


## Sierra Leone Transitional Joint Vision, MPTF Project Brief

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<b>TJV Cluster Name and Number: Cluster 4 "Social Protection, Child Protection, Gender Equality and Human Rights"</b>		<b>MPTF Project ID:</b>	
<b>Specific Project Title: Support to persons with disabilities, and sex workers, two of the most vulnerable groups worst hit by the EVD crisis</b>		<b>Project Location: Sierra Leone</b>	
<b>Estimated Start-Up Date: March 2015</b>		<b>Estimated Operational Closure: 31 July 2015</b>	
<b>Brief Project Description:</b> The project provides crucial support to people living with disabilities and sex workers, two of the vulnerable groups who have been worst affected by the impacts –of the EVD crisis. The project ensures that sex workers receive appropriate awareness raising and protection, and people with disabilities are also part of the response and that the good work and progress made with and by these groups before the crisis is not undone. The project also gives these communities the means to begin towards early recovery.		<b>SL- MPTF Contribution:</b>	<b>US\$292,456</b>
		<b>[Name other contributor]:</b>	<b>UNDP Sierra Leone provides staff time and technical support</b>
		<b>Government Contribution:</b>	<b>Coordination by Ministry of Social Welfare</b>
		<b>Total Project Cost (not including Government Contribution)</b>	<b>US\$292,456</b>

*Signature*

*Date*


UNDP Country Director

 16/03/15


Resident Coordinator

 16/3/15

Director, One Family People

 13/3/2015

Director, Handicap International

 15/3/2015

## PROJECT DOCUMENT

### Executive Summary

The main aim of this project is to assist two of Sierra Leone's most vulnerable special needs groups – people living with disabilities and sex workers – to weather the Ebola crisis, to contribute to the Ebola response and to have a head start on the road to sustainable recovery. The main areas of intervention will include: supporting people with disabilities to participate in the EVD response, thereby helping to counter stigmatization against them; bolstering food security and basic needs of people with disabilities who have been substantially affected by the economic and social impacts of the crisis; ensuring access to education for children with disabilities/children living in homes for people with disabilities, while schools are closed during the emergency, and supporting sex workers with knowledge on EVD and HIV prevention and protective equipment. Through empowering sex workers, and helping to prevent Ebola outbreaks in disabled homes and addressing some of the most acute social impacts affecting people with disabilities during the crisis, the project will help to maintain progress made with regards the rights of these special needs groups before the outbreak.

### Situation Analysis

The Ebola Virus Disease (EVD) outbreak in West Africa has been globally described as the largest, most fatal and widespread in history with a reported case fatality rate of about 70%. The epidemic struck first in Guinea on the 6th of December 2013 and then spread to neighbouring Liberia in March. The first confirmed case in Sierra Leone was identified on 25th May 2014. Impacts of the outbreak in Sierra Leone go far beyond EVD. The economy of Sierra Leone has been hard hit by the crisis, and the knock-on social effects – including limited health care for non-Ebola patients, massive disruption in education, increases in sexual and gender based violence, surges in teenage pregnancy, loss of livelihoods and food insecurity – have been far-reaching. As in any crisis, vulnerable groups including women, children and people with disabilities have been particularly affected.

The Ebola outbreak in Sierra Leone has seen the already dire situation faced by persons with disabilities deteriorate rapidly. Many people with disabilities rely on touch for their mobility; people with disabilities therefore find it difficult to avoid body contact. The fact that people with disabilities, marginalized in society, group together and live in close quarters, also puts them at high risk of contracting EVD. In addition, the stigma faced by persons with disabilities has been heightened as a result of the current crisis. Many people see persons with disabilities as infectious, which affects their ability to sustain their livelihoods. Relying on begging in this context when the majority of people have been negatively affected by the economic impact of the crisis is also not feasible. Other sources of livelihood – petty trade, handicrafts and repairs – have been largely depleted.

Children of persons with disabilities are also stigmatized, even when able-bodied. People with disabilities often rely on their children for future security and education is key in ensuring that children will eventually be able to provide a sustainable living for the whole family. The shutting down of schools and the potential for major disruption in education for thousands of children has therefore disproportionately affected people with disabilities.

Until the last quarter of 2014, people with disabilities had been largely left out of the Ebola response. UNDP through partnership with national civil society organization, One Family People (OFP), helped to ensure that preventative messages reach persons with disabilities through community sensitization and dissemination of materials in braille and sign language. UNDP and OFP have ensured that people with disabilities from 45 communities nationwide have benefitted from direct sensitization and that people with disabilities are not just viewed as liabilities to society, but are actively involved as actors in the response. Although substantial successes were booked during the initial intervention, longer-term support is needed to scale up support and to better address existing needs, in line with Transitional Joint Vision Cluster 4: Social Protection, Child Protection, Gender Equality and Human Rights. The basic rights and dignity of persons with disabilities are threatened by the crisis and women and children with disabilities are even more vulnerable.

According to a study conducted by the National AIDS secretariat and UNAIDS (August 2013) it is estimated that there are approximately between 180,000 and 300,000 female sex workers (FSWs) in Sierra Leone and that approximately 4% to 8% of women in major cities engages in sex work. The majority of sex workers are between the ages of 15 to 24. The high number of children among FSWs is alarming. Conservative estimates indicate that there are over 6000 Female Sex Workers in Freetown.

Ebola is spread through close body contacts and fluids such as blood, sweat, faeces, vomit, semen and spit from an infected person or from sex with a male survivor up to 90 days after he has been declared cured from EVD. Sex workers are therefore at direct and heightened risk of contracting EVD because of the direct body and sexual contact they have with a high number of partners. Levels of awareness and knowledge about transmission, prevention and what to do after having been exposed or when presenting symptoms is lower among women, young people and less educated/illiterate respondents. Sex workers who typically are women, young and less educated are likely to have among the lowest levels of awareness and precise knowledge about Ebola and how to adapt their behavior to cope with Ebola. Adding to this is the fact that female sex workers have been largely overlooked by the response.

The above-mentioned study also reconfirmed clearly that sex workers are at high risk for the contraction of HIV and STIs. Among the 1021 FSWs interviewed, 434 (43%) reported having had an STI in the previous year, and 668 (68.7%) reported using a condom the last time they had sex with a client. FSWs under 15 years of age were least likely to report condom use with their most recent client (35%). In the same study sex workers reported experiencing stigma, discrimination and violence from community members, family members, paying partners and police.

The changing nature of the EVD epidemic such as a shift from a rural to a predominantly urban epidemic, cases of new infections due to sexual transmission by survivors requires a particular focus on special needs populations and the People Left Behind. Those people that are not effectively reached by interventions targeting the general population for a variety of reasons such as extreme poverty, age, low levels of education and illiteracy, disability, stigma and discrimination and other factors that exclude and marginalize people and communities.

Closing the gap and ensuring the rights of these populations to comprehensive and tailored information on EVD requires putting in place targeted approaches and messaging that overcome the obstacles preventing special needs populations from being reached. This project therefore aims to provide tailored messages about EVD through appropriate channels and approaches targeting two special needs groups.

### **Project Justification**

Through partnership with local and international organizations that are highly experienced in working with persons with special needs in Sierra Leone and addressing the above mentioned issues, UNDP will assist two of the most vulnerable groups in Sierra Leonean society, not only to successfully weather the crisis, but also to achieve early recovery. Handicap International chairs the EVD cluster meeting on Special Needs, meaning that they are ideally placed to help coordinate the project and ensure that it compliments efforts by other groups and by government counterparts. The emphasis on sustainable livelihoods and education for people with disabilities will have far reaching benefits beyond the life of the project, and beyond the EVD crisis. The inclusion of mapping exercises to identify the various needs of different communities will ensure that the project targets the most vulnerable groups and will also feed into longer-term recovery programming. In addition, the partners will also produce monitoring tools and guidelines to track knowledge, and behaviour change, which can be used in case of future outbreaks. The targeting of sex workers, who are one of the highest risk groups when it comes to EVD exposure, is extremely timely in order to avoid a spike or revival in case numbers as a result of unprotected sex with male survivors.

## **Projects Outcomes and activities**

### **Outcome 1: People with disabilities are supported to contribute and participate in the EVD response, helping to counter stigmatization against them in the short, medium and long term**

Activity 1.1: Sensitization efforts scaled up to reach all homes/communities for people with disabilities in Sierra Leone and to appoint focal points (Ebola Outreach Committees) who will speak for their communities on radio and in other forums, ensuring the needs and strengths of people with disabilities are highlighted. Buckets and soap are provided to homes to ensure that they have some of the means to prevent EVD.

Activity 1.2: Representatives of people with disabilities (EOCs) are supported to carry out advocacy with local and national authorities on the specific needs of people with disabilities and the implementation of the Persons with Disabilities Act 2011, during and after the crisis. This will also help to build the capacity of national institutions including the Commission for People with Disabilities.

### **Outcome 2: Food security and basic needs of people with disabilities are safeguarded**

Activity 2.1: Cash transfers and solidarity kits provided to homes/communities of people with disabilities to mitigate impacts of the crisis, with a view to expanding support for sustainable livelihoods in the early recovery phase

Activity 2.2: A rapid but comprehensive assessment of markets and feasibility for different livelihood initiatives in different homes/communities nationwide will be carried out. Particular attention is paid to livelihoods of women with disabilities who are particularly marginalized and rely more heavily on begging

Activity 2.3: Short term livelihood support provided in several homes

### **Outcome 3: Children with disabilities/children living in homes for people with disabilities have access to education during the EVD crisis**

Activity 3.1: UNDP will support volunteer teachers to deliver lessons and educational materials to children in homes/communities of people with disabilities

Activity 3.2: UNDP will support communities/homes for people with disabilities to gain access to the radio education programming by the Ministry of Education

### **Outcome 4: Sex-workers in Western Area can protect themselves from Ebola, HIV and other STIs**

Activity 4.1: One on one outreach sessions will be carried out with sex workers in Western Area to provide them with comprehensive and tailored Ebola and HIV prevention information

Activity 4.2: Condoms are distributed to female sex workers in order to prevent Ebola, HIV and other STIs

### **Management and coordination arrangements**

As the recipient agency, UNDP will manage the project and provide technical support to implementing partners – One Family People (OFP) and Handicap International (HI). UNDP will establish a Steering Committee for the project including implementing partners, the Ministry and Social Welfare, Gender and Children's Affairs, the Commission for People with Disabilities, relevant district councils, Ministry of Agriculture, Ministry of education and UNAIDs. Input from government bodies will help to ensure that there is no duplication and that the intervention is sustainable. Involvement of HI, as the chair of the Ebola Response special needs sub-cluster focusing on vulnerable groups including those targeted, will also ensure that the project is harmonious with efforts of other organizations.

MCG agreements will be signed with the implementing partners, who will work closely together to implement the project activities in different districts. OFP and HI are existing partners, having worked together regularly in the past. HI as an international organization will also bring strong technical expertise and coordination experience, while OFP brings extensive knowledge of the local context and of communities of people with disabilities nationwide.

**Fund management arrangements**

UNDP will be the recipient of the funds and will support the implementation of the proposed activities through OFP and HI. Funds will be distributed in three installments paid as advances to the IPs; 40% upon signing of work plan, 40% upon approval of mid-term narrative and financial progress report by UNDP, and 20% as a third tranche based on approved final narrative and financial reports that outputs have been delivered and 80% of all balances disbursed.

**Monitoring, Evaluation and Reporting**

A Project Steering Committee (mentioned above) will be established to monitor the implementation of the project. The Steering Committee will meet once a month in order to discuss progress and any challenges.

The implementing partners will produce mid-term and final narrative and financial reports to send to UNDP. The mid-term reports will be sent to UNDP within 30 days after three months of implementation of the six-month project. The final reports will be sent to UNDP within 60 days of the completion of the project. UNDP will be responsible for final narrative and financial reporting to the MPTF.

Sierra Leone Transitional Joint Vision, MPTF Project Budget						
Proposal Title: Support to persons with disabilities, one of the vulnerable groups worst hit by the EVD crisis						
Outputs	Geographical Area	Target group	Budget OFP	Budget HI	Total Budget	Responsible Org
People with disabilities are supported to contribute and participate in the EVD response, helping to counter stigmatization against them in the short, medium and long term	Kono, Kailahun, Bo, Makeni, Kabala	Communities/homes for people with disabilities	\$41,555	\$48,742	\$90,298	OFP, HI, UNDP
People with disabilities safeguarded with Food security and basic needs	Kono, Kailahun, Bo, Makeni, Kabala	Targeted communities/homes for people with disabilities	\$61,900	\$49,479	\$111,379	OFP, HI, UNDP
Children with disabilities/children living in homes for people with disabilities have access to education during the EVD crisis	Kono, Kailahun, Bo, Makeni, Kabala	Children with disabilities/children of people with disabilities	\$18,819	\$37,825	\$56,644	OFP, HI, UNDP

Sex-workers in Western Area can protect themselves from Ebola, HIV and other STIs	Western Area	Sex workers in Western Area Freetown who are extremely at risk but left out of the response		\$15,000	\$15,000	\$15,000	HI, UNDP
Indirect Costs: UNDP GMS 7%						\$ 19,135	
<b>Total Budget</b>						<b>\$292,456</b>	