

ACTIVATION TIME
70 hours

FUNDS SPENT
£280,042

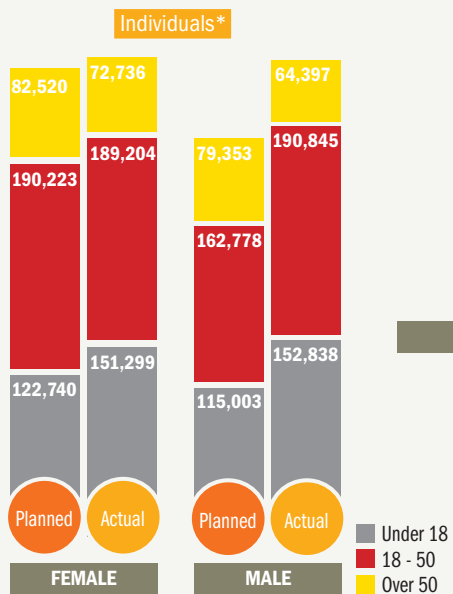
PEOPLE REACHED
(adjusted total - individuals)
821,319

PEOPLE REACHED
(cumulative total - activities)
2,160,743

RESPONSE TIMELINE



BREAKDOWN OF PEOPLE REACHED



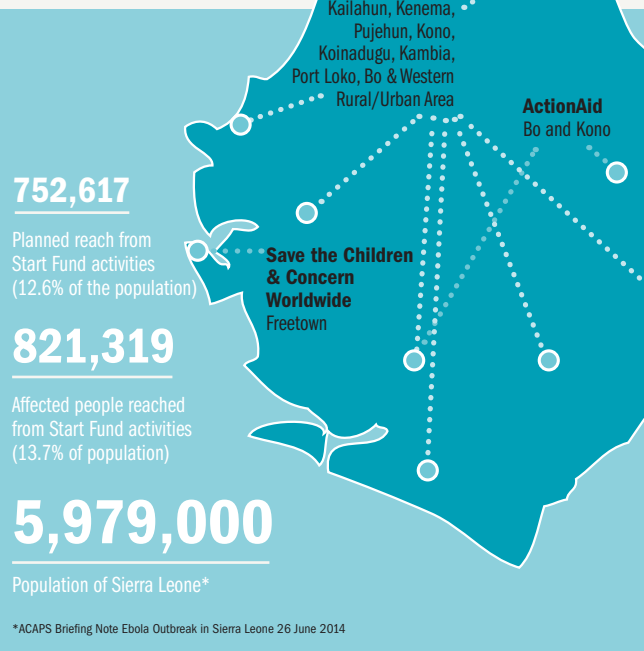
Adjusted Total (planned/actual): 752,617/821,319

*An additional 1,549,009 individuals were indirectly reached through radio messaging, not included in the above totals

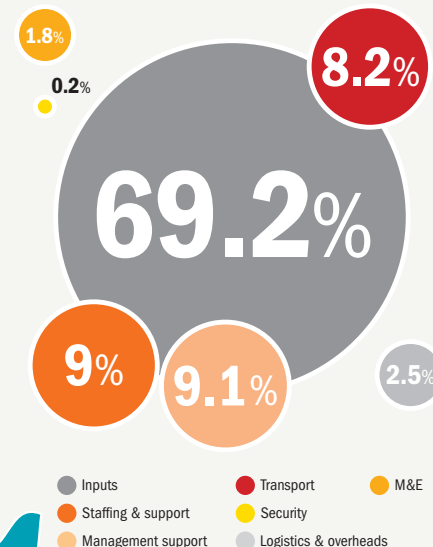
Cumulative Total = 2,160,743

*Figures refer to number of people assisted

COVERAGE



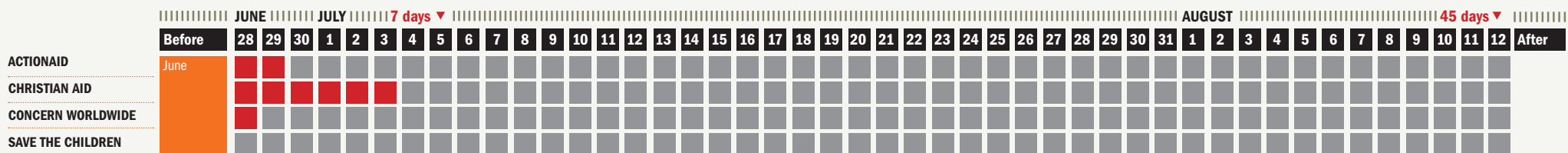
BREAKDOWN OF FUNDS SPENT









SECTORS OF INTERVENTION



PROJECT TIMELINE



				
LEVERAGING RESOURCES FOR ADDITIONAL RESPONSE				
Pre-Start Fund		ACT Alliance (35,614 USD ≈ £21,500)		SCUK (£30,000); SC South Korea (160,000 USD ≈ £96,000); Private (£100,000)
During Start Fund			Irish Aid (50,000 EUR ≈ £40,000); Not yet confirmed: DFID (£239, 231)	
Post-Start Fund	ActionAid International (£52,000)			
Details of additional response	Expansion of community sensitisation and social mobilisation to 5 additional districts: Western Area, Bombali, Moyamba, Tonkolili, and Kambia	Awareness raising campaigns in 4 districts were scaled up to 9 additional districts with the Start Fund	Increased capacity to train health workers and raise awareness in Freetown and Tonkolili District)	Operational funding for early response to the outbreak and participation in national, district and local level coordination structures
Funds spent out of funds awarded	£54,041 out of £54,041	£148,801 out of £149,974	£47,200 out of £47,200	£30,000 out of £30,000
Implementing Partner	Direct implementation	NMJD, MCSL, NETHIPS, SEND, RADA 	Direct implementation	£23,419 via direct implementation and £6,581 via CFN & AMNET 
Existing presence	Pre-existing programmes	Pre-existing programmes	Pre-existing programmes	Pre-existing programmes
Procurement	In country	In country	In country	In country
Activities	<ul style="list-style-type: none"> 7,000 narrative and pictorial messages developed by the MoHS distributed 56 radio jingles translated into 7 local languages and aired on 10 local radio stations 70 motorcade parades in Bo and Kono delivered messages, songs, jingles, and posters 56 community volunteers trained to conduct door-to-door sensitisation 3,148 households in 44 communities in Bo and Kono sensitised with door-to-door Ebola prevention messages 	<ul style="list-style-type: none"> 300 loud speakers distributed to community health volunteers in 9 districts 212,750 pairs of gloves distributed to 811 Peripheral Health Units 8 drums (45kg each) of powdered chlorine disinfectant distributed to 5 District Health Medical Teams 13,900 posters and fliers with Ebola messaging distributed Ebola jingles aired in 7 local languages on 14 community radio stations 838 CHVs trained in community sensitisation to train 9,000 more volunteers 121 planning and coordination meetings held with DHMTs 456 community sensitisation meetings led by CHVs in 9 districts 	<ul style="list-style-type: none"> 700 PHU staff trained on Ebola case management and referral guidelines 1,033 CHVs trained on Ebola prevention and treatment information 1,420 laminated fact sheets distributed to community health stakeholders 17,400 posters and fliers with Ebola messaging distributed Hygiene kits provided to PHUs in 10 city sections 23,000 households in 10 city sections sensitised with door-to-door messaging 	<ul style="list-style-type: none"> 400 auxiliary health workers from 120 PHUs trained 7 coordination meetings held with 14 PHUs to assess preparedness 1 coordination meeting held for 12 councillors and 14 ward development committee members 2 local partners awarded grants for £3,323 and £3,528 1,136 CHWs trained in house-to-house sensitization in 12 city sections – KAP results showed move from 39% to 85% of households able to identify prevention methods 12 children's clubs trained 38 schools oriented and provided with 112 hand washing materials A 2 day training of trainers workshop delivered with 23 NGOs to train on family tracing and "Child Protection in Emergencies on Ebola"
Additional Information	Christian Aid, ActionAid and Concern Worldwide project leads in country convened a learning meeting on 21 August to share information on their project outcomes, lessons learned and ongoing coordination.		Save the Children and Concern have joined a consortium with other NGO partners to implement a longer term DFID funded Ebola response programme. Lessons and materials from the Start Fund response will be integrated into this programme.	

PROJECT DETAILS

Intervention Summary:

On 25 May, the worst known outbreak of the Ebola Virus Disease spread to Sierra Leone. By 24 June, 163 cases and 46 deaths were reported. Since this is the first Ebola outbreak in West Africa, the health systems have been in urgent need of technical support to control the epidemic. Widespread fear and misunderstanding has made education and public awareness critical for prevention measures and encouraging people to seek treatment.

Four Start Network agencies responded in 10 districts across the country and worked closely with health officials to support the government's Ebola response plan. The agencies implemented projects in areas with confirmed cases and in neighbouring at-risk districts. Two projects focused on Freetown to prevent transmission in a densely populated urban area. Overall, the prevention interventions reached an estimated 13.7% of the population.

The responses focused on supporting the Ministry of Health and Sanitation, training community health workers and volunteers, procuring medical equipment and widely disseminating Ebola control and prevention messaging. Coordination proved essential for partnering with community groups on sensitisation strategies and to gain access to vulnerable populations. A variety of methods were used to raise awareness, including door-to-door visits, street campaigns, film screenings, trainings of trainers and posters and fact sheets. These activities directly reached over 820,000 people, not including an estimated 1.5 million additional people indirectly reached through radio broadcasts. In coordination with the District Health Medical Teams, 3,027 health workers and volunteers received trainings on outbreak control measures and use of personal protective equipment. To increase coverage quickly, training of trainers sessions facilitated cascading learning at the community level. In addition, responses emphasised reaching young people through schools and children's clubs, and a two day training of trainers workshop on child protection during the outbreak was held for 23 NGOs.

About 69% of the budget was spent on health inputs, and 55% of total funds were implemented through seven different local partners. A decentralised project selection process was successfully made at the country level for the first time. All the agencies involved are scaling-up their Ebola response following the Start Fund grants with other funds totaling at least £340,000. This will reach an estimated 997,167 people at a similar rate, or 17% of the population.

Lessons from the Response:

Communication of project plans allowed prevention efforts to reach more people more consistently but coordination could have gone even further.

- Regular coordination with existing partners and WaSH consortia members increased coverage of the Freetown area and helped implement a standardised model to cover all 59 city sections.
- Focusing coordination efforts on existing partners limited the effectiveness of sharing lessons learned. One agency learned that sharing with a larger community of NGOs would have filled more gaps.
- Project selection at the national level allowed local humanitarian staff not only to select the best-placed projects but also to continue coordinating after selection. A Learning Review meeting after the response, for example, identified that coordination of KAP survey methodology would have improved aggregate impact analysis.
- Too many coordination meetings on the same day sometimes competed with time for implementation.

Coordination with the Ministry of Health and Sanitation improved effectiveness and support of NGO efforts.

- Collaboration with MoHS officials at the district and national levels made the responses more focused and in-line with the government's revised Ebola response plan.
- Coordinating with the District Health Medical Teams helped identify gaps in the Peripheral Health Units, minimized overlaps in training health workers and even allowed sharing of personnel.
- Knowledge transfer in campaigns that involved motorcades was more effective when MoHS staff were present to answer questions of people passing by rather than the conventional broadcast approach.

Empowering the community to lead the sensitisation increased reception of Ebola advisory messages.

- Monetary incentives increased speed of mobilisation. The WaSH consortium in Freetown agreed a standardised one-time model of payment of 10,000 Le to CHWs because of the urgency required.
- People were more receptive to known community members, whether volunteers or health workers. In door-to-door visits, more households answered the door when the community leaders were placed in the front.
- Door-to-door sensitisation was more effective in the evenings because it was the farming season.
- One project found that reaching more young people required carrying out more activities around schools, cinemas, football pitches and other public places where they hang out.