ebola outbreak international response

EBOLA OUTBREAK

To date, officials are reporting over 10,000 deaths in West Africa due to this horrific virus. With the death toll rising, MAP International continues to respond to the largest and most deadly Ebola outbreak in history by providing infectious disease protection suits and supplies to protect those treating the infected. MAP's relief response is respirators, face shields, gloves and over \$16 million in essential medicines and supplies to fight this outbreak.



MAP field staff in our Liberia office are closely coordinating efforts with the Ministry of Health and other international responders and have learned that more protective gear is needed. Due to continuing spread of Ebola throughout the region, existing supplies of personal protective gear have been exhausted, and government health facility workers and surveillance teams in the affected areas may not be adequately protected.





April 2015 www.map.org/ebola



MAP International began responding to the largest and most deadly Ebola outbreak in history at the onset in March by providing urgently needed Personal Protective Suits (PPE's).

MAP's Liberian team leader, Zeela Zaizay, said, "We are calling out to everyone to support us. Support us with chlorine, with medications, with resources. We have proven we have the capability and the strategies and the bravery to fight Ebola. But it is too early for us to say we have beaten Ebola. We have only shown that, if we get the support, we can."



OUR PARTNERS: EBOLA

OUR RESPONSE



Partnerships are MAP's foundation.

Since 1954 our mission of "serving the servants" has relied on our valuable partners in the field to get our medicines where needed most. Partnering gives MAP the ability to provide much more than we could on our own and it ensures that healthcare workers in West Africa will be given the best medicines and protective equipment that we can provide.



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	Objectives	Indicators	
Goal	To strengthen the health system in Liberia in Ebola response and ensure ongoing basic health services.		
Purpose(s)	Healthcare facilities, communities, households, and schools are supported in Ebola response and disease transmission in vulnerable communities is reduced. Healthcare facilities are enabled to main-	8 clinics and hospitals supported in Ebola response and providing ongo- ing services (includes 4 Ebola Treat- ment Centres)	
	tain services and continue post-crisis treatment.	90% (168/187) of schools fulfil mini- mum requirements for re-opening.	
Output 1	Healthcare workers are safeguarded in responding to the Ebola outbreak.	Number of healthcare workers in- fected with Ebola virus per month is reduced (as reported by WHO re- ports monthly)	
		100% (all) healthcare facilities sup- ported by MAP report full supply of PPEs and Ebola treatment medicines (by end of project)	
Activities	Healthcare facilities are supplied with Protective Personal Equipment kits (PPEs) and isolation kits.	Provision of 10,000+ PPEs (in addi- tion to those already provided) to 8 Ebola treatment centres.	
	Healthcare workers are trained in use of PPEs (clinic based staff and ambulance teams).	800 healthcare workers trained (total) in 8 facilities.	
Output 2	Communities and households are more aware about Ebola prevention and response.	At least 90% of households are ap- plying precaution and prevention measures (at the end of the project).	
Activities	Training of Health Promoters (CHWs) in Ebola Early Case Detection and tracing using WHO proto-	1,200 health promoters trained.	
	Health Promoters carry out health promotion ac- tivities with households in targeted communi-	2,500 HHs reached.	
	Households receive hygiene kits (soap, bleach and	2,500 HHs receive basic hygiene kit.	
	Advocacy/sensitisation meetings carried out with authorities/community leaders.	50 meetings carried out in commu- nities.	
	Working with MOH on communication messages for radio and television.	5 local radio broadcasting sensitisa- tion messages; 100 posters and 1 video produced.	
Output 3	Health facilities are equipped for basic service de- livery during and after the outbreak.	100% (all) health care facilities sup- ported by MAP remain open for basic health care provision (at the end of the project).	
Activities	Basic medicines and medical supplies (non-Ebola response) are distributed to health service fa-	8 basic service facilities adequately equipped with 7 months' worth of supplies.	
	Training in supply chain management is given to	100 health facility staff trained.	

Output 4	Schools in high risk areas a WASH health education ar ventions.		 90% of schools meet minimum requirements for re-opening. 75% of schools implement additional health education and infrastructure interventions (above minimum requirements) 			
	Cleaning, fumigation, minor renovations for WASH in schools		90% of schools meet this minimum requirement.			
Activities	Rehabilitation of latrines and hand pumps and installation of hand washing stations		90% of schools meet this minimum requirement.			
	Orientation workshop for teachers		90% of schools meet this minimum requirement.			
	Update health education curriculum with Ebola health and hygiene.		75% of schools update health educa- tion curriculum			
	Awareness and distribution of MOE health & hy- giene protocol in schools		90% of schools meet this minimum requirement.			
	Acquisition and distribution of thermometers in schools		90% of schools meet this minimum requirement.			
	Conduct psychosocial, guidance and counselling training for teachers		75% of schools receive teacher train- ing			
	Categorize counties in which we shall work, based on high, medium and low risks		All counties categorized [Area of work is primarily determined by (1.) areas not previously covered by Edu- cation NGOs, (2.) Area in which an NGO is already implementing Ebola response activities.			
	Acquisition and distribution of instructional materi- als, textbooks and school grant distribution		75% of schools receive materials			
	Monitoring and supervision of the schools reopen- ing process		90% of schools receive monitoring and evaluation			
Category				Percent- age		
Ebola and non-Ebola patients receiving treatment via supported clinics and hospitals						
		Direct	Indirect			
Men (over 18 years old)						
	18 years old)	Patients likely to re-	Catchment population			
	18 years old) ver 18 years old)	Patients likely to re- ceive treatment through improved med-	Catchment population of the areas where the clinics/hospitals are			
Women (o	· ·	ceive treatment through improved med- ical supplies and medi-	of the areas where the clinics/hospitals are based benefitting from			
Women (o Boys (up to	ver 18 years old)	ceive treatment through improved med-	of the areas where the clinics/hospitals are			
Women (o Boys (up to	ver 18 years old) o 18 years old)	ceive treatment through improved med- ical supplies and medi- cines in the 8 clinics/	of the areas where the clinics/hospitals are based benefitting from general improved	100%		
Women (o Boys (up to Girls (up to	ver 18 years old) o 18 years old) o 18 years old)	ceive treatment through improved med- ical supplies and medi- cines in the 8 clinics/ hospitals assisted	of the areas where the clinics/hospitals are based benefitting from general improved healthcare in the area	100%		
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