

EXECUTIVE SUMMARY

An outbreak of the highly lethal Ebola virus disease began in Guinea in December 2013 and continues to increase in Guinea, Liberia and Sierra Leone. Small outbreaks from travelers in Nigeria and Senegal appear to have been contained. A new case has been recently identified in Mali.

Stopping Ebola transmission requires people to understand what puts them at risk and take action to protect themselves, strong case management (prompt identification, isolation, and treatment of those who are infected), contact tracing (identification, isolation, and surveillance of people who have been in contact with infected people) and safe handling of the bodies of those who have died. The World Health Organization expects transmission to continue for nine more months even with containment efforts. Though primarily a health emergency, the Ebola outbreak is impacting many aspects of people’s lives.



Health. Ebola’s health impacts are broader than the number of people infected by the disease. Before the Ebola crisis, the health systems in Guinea, Liberia and Sierra Leone faced inadequate personnel, low quality services, poor public confidence and poor health outcomes. Ebola has exacerbated these issues. As of October 31st, 269 health care workers have died, reducing the already inadequate workforce.¹ In Liberia, 62% of facilities closed because they were unable to protect their staff from Ebola.² The public’s fear of catching Ebola at facilities has also fueled a 25% decrease in facility visits that means women and children are going without life-saving routine care.³ A CRS-supported study in Sierra Leone found that 40% of children whose immunizations were not up-to-date missed an immunization due to the outbreak.⁴ Ebola survivors face stigma that can negatively affect their physical or psychosocial wellbeing.

Livelihoods and Food Security. Vulnerable families in affected communities have been weakened by the loss of productive members, and are also coping with an influx of orphans. There are indications that movement restrictions, market disruptions, and fears related to Ebola may adversely affect agriculture. Production is expected to be lower than usual, leading to an earlier and more pronounced lean season and the use of negative coping strategies such as eating seed; FEWSNET predicts a “stressed” situation in heavily affected areas of Sierra Leone and Liberia. Many large companies (such as mining companies) have stopped activities, or are limiting investment, with expected negative impact on economic growth.

Education. In Guinea, Liberia, Sierra Leone schools are closed indefinitely, with potential far-reaching negative implications for children. Now out-of-school children are losing valuable education time and may be at increased risk for child labor and early marriage. Universities and technical training institutions are also closed, which will make it difficult for countries to replace their skilled labor force (particularly health care workers).

Social Systems. Public gathering have been prohibited in Liberia and Sierra Leone, with potential negative impact on community cultural ties and solidarity. While worship services are continuing, weddings have become low key and there is fear of handling corpses in some communities. Economic hardship and food insecurity may cause social upheaval and rioting.

¹ WHO: Ebola Response Roadmap Situation Report 31 October 2014.

² Groupe Régional Santé. CR Nr 9 du 2 Octobre 2014

³ UNFPA. Ebola Outbreak: Impact On Reproductive Health And Proposed Mitigation Strategy. September 2014.

⁴ CRS, UNICEF and FOCUS 1000. Study on Public knowledge, attitudes, and Practices related to EVD prevention and medical care in Sierra Leone. August 2014.

The CRS West Africa Ebola Response Strategy capitalizes on existing programming as well as CRS and partner capacity in affected countries. In line with CRS signature program areas, the strategy focuses on health and livelihoods programs as part of this emergency response.

Health (Prevention, Routine Care, and Psychosocial Support): CRS is leveraging our strong existing health portfolio in the region, including Global Fund malaria programming in Sierra Leone and Guinea, our Gavi partners and our strong networks of local partners in all three countries (community and facility). Our efforts are:

- Helping to stop the spread of Ebola with behavior change efforts to prevent transmission and rapidly identifying cases when they occur with community early alert systems
- Ensuring safe and dignified burials in Sierra Leone in order to prevent further infections and respect religious practices of families
- Ensuring routine care remains available to limit the impact of Ebola on other health needs and minimize risk to health workers and non-Ebola patients; and
- Meeting the psychosocial needs of affected children, families and communities

Health Activities include:

- Supporting infection control training and providing ongoing quality assurance to healthcare staff at facilities throughout the country so they can continue to offer routine care
- Setting up and supporting operation of Community Care Centers to quickly triage and isolate possible Ebola patients
- Using mass media tools including radio and SMS to promote awareness and increase knowledge
- Managing burial teams and collaborating with religious and traditional leaders to ensure access to and acceptance of safe and dignified burials
- Training religious leaders and community volunteers to raise awareness and promote behavior change
- Providing hygiene kits to vulnerable populations
- Working to reduce stigma and providing psychosocial support to Ebola-affected children, families and communities
- Supporting neighboring countries at high-risk for Ebola with awareness and education materials
- Keeping CRS and partner staff safe with education and hygiene materials at the office, limiting field staff exposure, and checking temperature at office entrances



CRS public awareness and behavior change efforts aim to empower people to protect themselves from Ebola. CRS has trained more than 240 volunteers in this community in Port Loko, Sierra Leone.



CRS provides support to construct a community care center in Koinadugu, Sierra Leone. Patients that are seeking health services are first screened for Ebola so everyone has safe access to care.



In Guinea, CRS provides hygiene kits and messages to thousands of families to prevent the spread of Ebola. Photo courtesy of the Catholic Organization for Human Promotion.



CRS is partnering with the Liberia National Catholic Health Council to train trainers in Monrovia, Liberia. These trainers will be deployed across 16 Catholic health facilities to train healthcare workers in infection control and use of personal protective equipment. Photo courtesy Mother Pater College of Health Sciences.

During Phase I, CRS and partners are:

- Training more than 3,300 health care workers at over 200 health facilities (public, private and faith-based) in Sierra Leone, Liberia and Guinea in infection control to ensure the continuity of routine care for catchment areas of 3 million people.
- Setting up Community Care Centers at faith-based health facilities in Liberia, including a 10-bed Community Care Center at the St. Joseph's Catholic Hospital, a full services and critical referral facility that will reopen in early November 2014 with CRS support
- Using radio and SMS to reach over 2.5 million people with Ebola awareness messages in Guinea and Sierra Leone
- Working with over 2,600 community volunteers in Guinea, Liberia and Sierra Leone to promote behavior change, reaching over 375,000 people
- Training over 1,600 community and religious leaders in Guinea and Sierra Leone to raise awareness
- Partnering with No Strings International, to provide 5,000 people, especially children, with psychosocial support through the use of an interactive film and puppetry methodology
- Ensuring over 7,000 safe burials in 3 districts (Bombali, Port Loko, and Koinadugu) in Sierra Leone
- Distributing 8,500 household hygiene kits in Liberia and Guinea

Food Security/Livelihoods: CRS is building on strong agency capacity in food security and livelihoods programming to help affected households cope with and recover from loss of productive labor, reduced purchasing power, reduced manpower for harvesting, movement restrictions, and prices increases associated with Ebola. CRS will use market-based approaches where possible. Given high levels of malnutrition in affected communities before the crisis, food security and livelihood activities seek to maximize positive nutritional impacts. During Phase I, CRS is:

- Addressing immediate food security needs by providing food support to vulnerable Ebola-affected families (including orphans, widows, and identified contacts)
- Monitoring food security status and seed security systems of households in Ebola-affected areas

Food Security/Livelihoods Activities Include:

- Distributing of food to vulnerable households (including "contacts", discharged patients, and vulnerable communities)
- Monitoring food security in all 3 affected countries and conducting needs assessments to support scale up as needed

During Phase I, CRS and partners are:

- Providing discharge kits to 3,000 Ebola survivors
- Providing food assistance to 143,000 people, including contacts (to promote adherence to monitoring) and families affected by Ebola (widows, orphans, etc)
- Continuing an ongoing seed system assessment in Sierra Leone in order to better understand the farmers' existing seed storage capacity and better forecast food security needs in the medium to long term recovery phase
- Preparing and planning potential activities for the start of the next growing season in the spring of 2015 for Guinea, Liberia, and Sierra Leone

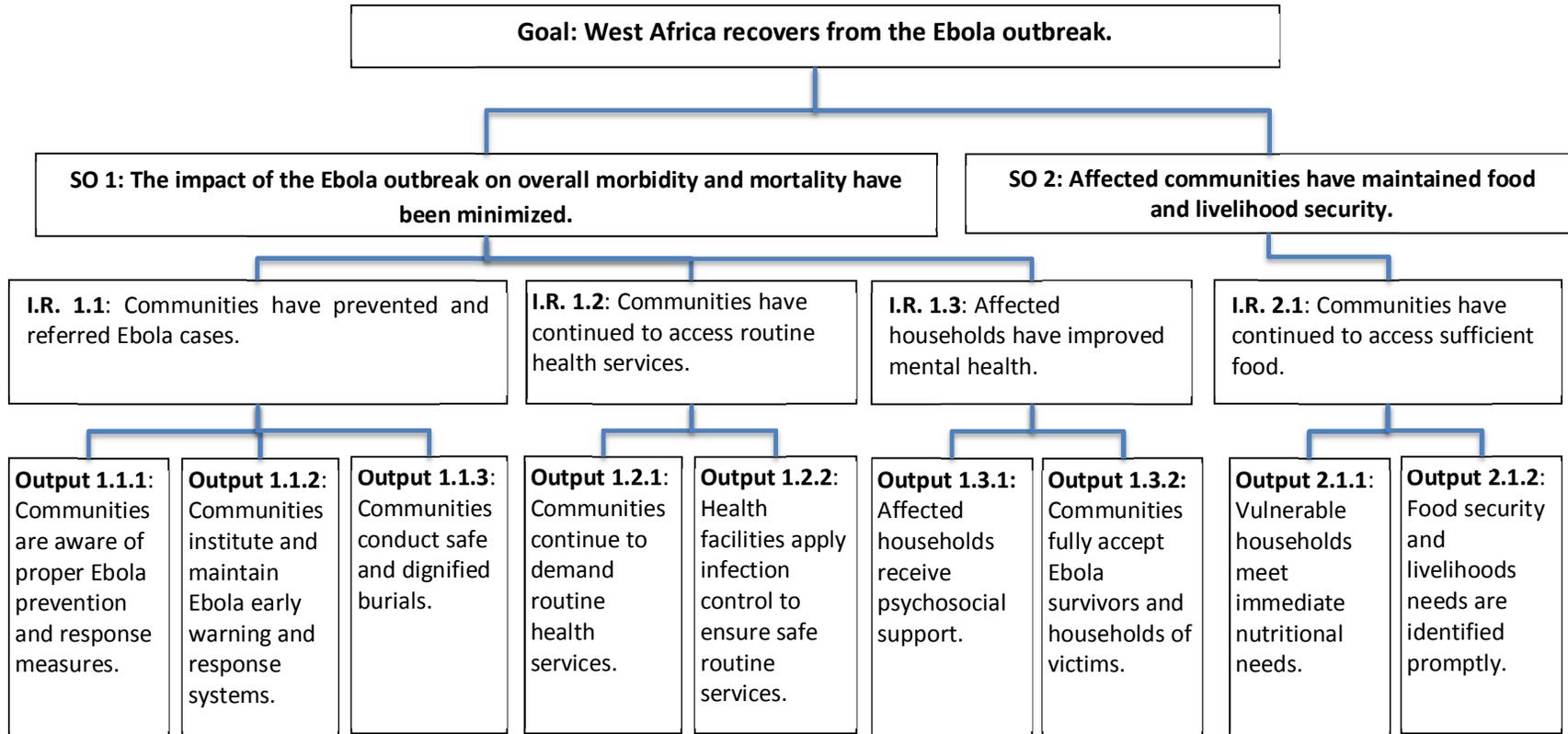
Activities Reaching Beyond the Most Affected Countries:

During Phase I, CRS has worked with countries near the Most-Affected Countries with prevention activities and active border monitoring.

- In Ghana, CRS provided 10,000 USD to Ministry of Health in preparations for Ebola including procuring 21 infrared thermometers for temperature monitoring on entry, printing 14,000 Health Declaration forms for border control, and printing 20,000 Ebola awareness posters
- In Senegal, CRS worked closely with existing partners and re-allocated private funds to train community health workers and equip them with learning materials to conduct awareness

Figure 1 below outlines the Results Framework for Phase I.

Results Framework: Phase I (April 2014 – March 2015)



ACHIEVEMENTS TO DATE

Awareness Raising and Social Mobilization

- Reached **1,510,144** residents in Kailahun, Kenema, Bo, and Koinadugu districts (Sierra Leone) through radio and **1 million** phone subscribers in Guinea through SMS messages
- Engaged **1,563** community leaders in Kailahun, Koinadugu, Bo and Kenema districts, Sierra Leone to raise awareness about Ebola in their communities
- Trained **810** community health workers and reached **126,508** households in Western Area, Sierra Leone during the 3-day house-to-house sensitization campaign
- Reached over **31,500 people** in Guinea and **7,500 people** in Liberia with interpersonal behavior change
- Formed **50 parish** early alert committees and trained **40 religious leaders** in **5 prefectures** in Guinea
- Distributed **8,500 hygiene kits** (6000 in Guinea and 2,500 in Liberia) to vulnerable households so they can protect themselves from Ebola
- Worked with FOCUS 1000 to conduct a nationwide knowledge, attitudes and practice survey in Sierra Leone that has informed the national communications strategy and priority behavior change activities

Provision of Safe, Accessible Health Care

- Provided PPEs and infection control practice orientation to **16 Catholic health facilities** across Liberia
- Supported construction of a community care center in Koinadugu District, Sierra Leone

Food Security and Livelihoods

- Distributed food rations to **120,000 people** in Guinea

CRS AND PARTNERS IN GUINEA, SIERRA LEONE AND LIBERIA

This response and recovery program builds on CRS' extensive experience in assisting people affected by natural and man-made disasters throughout the world. CRS has been working in the 3 country programs for 87 years (51 years in Sierra Leone, 24 years in Liberia and 12 years in Guinea) through the Caritas network as well as local partners. CRS has extensive ongoing programming in these three countries. Major projects include Global Fund Malaria grants in Sierra Leone and Guinea, a USDA Food for Education project in Sierra Leone, and the Gavi Alliance immunization project in all three countries.

In Guinea, CRS will continue to work primarily with Caritas Guinea, known locally as *l'Organisation Catholique pour la Promotion Humaine* (OCPH) and Gavi local implementing partner Club des Amis du Monde to support behavior change, community alert systems, psychosocial support, and livelihoods support to affected families (contacts, widows, orphans, etc). Because of our



With schools closed due to the Ebola outbreak, many youth are looking for employment. This call center in Sierra Leone is filled with youth who want to get involved in stopping Ebola.

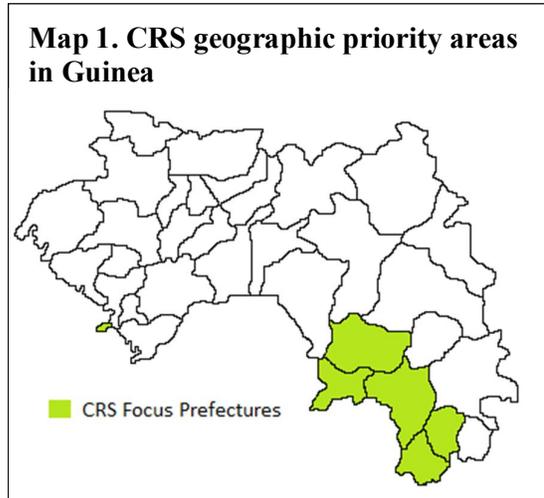


A trained burial team member disinfects their vehicle. CRS is setting up operations to manage "safe and dignified" burials in Sierra Leone.



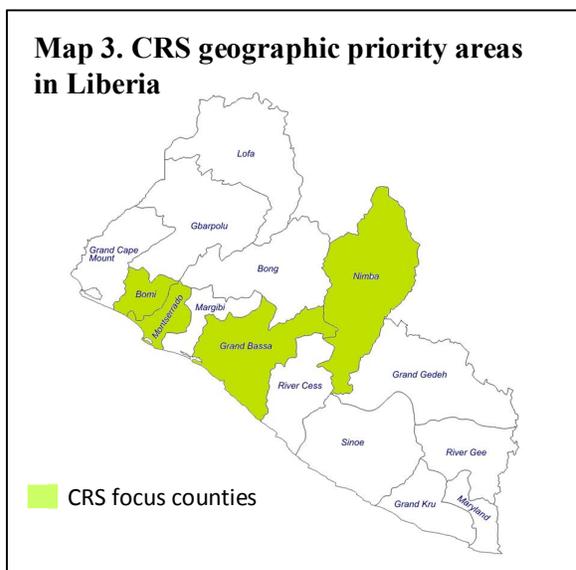
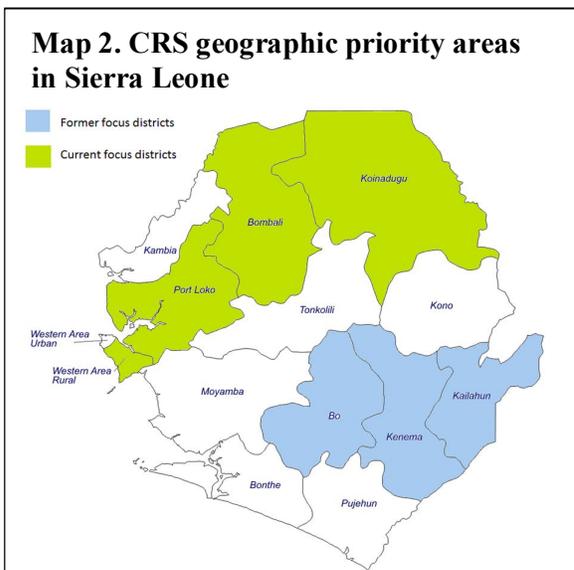
OCPH volunteers in Guinea meet with families about Ebola and provide hygiene kits. Photo courtesy OCPH.

near-nationwide reach in Guinea through the Global Fund award, CRS has been supporting various prefectures as needs evolve and shift. To date, activities have been primarily in Macenta, N'zérékoré, Guéckédou, Yomou and Kissidougou (see Map 1). CRS also plans to support health facilities which are existing partners in our Global Fund grant to ensure they have the supplies and training needed to maintain routine operations. CRS will work with infection control focal points and ensure quality assurance in 520 public and licensed private health facilities in Conakry, Guéckédou, and Macenta.



In Sierra Leone, CRS had substantial existing programming in Kailahun and Koinadugu districts, but also nationwide reach through the Global Fund and Gavi projects and our partners, including Caritas Sierra Leone. In partnership with Caritas Freetown and Caritas Makeni, CRS will continue to work with community health workers and religious leaders to provide social mobilization and psychosocial support. In response to the shift in Ebola transmission hot spots, priority geographic areas are transitioning from Kenema, Kailahun and Bo districts to Western Area Rural, Port Loko, Bombali, and Koinadugu districts (see Map 2). The local civil society partner for the Gavi project, Focus 1000, has been a key partner on formative research and will continue to monitor the effectiveness of behavior change messaging and understand community misconceptions in order to craft and tailor messages to community needs. CRS will also partner with World Vision, CAFOD and other faith-based organizations to manage burial teams throughout the country (CRS is responsible in Bombali, Port Loko, and Koinadugu districts). Burial teams will provide safe and dignified burials for Ebola victims to limit the spread of Ebola through burial practices, and will link to religious and traditional leaders to improve community acceptance and link families to psychosocial care.

In Liberia, we plan to work primarily through the National Catholic Health Council (NCHC), a network of Catholic health facilities and education institutions. NCHC is taking a leadership role in coordinating the Catholic Church response and CRS will focus on supporting access to routine care within identified Catholic health clinics and hospitals as well as support Community Care Centers. CRS will provide infection control training and personal protective equipment to staff at Community Care Centers. CRS has also partnered with the Liberia Immunization Partner, a local partner on the Gavi project to implement behavior change activities and distribute hygiene kits in Montserrado county. CRS is increasing its staffing in Liberia to provide greater support to our partners during this emergency.



COORDINATION

In **Guinea**, CRS and implementing partner OCPH / Caritas Guinea have been participating actively in ongoing Crisis Meetings at the Alert and Response Center established by the Ministry of Health and WHO since April 2014. CRS is also coordinating closely with Church partners, including technical staff from the General Secretariat of OCPH and its president (Monsignor Vincent Koulibaly, Archbishop of Conakry).

In **Sierra Leone**, CRS participate actively in the Ebola Task Force at the National Level (since April 2014) and in the districts where it has active programs. CRS also participates in the communication and information dissemination working group (Social Mobilization Pillar), the logistics and coordinating working groups, and the safe and dignified burial working group. In addition, CRS participates in the Interfaith Ebola Response Taskforce and coordination meetings of Catholic Partners (Caritas, CRS, Trocaire and CAFOD) on Ebola response which began in mid-July.

In **Liberia**, CRS has been participating in the national Ebola task force coordination meetings since April. CRS also participates in the logistics cluster to help ensure timely access to supplies for our partners. CRS also coordinates closely with the National Catholic Health Council, Mother Patern College of Health Science and the Brothers of St. John of God at the St. Joseph's Catholic Hospital.

At the **regional level**, CRS participates in a weekly INGO coordination platform formed to address Ebola, as well as routine coordination meetings with the UN, donors and other NGOs, such as the food security and nutrition working group, the WASH working group and emergency response working group. CRS is in regular contact with other actors key to the response, including FEWSNet, the World Food Programme, and others.

BENEFICIARY ACCOUNTABILITY AND PROTECTION MAINSTREAMING

CRS aims to provide assistance impartially, prioritising those most vulnerable to the effects of the disaster, and adapts assistance to meet their specific needs. CRS prioritizes the safety and wellbeing of affected populations; encourages equality and inclusive participation in program design and implementation; and promotes dignity of, and accountability to, all groups affected by crises. Staff, volunteers and partners are expected to adhere to CRS' Code of Conduct and Protection Policy and demonstrate positive, respectful and empathetic behaviour in their work.

Some examples of how we are working to mainstream protection in the Ebola crisis are:

- Working with religious leaders, community leaders and families to ensure burials are done in a way that is both safe and dignified;
- With our church partners, identifying and providing additional support (including food, clothing, discharge kits, etc) to widows, orphans and other vulnerable groups affected by Ebola
- Supporting access to routine health care, particularly for women and children
- Adapting our Food-for-Education program to provide support and learning opportunities for children whose schools have been closed
- Ensuring our behaviour change communication activities address and counteract rumours and stigma
- Providing psychosocial support to affected families, in conjunction with No Strings International and in accordance with guidelines suggested by Psychological First Aid During Ebola Virus Disease Outbreaks (WHO, 2014) or linking families to existing services.

Through the analysis of contextual protection risks, transparent sharing of information, and two-way communication mechanisms, CRS staff have ongoing insight into the effects and impacts of emergency interventions at the community level, allowing space for projects to be tailored to better meet protection concerns, in light of new and emerging information. Where CRS is unable to provide specific services in response to protection concerns, we seek to coordinate with other actors to help ensure

people are referred to safe and appropriate support, and advocate for services where they are unavailable.

ONE RESPONSE, MULTIPLE DONORS

To achieve Phase I objectives outlined above, CRS has committed a total of \$1.5 million in private funds and expects to access an estimated \$10 million in public funding from various donors including USAID/OFDA, the CDC Foundation, DFID, and AusAID (via Caritas Australia), for which a total of \$ 3.6 million has already been confirmed.

Strategic Objective		CRS Private	USAID (OFDA , Grand challenge)	CDC Foundation	DFID	AuSAID (Caritas Australia)	WFP	Total
SO 1: The impact of the Ebola outbreak on overall morbidity and mortality have been minimized.	Confirmed	1.3 M		186K	2.9M	544K		4.9M
	Pending		6.5M		1.8M			8.3M
SO 2: Affected communities have maintained food and livelihood security.	Confirmed	200K	100K				125K	425K
	Pending							