



The National AIDS Secretariat (NAS) East Regional Office is headed by a Regional Coordinator followed in order of rank and authority by the following categories of officials: the Regional Monitoring & Evaluation Officer, the Regional Finance officer, the Documentation Officer/Liberian, the Team Assistant, the Data Entry Clerk, Drivers and Office Assistant/Messenger/Cleaner. NAS works in partnership with other organisations otherwise known as Implementing Partners (IP). In the eastern region, NAS is in partnership with the following organisations: National AIDS Control Programme (NACP) of the Ministry of Health and Sanitation (MOHS), the Network of HIV Positives (NETHIP), AIDS Healthcare Foundation (AHF) and others not mentioned.

Sierra Leone experienced the first outbreak of the Ebola virus in May 2014, in Kailahun, a district of the Eastern Region through cross border movements. On the outbreak of the Ebola Virus Disease (EVD), initially there was denial even amongst government circles let alone the local people. When the stark reality of the existence of the disease came to catch up with the country, there was panic. The Executive arm of government was caught unaware and was confused as to how to adequately respond to the epidemic. This state of confusion cascaded to the Ministry of Health and Sanitation (MOHS). The newness of the disease in the region in general and the country in particular became the sing song of Ministry Officials. True to the status quo then, everything about Ebola was new. Standard Operational procedures for combating infectious diseases like EVD if available at that time was only gathering dust on the shelves of health practitioners. The issue of the use of standard Personal Protective Equipments (PPEs) by health care givers was as new as the word itself. As a consequence health care givers including Doctors and Nurses became vulnerable to the infections.

While other districts were yet to appreciate the enormity of the challenge posed by the EVD epidemic, stakeholders in the Kenema District galvanised themselves into a formidable fighting force. The Kenema District Ebola Task Force was constituted with membership comprising of all Ministries, Departments and Agency (MDAs) , NGOs ,INGOs Local Councils, Inter-religious Council and Traditional Rulers by June 2014. The Task Force also established sub-committees. By June 2014, the Task Force with its committees were up and running.

The National HIV/AIDS Secretariat in Kenema was in dilemma as to how to ensure that our programmes are not disrupted by the epidemic. While we were grappling with this, Kenema District was declared as an epicentre of the epidemic and was quarantined. The normal HIV/AIDS services including Counselling and testing, Anti retro viral therapy (ART) and other services came to a rude halt. HIV clients abandoned health facilities for obvious reasons (the fear of EVD infections). The fear was heightened by the infection and subsequent death of DR. Omar Khan of blessed memory, the only viral haemorrhagic fever Specialist in the Country that was attached to the Kenema Government Hospital. Dr. Khan used to render medical services to people living with HIV in the district. To add insult to injury, one of our dedicated and hard working HIV Counsellor Mr. Ibrahim Fanbulleh of blessed memory also got infected and succumbed to EVD. It became quite evident that NAS' programmes were being overtaken by the EVD epidemic and at such we needed to contribute meaningfully to the Response.

So what did NAS do in Kenema? NAS Regional Office in collaboration with its partners identified prevention of infections especially amongst health care givers, as a serious challenge to the Ebola Response in the district and decided to contribute to its alleviation. NAS therefore sought the support of AHF (one its strategic partners) in the district to help. AHF had scarcely established an office in Kenema when the epidemic started. That notwithstanding, AHF came

in and donated to the Kenema District Ebola Task Force huge quantities of Personal Protective Equipments (PPEs) total cost of which was over \$ 99,730,000 on four separate occasions. The last donation was the largest that was universally praised by the Task Force and was even reported to H.E the President of the Republic of Sierra Leone on one his visits to the District. It contained the following items:

1. 260 body bags = \$9,560

2. 6 barrel 45kg chlorine = \$3,570

3. 400 packets of 100 (2,000 pieces) Gloves = \$4,600

4. 700 PPE Kits (Gown, hood, boots, goggles, respirator, gloves,) = \$82,000

Total = \$99,730 equivalent in SLL 433, 825, 50



Regional Coordinator and May Chakona Logistics DTN



PPES Kits

Cross-section of DTF and Fourth estate





NAS Senior Manager, Testing, PPEs



Chairman Logistics-DTF