCA 13: QIP-22:

Expected Results: Cohesion between guinea and Sierra Leone border communities on EVD border transmission mitigation.

Outcome Expected: To ensure proper modalities are put in place to prevent or lessen cross-border transmission of EVD.

Section 1- MCA 13: QIP-23:

Expected Results: Quarantined homes equipped with pit latrines

Outcome Expected: End Ebola cross-contamination due to sanitary reasons

Section 1- MCA 13: QIP-24:

Expected Results: Prevent the occurrence of EVD in the market

Outcome Expected: Empower community to take ownership of safe and clean toilets

Section 1- MCA 13: QIP-25:

Expected Results: Reduce the risk of EVD transmission through provision of emergency WaSH support (to minimum emergency standards) to hot spot areas, on the basis of assessed needs only.

Outcome Expected: Empower community to take ownership of safe and clean toilets

Section 1- MCA 13: QIP-26:

Expected Results: Equipped border control personnel and community leaders in Guinea and Sierra Leone with the skills and supplies to recognize, deter, and/or safely refer potential cases of EVD through the existing channels.

Outcome Expected: Effective cross-border control to prevent EVD transmission

Section 1- MCA 13: QIP-27:

Expected Results: The number of community meetings/engagements conducted and alert reports forwarded by each of the traditional leaders.

Outcome Expected: Proactive engagement of traditional healers as social mobilization will have led to improved active case search, investigation and thereby contribute to containment and eradication of the EVD

Section 1- MCA 13: QIP- 28:

Expected Results: Mobile based data collection systems employed for all EVD case investigation and reporting maps used

Outcome Expected: Real time EVD case investigation, data collection, collation and reporting will have led to improved data management on EVD case investigation

Section 1- MCA 13: QIP- 29:

Expected Results: Allowing the hospital to provide IPC trainings, continue as a medical hospital and teaching facility and create and increase hygiene at the hospital and its surroundings.

Outcome Expected: Safe IPC and triage

Section 1- MCA 13: QIP- 30:

Expected Results: Established coordination, surveillance and screening systems between adjacent chiefdoms.

Outcome Expected: Cross-border EVD transmission completely prevented.

Section 1- MCA 13L QIP- 31:

Expected Results: Community re-integration and strengthening

Outcome Expected: To enable traumatized survivors, bereaved families and communities to resume satisfying and productive daily life functions and activities.

Section 1- MCA 13L QIP- 32:

Expected Results: Significantly improved Behavioural changes

Outcome Expected: Household heads demonstrate improved knowledge and practices on getting to zero Ebola cases in 5 district

Section: 2 – Deviation of the Proposal from the Original Plan

NSTR: All proposals are carried out as planned.

Section: 3 - Gender Impact

QIP 5:

Significant gender impact as REWAP utilizes women to promote its work and messages. REWAP's work emphasizes gender equality through awareness campaigns led by women on proper EVD transmission preventive measures.

QIP 16:

This QIP will focus on women- as Social Mobilisers and as the target for social mobilization messages as they would be instrumental in ensuring preventive messages are adhered to in the homes/by families, especially children.

QIP 19: Fully engaging women ins sensitising their communities and communicating directly to other women on how best they can prevent EVD in their homes.

QIP 32: Engaging women traditional healers in leading Social Mobilisation in their communities

Section: 4 - Environnemental Impact

QIP 23 : Promotion WASH protocols in communities in Kambia

QIP 24 : Improving hygiene and sanitation in a significantly crowded area in Freetown

QIP 25 : Providing the tools for increased positive WASH practises in Kono

Visual Documentation:

1. Video of QIPS conducted in Kambia, Tonkolili and Bombali

<https://www.youtube.com/watch?v=kpCX8uVkuwQ>

2. Example of a Case Study in Kambia from UNMEER Field Crisis Manager

Sufficient tap-water ensured safety of my family from Ebola

A case study on Beneficiaries families

QIP on Water Provision for Kambia Ebola Response

Mrs. Ratamanan Shaw 38 years old in Kambia town I, living with her (three) 3 daughter and her husband Alhaji Bangura 45 year old. Her eldest daughter Istata Jalloh 18 year reading in SSS 3, Kadiatu Jalloh 14 years in JSS 3 and Fatima 9 years in PS 6. She had small grocery shop in her home and supporting her family as additional contribution with her husband. "Life in Kambia specifically is very expensive after Ebola and most of our supplies and production had been stopped, says Ratamanan.



House is marked by KWSSB



Family Showing their already paid water bills



UNMEER staff with family



Water is using for cleaning house utensils

Mrs. Isata Jalloh said that before Ebola outbreak water was scare and even after Ebola situation was same. Everyone was talking about to cure from EVD but no one was thinking for sufficient water supply to our homes. Our half of day spent in fetching water because water supply was not in routine before mid of January 2015 and we have not water tank to store water. Isata smiled by sharing, "now life is easier and getting water every day and I have more time to help my mother on her shop".

Fatmata Bagura 65 years old living with her (three) 3 daughters and (one) 1 son on 3C Komrabai Dura Road. She is farmers with small lands holding on bank of river and her daughters are helping her. She says, "Every one we are regularly paying water bills and enjoying water supply almost one drum of water is sufficient my daily usages covering cooking, bathing, cleaning, drinking & laundering purposes ". Before mid of January 2015, water supply was not in routine and we have to wait sometime after 72 hours getting water for hardly 30 minutes. Sufficient tap-water ensured safety of my family from Ebola and other water borne diseases. We are thankful to the donor for helping us in this crucial time".



UNMEER staff with Mrs. Fatmata Bagura family and neighbours

Wells, river and mountain springs are the main source of water in Kambia district, however this back breaking journey, often undertaken by women and children, is time consuming and arduous. Four to six hours are consumed daily in this activity. This reduced access to water and time taken to collect it affects the health of the population as well as affecting Ebola related precautionary measures. This lack of access also affects the standard of environmental sanitation facilities available. UNMEER is start providing continues water supplies near to communities' door steps but still there are a lot of to do toward sustainability in terms of continuity after project which will be participation of beneficiaries.

3. The most effective tool in EVD eradication

A case study on Water Treatment Plant
QIP on Water Provision for Kambia Ebola Response

In Sierra Leone, before the rebel war almost all provincial head quarter towns had pipe borne water but as a result of the war and neglect, all of the water supply facilities had gone down the drain. Following a request from the government of Sierra Leone to the Japanese government for help in the provision of safe drinking water in Kambia town the government of Japan provided water with the help of Japan International Cooperation Agency (JICA). The project was installed with public taps, water supply to government buildings like the hospital, and the Military base.

Since last 3 years, Water Treatment Plant was providing water for 45 minutes to communities after 8 hours running on each alternative day. Sierra Leone's first Ebola case occurred in late May 2014 in counties bordering Guinea. Till 1st week of January 2015, Ebola supporting different establishment were not getting enough water because not lack of financial resources with local government to fuel for pumping and treating water till water-tower. Initially, fuel for one (1) was provided by ACF to Water Treatment Plant. UN Mission for Ebola Emergency Response (UNMEER) had provided funding through Quick Impact Project (QIP) during said state of emergency. QIP is funding \$17,792 for Water Provision for Kambia Ebola Response during mid of Jan 2015 and successfully benefiting to maximum government facilities, communities including Holding Center Kambia.



Water Treatment – Kambia

Ahmed Masaray is 60 years working as Technical Supervisor since 2012 on Water Treatment Kambia. He says, "We were having a lot pressure from the public for supply of water but due to lack of financial resource even government had cut our salaries to half. We are grateful to UNMEER for financing fuel to keep supplying water every day".

District Ebola Response Center (DERC) Kambia is overall taking lead for providing fuel to water treatment, almost 2300 houses are registered with this water supply. As per agreed plan UNMEER is providing 954 liter of fuel per week till 16 weeks in contributing with Sierra Leone Water Company (SALWACO) during each week which keep running generator to meet urgent need of water.



Ahmed Masaray working on water treatment plant

As water is a fundamental resource for sustainable development. It is essential to economic growth, to eradicate poverty, to secure water, food and energy for a rapidly growing population and sustaining ecosystems for future generations. In most countries, water crises are not due to resource scarcity but primarily due to governance failures. Fragmented institutions obstruct accountability in a sector with high investment and aid flows, making it particularly vulnerable to corruption. Lack of water-related integrity incurs huge cost for societies, in lives lost, stalling growth, wasted talent and degraded resources. There is no sustainability without integrity.



Water-Tower Kambia



Fuel tank gage showing fuel supply to water treatment plant