

## **SLAP Ebola project**

### **Background for the changes to the project**

The project 'Advocate to Educate for Sexual and Reproductive Health and Rights (SRHR)' between Axis and AMNet<sup>1</sup> in Sierra Leone has reached a point, due to the terrible and uncontrollable situation of Ebola in the entire country, where it has become necessary for Axis to apply for the possibility to support AMNet in their actions and interventions against Ebola. To be able to provide the best circumstances for the original overall objective of the project 'to support that all young people in Sierra Leone are aware of and exercise their sexual and reproductive health and rights' the funds need to be redirected and a new objective relating to Ebola intervention must be identified. In order to be able to complete a future, and much needed, SHRH intervention, the acute need of Ebola prevention must be addressed.

The outbreak of Ebola was an unforeseen factor, which completely destroyed the prerequisites for attempting an SRHR intervention in Sierra Leone. All public power, attention, money and time is spent combatting the disease, thus eliminating any possibility for advocacy work on other issues. On top of this, no groups larger than 5 persons is allowed to meet, making community meetings and discussions impossible. The need for an SRHR intervention in Sierra Leone has not diminished, rather the opposite may be the case, but in order to make such an intervention possible, Ebola must first be combatted.

The original project describes; how it will use a method of dialogue in the communities across generations (DG tool) to increase knowledge and awareness of SRHR; how the results from this will, together with a study of textbook materials and the curriculum of the schools, feed into the project's rights-based advocacy for the inclusion of SRHR in the school curriculum. Due to the Ebola situation it has been very difficult for AMNet to proceed on the original plan of activities.

Since August 2014, both Axis and AMNet have continuously been reassessing the situation and awaiting uplifting news on the action taken towards Ebola control. Since the beginning of the project (mid-August 2014), it has only been possible to successfully implement a few programme activities; 1.1.1. Baseline study (partly developed) and 1.1.4. Development of a draft brochure 'hard facts on SRHR' (drafted). No training, meetings, advocacy etc. has been possible. The Ebola situation remains horrific and thus Axis and AMNet perceive a SLAP Ebola Project as a precondition for building a foundation, which can enable the best possible outcome of the SRHR project. It is important for both organisations to emphasise and prove that this is a partnership for better or for worse,

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<sup>1</sup> See points A.1 and A.3 in the original project document

which only stresses the moral imperative of Axis supporting AMNet in any way possible. Not to mention the commitment and strength the changes will demonstrate to AMNet in terms of our further cooperation but also the goodwill generated with future partners and target groups.

The Ebola outbreak has negatively affected all facets of everyday life in Sierra Leone including the socio-economic well being of the country. The health services are over stretched, under-funded and understaffed. The formal education system is closed and no definite date for the reopening of schools is announced. The number of confirmed Ebola virus disease (EVD) cases appears to be equalizing in almost all of the fourteen districts. However, Sierra Leone continue to have the highest number of cases of EVD of all of the affected countries<sup>2</sup>. The need for the involvement of local and international partners in complementing the efforts of the Government of Sierra Leone in halting/curtailing the spread of the disease remains imperative. Putting a halt to the Ebola epidemic is of utmost importance in order to restore basic and functionale services in the country. It is against this background that AMNet and Axis wish to implement the project 'Sensitize, Learn, Adapt and Participate' (SLAP) in the fight against Ebola or "SLAP Ebola project" preliminarily targeting Western Area rural and Kambia districts.

The intervention will support the Government of Sierra Leone initiatives to fight the Ebola epidemic and build on the existing efforts of the Ministry of Health, UN Agencies and multi-lateral/bilateral bodies. The SLAP intervention seeks to use an integrated approach through building the capacities of local organisations, local leaders, opinion leaders, cultural leaders and the general population to be able to accept the preventive measures in order to break the chain of transmission, accept survivors as well as install measures to accommodate and support people already affected with EVD. This intergrated approach is based on the needs and efforts of the ministries and other CSO's.

### **Our partnership (A1-A4)**

The collaboration between Axis and AMNet was initiated with the project "Advocate to educate for Sexuality and Reproductive Health and Rights" in august 2014. The project was prepared in cooperation between the two organisations and through three visits by Axis in Sierra Leone in June and November 2013 and January 2014. The project planning discussions between Axis and

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<sup>2</sup> WHO,( 7<sup>th</sup> of January 2015) 'Ebola Response Roadmap Situation Report', ,  
[http://apps.who.int/iris/bitstream/10665/147112/1/roadmapsitrepre\\_7Jan2015\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/147112/1/roadmapsitrepre_7Jan2015_eng.pdf?ua=1), accessed the 14<sup>th</sup> of January 2015

AMNet were very fruitful and ensured a common understanding of both the challenges and the prospects and objectives of the project.

Since the initiation of the project in August 2014 Axis and AMNet have continuously monitored and evaluated the situation and the prospects for implementing the activities. In December 2014 it was assessed that in the foreseeable future there are no signs of such an improvement of the situation that will enable project implementation. AMNet and Axis have therefore developed the “SLAP project” aiming at supporting the efforts of the Government of Sierra Leone in fighting Ebola.

Implementing the “SLAP-project” will enable AMNet and Axis to develop the partnership further and it is the common understanding between the two organisations that a fruitful partnership on SRHR will be restarted when the Ebola epidemic is terminated.

### **Context (the changes due to Ebola) (B2-B3)**

As the context analysis in the original project document clearly outlined, Sierra Leone faces a number of difficulties and the country generally struggles on several fronts. The turn of events in Sierra Leone have further destabilized an already weak government and a fragile and poor country, which is still recovering from a civil war ending in 2001<sup>3</sup>. The World Bank has warned that the Ebola outbreak can lead to ‘failed states’ due to devastating economic consequences that threaten all of the societies in the affected countries, including Sierra Leone<sup>4</sup>. Borders have closed, flights have been restricted and lockdowns have been enforced as a measure to contain the virus<sup>5</sup>. The president of Sierra Leone has pleaded for more international assistance saying: ‘Ebola is now causing great destruction to agriculture, mining, manufacturing, construction, tourism, transportation and posing a significant threat to human development, state security and poverty reduction. Government revenues are drying out’<sup>6</sup>.

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<sup>3</sup> B2, the project document-the application form

<sup>4</sup> Africa Research Bulletin (sep-oct,2014), ‘Ebola crisis’, Volume 51, number 9

<sup>5</sup> Institute for Security Studies, ISS (22 August, 2014) ‘Ebola a blow for fragile states on the road to recovery’, <http://www.issafrica.org/iss-today/ebola-a-blow-for-fragile-states-on-the-road-to-recovery>, accessed the 10th of December 2014; Ozer et al. (2014) ‘Containment in Sierra Leone: the inability of a state to confront Ebola?’, The Lancet, Vol 384

<sup>6</sup> Africa Research Bulletin (sep-oct, 2014), ‘Ebola crisis’, Volume 51, number 9

That the government is occupied with fighting Ebola, closed schools and a general ban of large gatherings, has undermined the foundation for implementing the original project focusing on SRHR. Furthermore, as the above citation illustrates there is a need for assistance to the government efforts in developing prevention and response methods in all possible ways.

World Health Organization (WHO) declared in August 2014 the Ebola outbreak for a 'public health emergency of international concern'<sup>7</sup>. These conditions have resulted in Sierra Leone being defined as a country in a fragile situation (skrøbelige situationer), where capacity building of civil society is sorely needed in dealing with the Ebola outbreak. These conditions affirm to the Danish Policy for Danish Support to Civil Society from 2014, under fragile situations.

The government failed to react to the warning of the spread of Ebola to Sierra Leone, when the outbreak first occurred in December 2013 in Guinea. The lack of timely risk communication from the Sierra Leonean government to its citizens have had severe consequences in preventing the spread of Ebola and it has contributed to public misconceptions about Ebola<sup>8</sup>.

The outbreak has been called 'out of control' and the public health response is 'dangerously inadequate'. Poverty, weak health systems, lack of health professionals, poor infrastructure and lack of manpower to reach remote villages are a contributing factor<sup>9</sup>. WHO have tried to survey the outbreak under difficult circumstances; One of the barriers being that many cases are not reported, as diseased were not diagnosed in time before dying<sup>10</sup>, which is why the estimates of cases and mortalities are most likely an underestimation of reality on the ground. The latest estimates from 7<sup>th</sup> of January 2015 from WHO include probable, confirmed and suspected cases of 9780 and reported deaths of 2943 due to the EVD. This makes Sierra Leone the country worst affected by the EVD. It is estimated that the intensity in transmitting the virus continues, and it is difficult to predict whether the case incidence will rise, fall or continue to be leveled. The Western area of Sierra Leone is the area most affected by the EVD<sup>11</sup>, which is where

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<sup>7</sup> The Lancet (august, 2014) 'Ebola: a failure of international collective action', Editorial, Vol 384

<sup>8</sup> New African (october, 2014)'Ebola and the failure of governance'; Ansumana et al. (2014) 'Ebola in Sierra Leone: a call for action', The Lancet, Vol 384; The Lancet (august, 2014) 'Ebola: a failure of international collective action', Editorial, Vol 384

<sup>9</sup> Wolz, A. (2014) 'Face to Face with Ebola – An Emergency Care Center in Sierra Leone', The New England Journal of Medicine, Vol 371; 12: Chan, M. (2014) 'Ebola Virus Disease in West Africa – No Early End to the Outbreak', The New England Journal of Medicine, Vol 371;13

<sup>10</sup> Wolz, A. (2014) 'Face to Face with Ebola – An Emergency Care Center in Sierra Leone', The New England Journal of Medicine, Vol 371; 12

<sup>11</sup> WHO,( 7<sup>th</sup> of January 2015) 'Ebola Response Roadmap Situation Report', ,

[http://apps.who.int/iris/bitstream/10665/147112/1/roadmapsitre\\_7Jan2015\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/147112/1/roadmapsitre_7Jan2015_eng.pdf?ua=1), accessed the 14<sup>th</sup> of January 2015

AMNet will focus its activities as well. At this point in time no cure or vaccine exists, which is why the preventative methods are of utmost importance in dealing with the outbreak<sup>12</sup>. The future aspects for Sierra Leone to turn the current trend is optimistic, but for the immediate future containment and treatment is predicted to be the main focal point, which makes other projects impossible to implement for now.

There are a number of factors, which connects Ebola prevention measures and SRHR. First of all the human-to-human transmission of the EVD spreads through direct contact with bodily fluids (e.g. blood, secretion, semen, breast milk etc.) from infected people and surfaces (e.g. clothing, bedding) infected from these fluids, even after death. Manly survivors can still spread the virus through semen of up to 7 weeks after recovery<sup>13</sup>. Basic knowledge on contraceptive can therefore clearly reduce the rate of transmission from Ebola survivors. Reproductive health and the Ebola virus are therefore closely connected in preventing the spread of the virus, but also in providing basic reproductive health care services. The weak health care system and the fear of contracting the virus have left pregnant women with limited options for any professional health care treatments and services<sup>14</sup>. This makes efforts advocating for reproductive health and rights a vital part in battling the EVD, especially to strengthen women rights<sup>15</sup>. A new report from the NGO, the International Medical Corps have reported that teenage pregnancies have risen since the outbreak due to closed schools and boredom. This leaves teenage pregnant girls particularly vulnerable in the weakened health care system<sup>16</sup>.

Secondly, the figures of deceased and deaths illustrate that women and young girls are very prone to the infection. The main explanation to this gender parity is that it is most often women and girls who care for the sick and carry out traditional practices such as kissing the bodies of the dead. This makes women particularly vulnerable and points to a parallel and a necessity also to point at gender rights issues in the fight against Ebola.

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<sup>12</sup> The Lancet (august, 2014) 'Ebola: a failure of international collective action', Editorial, Vol 384

<sup>13</sup> WHO, 'Ebola virus disease', <http://www.who.int/mediacentre/factsheets/fs103/en/>, accessed the 12th of December 2014

<sup>14</sup> Delamou et al. (2014) 'Ebola in Africa: beyond epidemics, reproductive health in crisis', The Lancet, Vol 384; 9960

<sup>15</sup> B3, the project document-the application form

<sup>16</sup> Information newspaper, <http://www.information.dk/521491>, accessed the 4<sup>th</sup> of February 2015.

A third factor contributing to the close relationship between SRHR and Ebola prevention is the fact that almost 95% of the girls in Sierra Leone are circumcised. Traditional “soweis<sup>17</sup>” in the communities carries out the circumcision under great risk of transmitting the disease through blood and bodily fluids. It is believed that the fear of contracting the EVD has hindered the practice of circumcision, though no numbers have been recorded. Furthermore the government has taken action to contain the EVD spread, by enforcing a fine of 500.000 Leones for carrying out female genital mutilation<sup>18</sup>.

While the situation seems to be improving, Sierra Leone is still the hardest hit country and there is a desperate need to care for not just the sick, but also the families, orphans and survivors. Also, as Ebola has come to West Africa, there is a continuous risk of new outbreaks, highlighting the need for preventive measures and information work.

### Target group (C1)

Target Beneficiaries				
District	Categories	Male	Female	Total
Western Area Rural	Civil Society Organizations	30	30	60
Western Area Rural	Chiefs and Traditional Leaders	15	15	30
Western Area Rural	Soweis (FGM initiators)	0	36	36
Western Area Rural	Family members in quarantined homes receiving psychosocial support	30	30	60

<sup>17</sup> The soweis are the women who traditionally carry out circumcisions on girls. They are important in the communities and will be targeted specifically in this project

<sup>18</sup> International Federation of Gynecology and Obstetrics (5<sup>th</sup> of December 2014) ‘Ebola triggers drop in FGM cases in Sierra Leone’, <http://www.figo.org/news/ebola-triggers-drop-fgm-cases-sierra-leone-0014774>, accessed the 14<sup>th</sup> of January 2015; Al Jazeera (4<sup>th</sup> of December 2014) ‘Ebola fears bring female genital mutilation to near halt in Sierra Leone’, <http://america.aljazeera.com/articles/2014/12/4/sierra-leone-fgmebola.html>, accessed the 14<sup>th</sup> of January 2015; <http://www.figo.org/news/ebola-triggers-drop-fgm-cases-sierra-leone-0014774>

	Sub Total	75	111	186
KambiaDistrict	Civil Society Organizations	15	15	30
KambiaDistrict	TOT CommunityVolunteers	30	30	60
KambiaDistrict	Chiefs and TraditionalLeaders	100	65	165
KambiaDistrict	Soweis/Digbas FGM initiators)		165	165
KambiaDistrict	Survivors, widows and orphans	15	30	45
	Sub Total	160	305	465
Direct Beneficiaries		235	416	651
IndirectBeneficiaries	(=N direct*5)	1175	2080	3255
Grand Total		1410	2496	3906

The project will take place in Kambia District on the border with Guinea as well as in Western Area Rural, close to Freetown and one of the hardest hit areas. In Western Areas Rural the project will focus on the Ebola hotspots: Rokel, Lumpa, Waterloo, Tombo, Songo and Hastings.

## LFA (C2-C3)

**Development objective:** Communities protect and defend Ebola affected communities and survivors' right to life.

Immediate Objective	Objective Indicators	Means of verification
1. By 31st May 2015 18 CSO's (5 participants per CSO at three CSOs per (chiefdom) three in Western Rural Area and three chiefdoms in Kambia District support the Government of Sierra Leones' efforts in data collection and management in order ensure effective interventions	<ul style="list-style-type: none"> <li>• CSO utilize the data collection and management information in their Ebola prevention efforts</li> <li>• The gathered information is shared with the Ministry of Social Welfare Gender and Children's Affairs, Ministry of Education at the District Directorate Level and used to advocate for appropriate interventions for Ebola orphaned Children and widows</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance lists</li> <li>• Workshop reports</li> <li>• Training manual</li> <li>• Registration forms</li> <li>• Reports or information sent to GoSL<sup>19</sup> (spread sheet of beneficiaries available)</li> <li>• Photos</li> </ul>
2. By June 30th 2015, 906 (direct and indirect) people in Western Rural Area and three chiefdoms in Kambia District are aware of Ebola prevention measures and response	<ul style="list-style-type: none"> <li>• Number of members have received information regarding Ebola prevention measures and are able to act accordingly. (Assuming that each direct target reaches out to 5 people)</li> <li>• 1172 children can tell how Ebola can be prevented after one month of intervention in targeted communities (30% of the 3906 total indirect beneficiaries)</li> </ul>	<ul style="list-style-type: none"> <li>• Questionnaire for community members</li> <li>• Sample of posters</li> <li>• Sample of IEC messages</li> <li>• case studies and surveys</li> </ul>
3. By 31.12.2015, 60 EVD affected family members in quarantined homes and 45 direct survivors (105 in total) have received	<ul style="list-style-type: none"> <li>• Number of affected parents and children who receive psychosocial services</li> <li>• Number of children in interim care centers</li> <li>• Number of children reunified and accepted in</li> </ul>	<ul style="list-style-type: none"> <li>• Report on services provided</li> <li>• List of people who receive support</li> <li>• Names of children in interim</li> </ul>

<sup>19</sup> Government of Sierra Leone

various reintegration services such as psychosocial services, family tracing and reunification and reintegration packages	homes <ul style="list-style-type: none"> <li>• Number of survivors, widow, orphan who receive livelihood packages</li> </ul>	care and those reunified
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<b>Development Objective</b>		
Communities are capacitated to prevent the spread of Ebola in Sierra Leone and to protect and defend Ebola affected communities and survivors' right to life		
<b>Objectives</b>	<b>Outputs</b>	<b>Activities</b>
1. By 31st May 2015 18 CSO's (5 participants per CSO at three CSOs per chiefdom) three Western Rural Area and three chiefdoms in Kambia District support the Government of Sierra Leones' efforts in data collection	1.1 18 CSOs comprising 90 participants have received trainings on data collection, child situation register, report tracking, summary district service report and case management 1.2 18 CSOs utilize the data management tools for data collection	1.1.1.1. Identification and recruitment of participants 1.1.1.2. Adaptation of training manuals for all trainings 1.1.1.3. Printing of data collection forms 1.1.1.4. Training on data collection for CSOs in Western Area Rural 1.1.1.5. Training on data collection for CSOs in Kambia 1.1.2.1 Data collection, entry and analyses in Western Rural 1.1.2.2 Data collection entry and analyses in Kambia 1.1.3.1 Sharing of data and case conferencing of extremely difficult circumstances
2. By June 30th 2015 at least 3906 (direct and indirect) people in	2.1 186 participants in Western Rural - drawn from, CSOs, traditional leaders, FGM	1.2.1.1 Identification of CSOs, traditional and religious leaders, healers, FGM initiators and community volunteers (training participants)

<p>Western Rural Area and three chiefdoms in Kambia District are aware of Ebola prevention measures and response</p>	<p>initiators and people in quarantined homes and 465 from three chiefdoms in Kambia district comprising volunteers/animators, CSOs, FGM initiator, traditional leaders and EVD widows Child survivors trained in Ebola response and preventive measures. 2.2 651 trained community members provided with support to carry out trainings in their communities</p>	<p>1.2.1.2 Adaptation of training manuals for trainings 1.2.1.3 Training on stigma, stress and Ebola prevention and response for 60 representatives of CSOs in Western Rural 1.2.1.4 Training on stigma, stress and Ebola prevention and response for 30 representatives of CSO's in Kambia 1.2.1.5 Training of trainers for 60 community volunteers in Kambia 1.2.1.6 One dialogues session held with 165 chiefs and traditional leaders 1.2.1.7 Sensitization of 165 FGM initiators in Kambia district 1.2.2.1. Purchase and distribution of 70 Veronica buckets and hand washing materials provided for Kambia and Western Rural FGM initiators 1.2.2.2. Purchase and distribution of 35 megaphones provided for traditional leaders in Kambia 1.2.2.3. Purchase and distribution of 3000 posters displayed in strategic positions 1.2.2.4. 30 volunteers and other community members reach 6600 households with EVD prevention messages 1.2.2.5. Trained Ebola Animators disseminate IEC messages in communities</p>
<p>3. By 31.12.2015, 60 EVD affected family members and 45 direct survivors (105 in total) have received various reintegration services such as psycho social</p>	<p>3.1. 18 CSOs with 90 participants have received training on psychosocial services, family tracing and reunification and reintegration packages. 3.2. 60 family members in quarantined homes have received psychosocial services</p>	<p>1.3.1.1. Identification and registration of CSOs 1.3.1.2. Training on psychosocial first aid and stress management for CSOs 1.3.2.1. Registration of survivors and families 1.3.2.2. Psychosocial support to families including reintegration packages for survivors provided 1.3.3.1. Identification of vulnerable children to be placed in interim care or reunified with their families</p>

<p>services , family tracing and reunification and reintegration packages</p>	<p>and 45 survivors have received reintegration packages. 3.3. At least 20 children placed in interim care and 10 reunified with family members within the project cycle</p>	
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**Strategy (C4)**

Sierra Leone is in a dire situation. In any country, a massive outbreak of Ebola would be serious. In Sierra Leone, it is crippling for the entire society – from already weak social services, to family and community structures to basic security. All efforts are focused on combating Ebola and yet due to the extremely weak nature of the government structures in Sierra Leone, even the combined efforts of all relevant ministries is not enough. It is thus important for all international partners to participate in and support the fight against the disease. While the situation is somewhat improving, the need for help for survivors, orphans, widows and families is still urgent. As is the continuous need for information and preventive measures as the risk of another flare-up or outbreak is present.

The Axis-AMNet collaboration had barely begun before the first case of Ebola appeared in Sierra Leone. The disease made the planned intervention impossible: gatherings became illegal, our partners in other CSOs and in the government ministries had no time to discuss SRHR issues and schools were closed. The last five months, our local staff members have done what few activities they have been able to: they have planned the baseline and they have drafted a brochure on ‘hard facts about SRHR’. But as the situation on the ground changed, the baseline became impossible to do and all other work has ground to a halt. As a response, we (with the approval of CISU) postponed the activities of the project until now. Our originally planned SRHR intervention is still very relevant and necessary, perhaps even more now than before the outbreak, as already problematic gender roles solidify during times of conflict and fright. However, for our planned intervention to be possible, the Ebola outbreak first needs to be combated. A, more-or-less, Ebola-free Sierra Leone is a prerequisite for an effective SRHR intervention. This proposal builds upon the Axis-

AMNet collaboration already planned and, at the same time, will build relationships with partners and beneficiaries that will be useful in a future SRHR intervention.

AMNet is heavily involved in combating Ebola and has since the outbreak been working closely with UN- and government agencies as well as with fellow CSOs. Combating Ebola effectively requires coordination and a collaborative effort. This is why this proposal aims at supporting existing structures and aid the national and international efforts in terms of information and training, data gathering and analysis and a psycho-social effort of reintegration of survivors, orphans etc.

The Axis-AMNet partnership is important to both organizations and it thus imperative to uphold, extend and build upon this partnership in the current difficult situation.

This application focuses on a comprehensive community approach. Thus the activities covered in this proposal will take place in a limited number of communities in two districts, Kambia in the Northwest on the border with Guinea and Western Area Rural, close to the capital Freetown. While the intervention will not focus on treatment or diagnoses, many other aspects of combating the disease will be covered:

#### Data collection and analysis

In order for the Government of Sierra Leone to plan its interventions most thoroughly, disaggregated and localized data is needed. This proposal plans to help in this effort by training local CSOs in Kambia and Western Area Rural in data collection, child situation register, report tracking, summary district service report and case management. Subsequently, the local CSOs will be linked to the national data collection effort.

#### Prevention, education and training

The main way of combatting Ebola is with knowledge. People need to know how to prevent the spread of the disease, using Veronica buckets, soap, disinfectant as well as how to touch people safely, incubation time etc. Working with local authorities, CSOs, Soweis and volunteers, this project will aim at increasing the level of knowledge of Ebola in local communities. This will be done by training a group of the before mentioned people of authority and status within the communities and have them in turn train the locals in small groups or one-to-one where necessary.

The training they will receive will be on Ebola response and preventive measures including the stigma and stress that follows.

#### Psycho-social services and reintegration

When a member of a family falls ill, it has far-reaching consequences for the community and for the family. The stigma on the returnees who survive is immense, as is the pressure on the widows, widowers and children (some of the orphans) left behind when people die. There is thus a need for psycho social services to care for the survivors and the people left behind.

The Government of Sierra Leone, in cooperation with UN agencies, has created reunification- and reintegration packages, which the project will use actively. The project will also work with the interim care facilities set up to care for children of ill, dying or dead parents. The project will look at tracking family members and returning children when possible.

#### **M&E (D2)**

Qualitative project monitoring will be a challenge for this project, as traveling is difficult and gatherings are not allowed. The project plans on dealing with this challenge by doing as much quantitative monitoring as possible through list of participants in meetings, questionnaires and the like. The project staff will monitor each activity they can participate in (trainings etc.) and will conduct phone interviews with beneficiaries where necessary.

The Axis monitoring in Sierra Leone will be limited due to travel restrictions, but regular skype-meetings will be held with project staff.

However, it is possible that the situation in Sierra Leone will improve enough that a final monitoring visit will be possible late in the year. During this visit, the Axis participant will participate in the final evaluation of the project as well as visit as many different areas and meet with as many relevant beneficiaries as needed.

## **Budget**

A thorough budget revision has been necessary due to the comprehensive changes suggested in the project revision. A revised budget can be found in the first spreadsheet, whereas the original budget can be found in spreadsheet five.

New activities have been added corresponding to the revised LFA above and the activities share of the total budget have been raised considerably.

Only one activity in the original project has been carried out - "draft brochure of SRHR facts" (730DKK) adding to this two laptops (DKK 6570), a motorbike (DKK 10.220) and an internet modem (DKK 540) have been bought.

In the paragraph below the extra costs within the project, which are not directly explained by the new activities are explained. In the last section the suggested funding for this (within the existing budget) is shown.

### Extra project costs

The current depreciation of the DKK against the USD and thereby the Leone has had a great impact on the amount of project funds actually available. In the original project, an exchange rate of 1 Leone was 0,00223DKK whereas by 14<sup>th</sup> January the rate was 0,00146DKK. All budget lines in the revised project have been adjusted to the new exchange rate in order to ensure that overspending will not affect the economy of neither AMNet nor Axis.

Furthermore, continuous monitoring of the situation in Sierra Leone has made us assess that a project extension will be necessary. We have therefore calculated a budget based on expenses for an additional 4,5 month – the project ending by 31<sup>st</sup> January 2015. This raises the total amount of salaries paid to the staff, while AMNet has found other ways to cover the administration costs in the mentioned period.

### Financing the project changes

In order to finance the abovementioned extra cost of new activities, depreciated exchange rate and the project extension, as well as the changed travelling recommendation for Sierra Leone due to the Ebola outbreak the following main changes have been proposed:

- 1) Activities: The expenses for the technical support by Axis have been removed from the budget. Adding to this AMNet will co-fund a total of 122.591 DKK, whereas in the original project the co-funding was 14.416 DKK.
- 6) Project monitoring: It is hoped that by the end of the project the situation will have improved so that one person from Axis can travel to AMNet in order to evaluate the project. The project monitoring expenses have therefore been cut from two trips to one.
- 7) Evaluation: The Danish payroll costs have been removed.
- 8) Information work: The original expenses for information work in Denmark have been removed