

**BOARD APPROVAL:**  
**Lapse-of-time Procedure**  
**18 August 2014**

**FOR INFORMATION**

**MEMORANDUM**

**TO :** THE BOARD OF DIRECTORS

**FROM :** Cecilia AKINTOMIDE  
Secretary General

**SUBJECT:** **SIERRA LEONE - PROPOSAL TO AWARD A GRANT OF USD 1,000,000 AS EMERGENCY ASSISTANCE TO FIGHT THE EBOLA VIRUS DISEASE EPIDEMIC \***

The above-mentioned document and the draft Resolution were submitted for your consideration **on a Lapse-of-time basis** on August 16, 2014.

**As no objection was received by 6:00 p.m., on August 18, 2014, the document is considered as approved and the Resolution adopted.**

**Attach.**

**CC: The President**

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## **ABBREVIATIONS**

<b>ADB</b>	<b>African Development Bank</b>
<b>ECOWAS</b>	<b>Economic Community of Western African States</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>EOC</b>	<b>Emergency Obstetric Care</b>
<b>EVD</b>	<b>Ebola Virus Disease</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>
<b>ORTS</b>	<b>Transition Support Department</b>
<b>OSHD</b>	<b>Human Development Department</b>
<b>PPE</b>	<b>Personal Protective Equipment</b>
<b>TSF</b>	<b>Transition Support Facility</b>
<b>WHO-AFRO</b>	<b>World Health Organization - Africa Region</b>
<b>WAHO</b>	<b>West African Health Organization</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>

**Country and project title:** Sierra Leone / Supporting the Ebola Viral Haemorrhagic Disease (EVD) Epidemic Response in Sierra Leone

**Objective of project:** The ultimate goal of this project is to reduce morbidity and mortality due to Ebola through prompt identification and effective management of cases and contacts, effective social mobilization and psychosocial support to the affected communities.

	RESULTS CHAIN	PERFORMANCE INDICATORS			MEANS OF VERIFICATION	RISKS / MEANS OF MITIGATION
		Indicator	Baseline	Target		
IMPACT	Reduced morbidity and mortality due to Ebola	Mortality rate	More than 60%	Less than 25%	Epidemic/Outbreak reports	
	Good quality infection control; Timely detection and response to alert and suspected cases within the community; Effective case management.	Number of alert cases responded to within 24 hours of notification	Less than 50%	100%	Epidemic/Outbreak reports	<u>Risk:</u> Community resistance to project activities <u>Means of mitigation :</u> Deploy social scientists and anthropologists to further assess the reasons for community resistance and provide recommendations on how to address resistance ; Intensification of community education; Deployment of security services to safeguard field teams
OUTCOMES	Health worker confidence in dealing with suspected Ebola cases; Good infection control practices in all health facilities.	Number of cases and deaths by region		Less than 25%	Epidemic/Outbreak reports	
	Improved patient referral, access to hard-to-reach areas for surveillance and contact tracing, effective burial arrangements; Timely notification of suspected cases and home visits by the community alert system.	Number of suspected cases notified timely	30%	100%	Epidemic/Outbreak reports	<u>Risk:</u> Poor Ebola epidemic preparedness and infection control in the rest of the country <u>Means of mitigation :</u> Establish, train and equip national and regional response teams ; Pre-position infection control equipment, Ebola management and infection control guidelines in high-risk (neighbouring) districts and referral hospitals; Support improvement of infection control in all health facilities
	Improved epidemic response	Number of suspected Ebola cases in health workers Free toll number fully functional	0	0 1		
OUTPUT S	<u>Component 1 : Strengthening Epidemiological Surveillance and Laboratory Capacities</u> • Adequate numbers of well trained and knowledgeable health workers trained	% of workers trained	Less than 10%	50% of health workers	Training reports	<u>Risk:</u> Poor infection control in the epicentres of the epidemic <u>Means of mitigation :</u> Ensure effective infection control through provision of

	<p><b>Component 2: Improving Case Management and Infection Prevention and Control</b></p> <ul style="list-style-type: none"> <li>• PPEs sets and infection control supplies readily available in at risk districts</li> <li>• Trained health workers on the use of PPEs</li> <li>• Vehicles, motor cycles distributed to affected districts</li> </ul>	<p>Number of PPEs, drug kits distributed;</p> <p>Number of high-risk districts with supplies of PPEs</p> <p>Number of health workers trained in Ebola case management</p> <p>Number of vehicles, Number motorcycles</p>	<p>150</p> <p>Less than 20%</p>	<p>500 PPEs and 1000 drug kits distributed in the whole area; All high-risk districts</p> <p>More than 60% of health workers</p> <p>4 vehicles, 20 motorcycles and</p>	<p>Epidemic/Outbreak reports</p> <p>Epidemic/Outbreak reports</p>	<p>PPEs, training, guidelines and standard operating procedures to health facilities in all health facilities</p> <p><b>Risk:</b> Delayed availability of funds <b>Means of mitigation :</b> WHO will re-programme available funds to cater for the most urgently needed or critical activities</p> <p><b>Risk:</b> More deaths due to the disease especially among health workers <b>Means of mitigation :</b> Intensive social mobilization and education; Counselling of health workers; Recognition of health workers who volunteer to work in Ebola isolation units</p>
	<p><b>Component 3: Promoting Social Mobilization, Public information and Communication</b></p> <ul style="list-style-type: none"> <li>• Functional radio communication system in place</li> <li>• Information about Ebola readily available in the communities and health facilities</li> <li>• Adequate materials for all the different trainings are available</li> </ul>	<p>Number of radio communication system</p> <p>Number of IEC materials produced and distributed;</p> <p>Number of training materials distributed</p>		<p>1</p> <p>100,000 IEC materials produced and distributed</p> <p>5,000 training materials available</p>		
	<p><b>Component 4: Promoting Psychosocial Support</b></p> <ul style="list-style-type: none"> <li>• Adequate materials for psychosocial support are available</li> <li>• Health workers are training for adequate psychosocial support</li> </ul>	<p>Number of health worker trained for psychosocial support</p>	<p>5</p>	<p>50 Health workers trained for psychosocial support</p>	<p>Epidemic/Outbreak reports</p>	
	<p><b>Component 5: Coordination, Supervision, Monitoring</b></p> <ul style="list-style-type: none"> <li>• Coordination of partner inputs</li> <li>• Daily situation reports disseminated to all partners</li> </ul>	<p>Number of coordination meetings;</p> <p>Number of timely situation reports produced;</p>		<p>1 coordination meeting by day; 1 daily report produced and disseminated</p>	<p>Logistic reports</p>	
<b>KEY ACTIVITIES</b>	<b>COMPONENTS</b>				<b>INPUTS</b>	
	<p><b>Component 1:</b> Recruitment and training of health workers on surveillance, case management, infection control and laboratory diagnosis</p>				<p>Resource : USD 1 Million</p>	
	<p><b>Component 2:</b> Procurement of PPEs Timely distribution to at risk districts and health facilities Training of health workers on how to use them Procurement and distribution of vehicles (ambulances) and motorbikes</p>				<p>SRF : USD 1 Million</p>	
	<p><b>Component 3:</b> Procurement of radio communication equipment Mass production of training materials</p>					
	<p><b>Component 4:</b> Printing and distribution of psychosocial support materials Training of health workers on psychosocial support</p> <p><b>Component 5:</b> Coordination of response activities at all levels Production of daily situation reports</p>					

# 1 BACKGROUND AND RATIONALE

## 1.1 Background – The Ebola Outbreak and Emergency Crisis

**1.1.1 On Monday 25 May 2014, the Government of Sierra Leone through the Ministry of Health and Sanitation declared an outbreak of Ebola Virus Disease (EVD) in Sierra Leone following the laboratory confirmation of a suspected case from Kailahun district.** The district is located in the eastern region of Sierra Leone sharing borders with Guinea and Liberia. This outbreak appears to be a spillover from the on-going outbreak in Guinea and Liberia since March 2014. As of 4<sup>th</sup> August 2014 a total number of 591 confirmed cases and 214 deaths have been reported from eleven out of the thirteen districts of the country (See number of cases and deaths by districts in table 1 in Annex I)

**1.1.2 Sierra Leone has faced several health emergencies in recent times.** Frequent epidemic outbreaks including cholera, acute watery diarrhea and measles continue to contribute to increased morbidity and mortality in the country. The ability of the district health teams to detect and respond to these epidemic outbreaks in a timely manner is limited. Lack of community alert systems in many districts, lack of human, financial and material resources are some key challenges for effectively preparing responding to epidemics.

**1.1.3 The national authorities have been working with partners to establish and implement the outbreak response measures for EVD.** The epidemic response measures instituted include the setting up of a Presidential Task force with HE the President as Chairman and a special advisor as liaison for the task force, the establishment of Multi sectoral and multi-agency national and district Emergency Operation Centres (EOC) and sub-committees according to the six pillars of the response namely coordination, case management, surveillance and laboratory, social mobilization and logistics that are operational at national and district levels. Active listing, tracing and follow-up of contacts is ongoing albeit at a slow pace. Information, Education and Communication (IEC) materials including fact sheets, posters, brochures, radio spots and messages have been developed and are being widely distributed all over the country. Experts in Ebola case management, infection control, surveillance/epidemiology, laboratory diagnosis and logistics management have been deployed to provide technical support to the districts to coordinate the epidemic outbreak investigation and response.

**1.1.4 Despite these measures the EVD outbreak continues to spread.** The major challenges which continue to fuel transmission of the virus among others include inadequate understanding of the EVD among the affected communities, lack of EVD experience among healthcare workers and limited capacities for rapid response. The risk of exposure to the Ebola virus is exacerbated by inappropriate household care and customary burial procedures. As increasing numbers of people are getting infected through contact with Ebola patients, a tide of panic and anxiety is spreading among the communities. Fear of contracting the disease among frontline health workers is leading to either suboptimal care for patients or substandard implementation of infection prevention and control measures; Close community ties and movement within and across borders invariably leads to difficulties in tracing and following up of contacts across the three affected countries.

**1.1.5 Considering the exceptional and urgent nature of the situation, the threat to lives of the population in Sierra Leone and the rate at which the epidemic is spreading in the sub-region, Management is proposing an exceptional assistance operation to control this outbreak.** Faced with the regional scale of the epidemic, which renders any action within a single country incomplete and inadequate, it is recommended that Special Relief Fund resources be used.

## 1.2. Justification for Emergency Assistance

**1.2.1 The present Emergency Assistance proposal is in accordance with the Bank Group Policy Guidelines and is consistent with the current Bank Group provisions under the Revised Policy Guidelines for Emergency Relief Assistance, and General Regulations of the Special Relief Fund (ADB/BDIWP/2008/211).** The request falls under emergency criteria item (iii) as it aims for the adoption of reasonable measures to reduce the risk of further spread of the EVD and a deterioration of the humanitarian situation within the country well as in the neighboring countries. The emergency situation is beyond the capacity of the government and its agencies to handle without significant support from the international community. The activities proposed under it can be carried out expeditiously and effectively within the required timeframe of six months.

## 2 OVERVIEW OF THE APPEAL FOR EMERGENCY ASSISTANCE

**2.1 Heads of State of ECOWAS member countries appealed for international aid at the summit held in Yamousoukro on 28 and 29 March 2014.** The Government of Sierra Leone sent a formal request to the Bank to deal with the epidemic of Ebola. A national response plan is in place and a crisis committee was set up. Sierra Leone alone estimated to deal with the response a budget is USD 4,512,703 with an available amount of USD 697,063 (15% of requirements) and an amount announced USD 2,370,222 (53% of requirements) but not yet confirmed. The health authorities of neighboring countries have also developed plans for warning and response and appealed for assistance.

**2.2 In response to this call the AFDB in May 2014 awarded a grant of UA 2 million (USD 3,052,480) as exceptional and emergency assistant to fight Ebola in Guinea and its neighboring countries<sup>1</sup> but given the scale of the outbreak additional resources are immediately required.**

**2.3 On the 31<sup>st</sup> of July 2014, Dr. Chan, General Director of WHO, also met with presidents of affected West African nations in Guinea to launch a new joint USD 100 million Ebola Virus Disease Outbreak Response Plan as part of an intensified international, regional and national campaign to bring the outbreak under control within the next 6 months.** The Ebola Virus Disease Outbreak Response Plan in West Africa identifies the need for several hundred more personnel to be deployed in affected countries to supplement overstretched treatment facilities. Of greatest need are clinical doctors and nurses, epidemiologists, social mobilization experts, logisticians and data managers. The plan also outlines the need to increase preparedness systems in neighbouring nations and strengthen global capacities.

Finally, reinforcing coordination of the overall health response is critical. In particular, this includes strengthening capacities of the WHO-run Sub-regional Outbreak Coordination Centre, which was opened this month in Conakry, Guinea, to consolidate and streamline support to West African countries by all major partners and assist in resource mobilization.

## 3 THE PROPOSED EMERGENCY ASSISTANCE OPERATION

### 3.1 Objective, Beneficiaries and description of Assistance

**3.1.1 The ultimate goal of this project is to reduce morbidity and mortality due to Ebola through prompt identification and effective management of cases and contacts, effective social mobilization and psychosocial support to the affected communities.** The beneficiaries of this project are the people of Sierra Leone and by extension its neighboring countries.

**3.1.2 The specific objectives of this project are to:** (a) strengthen early detection through robust contract tracing, reporting and referral of suspected cases through active surveillance and outbreak investigation; (b) institute prompt and effective case management of all cases and

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<sup>1</sup> Cote d'Ivoire, Gambia, Guinea-Bissau, Liberia, Mali, Senegal and Sierra Leone.

build capacity for effective infection control in all health facilities of affected and non-affected districts; (c) create public awareness about EVD, the risk factors for its transmission, its prevention and control among the people; (d) support psychosocial care and counselling for affected families, survivors and ensure that health care workers are maintained through incentives and motivation packages; and (e) ensure effective coordination, supervision, monitoring and evaluation of the outbreak response activities at all levels

## **3.2 Project Components**

### **(i) Component 1: Strengthening Epidemiological Surveillance and Laboratory Capacities**

The project will strengthen the system for active case search, collection of epidemiological data, identification and contact tracing of patients at the community level through provision of operational support, train contact tracers, health workers and active case search teams on community case definition, contact tracing and follow-up and strengthen existing laboratory services and case testing capacity including personnel capacity.

### **(ii) Component 2: Improving Case Management and Infection Prevention and Control of EVD**

The project will ensure rapid and effective case management through the key following activities: recruit, train and facilitate experienced health workers to work in the isolation units and affected communities, procure drugs, medical supplies and equipment (especially PPE) needed for the treatment of patients and infection prevention and control at the isolation units and all health units in the districts, train OPD staff in the different health units on patients triage, burial teams on body handling and burial procedures and mobile teams on patient handling and referral, procure assorted medical equipment for isolation unit, procure additional tents, beds, beddings and blankets for use at the isolation units, procure, fuel and maintain additional ambulances and vehicles to support patient transportation, surveillance, active case searches, contact tracing and burials and scale up incentives to existing health care workers in motivating them to do effective work.

### **(iii) Component 3: Promoting Social Mobilization, Public information and Communication**

The project will support social mobilization, public information and communication efforts. Key activities include: develop and print IEC materials (fact sheets, brochures and posters), develop radio messages and spots, train community mobilizers and educators, deploy social mobilization teams to affected districts, identify, train and mobilize existing social networks for community mobilization and education on Ebola

### **(iv) Component 4: Promoting Psychosocial Support**

The project will provide psychosocial support and care to patients, their families and health workers and support rehabilitation and reintegration of survivors back into their communities.

### **(v) Component 5: Coordination, Supervision, Monitoring, Evaluation and WHO Technical Assistance**

Successful implementation of EVD outbreak response depends on strong national leadership and effective coordination of all stakeholders involved in the response. Key activities will include: strengthen WHO's capacity for technical assistance and coordination of emergency response through recruitment and field deployment of relevant technical staff, procurement of vehicles and equipment including ICT and radio communication equipment, establish Staff and maintain WHO field offices in Kenema and Kailahun, produce and circulate daily Situation reports and other information products.



### 3.3 Cost and Source of Financing

- 1.1.4** The total cost of the above activities is estimated at USD 1,000,000 including administrative costs of WHO field office in Sierra Leone. The transaction will be financed from the Special Relief Fund of the Bank.

## 4 IMPLEMENTATION ORGANIZATION AND MANAGEMENT

### 4.1 Implementation Arrangements

- 4.1.1** According to the Bank's Revised Policy Guidelines and Procedures for Emergency Relief Assistance and General Regulations of the Special Relief Fund (ADB/BD/WP/2008?211/Rev.1/ADF/WP/2008/173/Rev.1) the implementation of the emergency humanitarian relief assistance will be entrusted to appropriate organizations operating in the field at the time of the emergency. They include United Nations agencies, or an appropriate Government Agency or NGO.
- 4.1.2** In line with the recommendations of the Ministerial Emergency meeting held in Accra (Ghana) on 2<sup>nd</sup> and 3<sup>rd</sup> August, 2014, the WHO sub-regional Ebola Outbreak Coordinating Center, based in Conakry (Guinea) has been established to coordinate all interventions regarding the containment of the Ebola virus Disease in West Africa. Therefore, the Sub regional center is the appropriate structure to give any technical and financial information about the response to the disease. This centre working through the WHO Sierra Leone Country Office will be responsible for the day-to-day management of the project activities. WHO Sierra Leone in exercise of this mandate will work collaboratively with other development partners and government of Sierra Leone. A joint Memorandum of Agreement will be signed between the Bank, WHO and the Government of Sierra Leone. Options for funding to be channeled to other appropriate UN agencies, namely UNICEF for social mobilization activities, will also be explored.

### 4.2 Procurement

- 4.2.1** WHO is a specialized agency of the United Nations for health-related issues. In this respect, it has been the executing agency to several emergency aid financed by the Bank to regional member countries. It therefore has the qualifications and experience necessary to effectively coordinate the implementation of this operation on emergency humanitarian aid. In accordance with the provisions of the Rules and Procedures of the Bank for the procurement of goods and works, particularly in paragraph 3.9 which states that "There may be cases where the acquisition directly from specialized agencies, acting providers in accordance with their own procedures, is the most appropriate method for (a) small quantities of goods available on the market, primarily in the fields of education and health and (b) specialized products where the number of suppliers is limited, such as vaccines and drugs "WHO will be responsible for the acquisition and distribution of goods and services needed for the fight against the epidemic of Ebola hemorrhagic fever namely kits protection, laboratory kits, information and communication materials, training of health workers and community workers, technical assistance, institutional support and coordination of national and regional structures. Thus, the WHO will be responsible for the procurement of goods and services using WHO procurement rules and procedures. Given the nature of the operation and that it is of particular urgency, it was recognized that the use of the Bank's procedures applicable in such a situation would not meet deadlines characterizing this operation.

### 4.3 Disbursement

- 4.3.1** Funds for this project will be channeled directly to and managed by the WHO Country Office (WCO) in Sierra Leone. A completion report will be prepared by the WCO at the end of the project period and a project financial statement will be submitted to the Bank before 31<sup>st</sup> January 2015.

**4.3.2 Given the nature of this operation, it is recommended that funds are disbursed in a single tranche upon submission to the Bank by WHO of the following:**

- i) A Bank account where the proceeds of the grant will be deposited;**
- ii) A signed Tripartite Letter of Agreement (LOA) entered into between the Bank, the Government of Sierra Leone and WHO.**

Again it is critical to explore options of joint partnerships in implementation among UN health agencies such as WHO/UNICEF/UNFPA. UNICEF and UNFPA have experience in supporting primary health care oriented programs.

#### **4.4 Implementation Schedule**

**4.4.1 Overall the project will work within existing Ebola coordination structures at national and district levels which include the EOC and national taskforce.** The project will be implemented in close collaboration with Ministry of Health (MOH) Sierra Leone and other relevant health partners to avoid duplication. The project will be implemented for six months starting from 15th August 2014.

**4.4.2 The transaction will be implemented in the short time and the total duration does not exceed six months.**

#### **4.5 Reporting, Supervision and Auditing**

**4.5.1 At the end of the operation, WHO-AFRO will provide the Bank and the Government a detailed technical and financial report within three months following completion of the emergency activities.** Given that UN agencies do not prepare audit reports for each separate institution, WHO-AFRO will produce a written report at the end of the transaction certifying compliance with the terms of the Tripartite Letter of Agreement (LAT). WHO-AFRO cannot deduct more than 7% of the budget for administrative costs. The Bank will provide continuous monitoring of the progress made in relation to the intervention. The WHO AFRO will prepare quarterly progress reports to inform on the progress of the operation. All reports will be forwarded to headquarter and country offices of the Bank and the relevant state structures.

## **5 CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Conclusion**

**The magnitude and the geographical extent of the EVD outbreak in Sierra Leone require significant and robust response capacities and structures.** This outbreak poses serious challenges in terms of human capacity, financial, operational and logistics requirements and threatens national and international health. This funding proposal will complement the efforts of governments and other partners to mobilize and involve all sectors, including civil society and communities to develop a coordinated and effective response to the epidemic.

### **5.2 Conditions of Disbursement**

**A Tripartite Letter of agreement will be signed by the WHO, the Government and the Bank.** The WHO will provide the Bank with reference of a bank account into which shall be paid the grant resources for the financing of this emergency assistance.

### **5.3 Recommendations**

**It is recommended that the Board of Directors of the Bank** i) approves this emergency assistance for the amount of one million USD (USD 1,000,000) to support the Government of Sierra Leone's efforts to urgently strengthen its Ebola epidemic response capacity; and ii) waives, exceptionally for this operation, the application of the Bank's Rules and Procedures for Procurement, and authorizes the application of the procurement rules of the United Nations World Health Organization.

## ANNEX I: Information on the Ebola outbreak in Sierra Leone

Table 1: Number of Cases and Deaths by District in Sierra Leone (as of 5<sup>th</sup> August 2014)

	District	Confirmed cases	Confirmed deaths	CFR
1	Kailahun	352	150	43.3%
2	Kenema	201	60	28.8%
3	Bo	12	2	15.4%
4	Kambia	1	0	0%
5	Port Loko	8	2	25%
6	Bonthe	1	0	0%
7	Western Area	6	4	66.6%
8	Kono	1	0	0%
9	Tonkolili	1	0	0%
10	Bombali	5	1	20%
11	Moyamba	1	1	50%
12	Pujehun	2	0	0%
	<b>National</b>	<b>591</b>	<b>214</b>	<b>37%</b>

**ANNEX II: Provisional Schedule of the Assistance**

<b>Activities</b>	<b>Agency Responsible</b>	<b>Deadline</b>
Board approval on lapse-time basis	AfDB	August 2014
Signature of the Grant Protocol/effectiveness	AfDB/WAHO	August 2014
Signature of the Letter of Agreement with a view to implementation of the operation's activities	AfDB/WHO/WAHO	August 2014
Submission of the disbursement request	WAHO/WHO	End of August 2014
Disbursement	AfDB	September 2014
Procurement/Delivery	WHO	September/February 2015
Submission of a technical and financial report	WHO	March 2015
Submission of quarterly activity reports	WHO	

### ANNEX III: Cost Summary of the Assistance by Component and Expenditure Category

#### Cost Summary by Component

Description of activities	Cost (UA)	Cost (USD)	Percentage (%)
<b>Component 1: Strengthening Epidemiological Surveillance and Laboratory Capacities</b>	<b>143,668</b>	<b>220,000</b>	<b>22</b>
- Operational support to contact tracing and active surveillance in 4 districts		200,000	
- Procurement of 20 motorbikes		20,000	
<b>Component 2: Improving Case Management and Infection Prevention and Control of EVD</b>	<b>339,578</b>	<b>520,000</b>	<b>52</b>
- Recruit, train and facilitate 6 doctors and 15 nurses for 3 months	78,364	120,000	
- Procure drugs, medical supplies and equipment (especially PPE)	130,607	200,000	
- Procurement of 4 ambulances	130,607	200,000	
<b>Component 3: Promoting Social Mobilization, Public information and Communication</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Component 4: Promoting Psychosocial Support</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Component 5: Coordination, Supervision, Monitoring, Evaluation and WHO Technical Assistance</b>	<b>124,077</b>	<b>190,000</b>	<b>19</b>
- Establishment, furnishing and equipment of Emergency Operation Centre (EOC)	45,712	70,000	
- Strengthen WHO's capacity for technical assistance and coordination	78,364	120,000	
<b>WHO administrative cost : 7%</b>	<b>45,712</b>	<b>70,000</b>	<b>7</b>
<b>Grand total</b>	<b>653,036</b>	<b>1,000,000</b>	<b>100</b>

#### Project Expenditure by Category

Expenditure category	Activity	Cost (UA)	Cost (USD)
<b>Goods</b> Procurement of essential supplies	Drugs, medical supplies and equipment (especially PPE)	404,882	620,000
<b>Services</b>	Training of health workers and community workers	202,441	310,000
<b>Operation</b>	WHO administrative cost (7%), institutional support for national and regional structures, and activity coordination	45,712	70,000
<b>Total</b>		<b>653,036</b>	<b>1,000,000</b>

\*NB: Procurements will be based on WHO rules of procedure.

# **AFRICAN DEVELOPMENT BANK**

## **BOARD OF DIRECTORS**

### **Resolution N° B/SL/2014/30**

Adopted by the Board on a lapse-of-time basis, on August 18, 2014

### **Grant to the Republic of Sierra Leone from the Special Relief Fund to finance part of the cost of the Emergency Assistance to Fight the Ebola Virus Disease Epidemic**

#### **THE BOARD OF DIRECTORS,**

**HAVING REGARD** to Articles 1, 2, 8, 12, 13, 14, and 32 of the Agreement Establishing the African Development Bank (the "Bank"), the Revised Policy Guidelines and Procedures for Emergency Relief Assistance (the "Guidelines"), the General Regulations (the "Regulations") of the Special Relief Fund ("SRF"), as amended, and the Grant Proposal contained in Document ADB/BD/WP/2014/129 /Approval (the "Proposal");

**CONSIDERING** the unprecedented scale of the Ebola Virus Disease epidemic and urgent nature of the situation, the threat to lives of the population in Sierra Leone and the rate at which the epidemic is spreading in the sub-region,

**HAVING NOTED** the appeal of the Heads of State of the Economic Community of Western African States (ECOWAS) member countries for international aid at summit held in Yamoussoukro on 28<sup>th</sup> and 29<sup>th</sup> March 2014 as well as the high level meetings held in Accra from 2<sup>nd</sup> to 3<sup>rd</sup> July 2014 and in Conakry on 31<sup>st</sup> July 2014 to launch an Ebola Virus Disease Outbreak Response Plan;

**DECIDES** as follows:

1. To award to the Republic of Sierra Leone, from the resources of the SRF, a grant (the "Grant") not exceeding One Million United States Dollars (USD 1,000,000) to finance part of the cost of the Emergency Assistance to Fight the Ebola Virus Disease Epidemic ;
2. To waive, exceptionally, the application of the Bank procurement rules and procedures and authorize the use of the procurement rules of the World Health Organization (WHO);
3. To authorize the President of the Bank to conclude with the Republic of Sierra Leone and the World Health Organization (WHO), a Tripartite Letter of Agreement (the "Letter of Agreement") on the terms and conditions specified in each of the Guidelines, Regulations, and in the Proposal;
4. The Grant will be disbursed to WHO Country Office (WCO) in Sierra Leone as the Executing Agency;
5. To authorize the disbursement of the Grant to WCO, in one installment upon submission of evidence to the Bank of: (i) the signature of the Letter of Agreement between the Bank, the Republic of Sierra Leone and WHO; and (ii) bank account details where the Grant resources will be deposited;
6. The President may cancel the Grant if the Letter of Agreement is not signed within ninety (90) days from the date of approval of this Resolution; and
7. This Resolution shall become effective on the date above-mentioned.