

Ebola Outreach Project (EOP)
Monitoring and Evaluation (M&E) Tool for SSAAP
Port Loko and Moyamba District, Sierra Leone

Name of Interested Beneficiary _____
Name of Child/Family/Community Involved _____
Date Monitoring Tool was completed _____

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1. What was your situation during February 2014-onward when Ebola came to Sierra Leone?

2. How has Ebola affected you on a personal level?

3. How has Ebola affected your family and your community?

4. In what ways are you seeking support from SSAAP? How can SSAAP help you?

This instrument has been prepared and filled out by: _____

