



**UN EBOLA RESPONSE MPTF**  
**PROJECT MONTHLY PROGRESS REPORT - VERSION 1**  
**Period (Month-Year): January 2016**

<b>Project Number and Title:</b> #45- Ebola Survivors- Database Creation; Needs Assessment & Screening; Psychosocial Support & Reintegration into Society	<b>PROJECT START DATE<sup>1</sup>:</b> 13-11-2015	<b>AMOUNT ALLOCATED by MPTF</b>  \$258,940	<b>RECIPIENT ORGANIZATION</b>  WHO
<b>Project ID:</b> 00097623			
<b>Project Focal Point:</b> Name: Elaina Davis E-mail: eldavis@who.int	<b>EXTENSION DATE:</b> Not applicable	<b>FINANCIAL COMMITMENTS</b>  \$...	
<b>Strategic Objective (STEPP)</b> RSO -Basic Services and Infrastructure	<b>PROJECTED END DATE:</b>  13-11-2015	<b>EXPENDITURES as of [date]</b>  \$...	<b>IMPLEMENTING PARTNER(S):</b>  Ministry of Health and Sanitation;  Ministry of Social Welfare Gender & Children's Affairs;  NGO partners
<b>Mission Critical Action</b> MCAAn - Description			
<b>Location:</b> Sierra Leone – all districts		<b>Sub-National Coverage Areas:</b> Full list of countries and/or districts	

**MONTHLY PROGRESS REPORT RESULTS MATRIX**

**OUTPUT INDICATORS**

Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the (one month) reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
1. Establish a comprehensive fully functional, verified and	Port Loko District	496 EVDS			

<sup>1</sup> The date project funds were first transferred.



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PROJECT MONTHLY PROGRESS REPORT - VERSION 1  
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user-friendly database on EVDS					
2. Number of EVDS and Survivor Advocates with increased capacity in PFA, PSS (First Aid)	Port Loko District	496 EVDS plus selected Survivor Advocates			
3. Number of staff from MOHS and MSWGCA with increased capacity in conducting needs assessments, psychosocial exams, screening, and community engagements	Training venue - Freetown	TBD	0		
4. Number of survivors and community members provided with psychosocial counselling	Port Loko District	496 EVDS plus selected community members			
5. Number of strengthened Sierra Leone Association of Ebola Survivors through capacity building in organizational management and reporting	Port Loko District and Freetown	TBD number of executives and selected members of SLAES			
6. Number of individualized survivor needs assessments conducted at community level	Port Loko District	496 EVDS			
7. Number of communities with	Port Loko District	TBD			



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greater understanding and awareness of the needs of EVDS					
8. Number of trained survivor advocates in case management, patient advocacy and field screening	13 Districts in Sierra Leone	100 survivor advocates	0	0	0%
9. Number of trained health workers and community health workers in CPES and survivor screening	13 Districts in Sierra Leone	80 health workers (2 per hospital) and 150 community health workers	0	0	0%
10. Number of strengthened or established survivor clinics	13 Districts in Sierra Leone	13 survivor clinics	No further clinics will be established	10 clinics (Dec 2015)	66.66% (Dec 2015 – 10 clinics in 8 of 12 districts)
<b>EFFECT INDICATORS (if available for the reporting period)</b>					
Number of EVD Survivors that feel supported, and are welcomed by communities without stigma or discrimination	Port Loko District	496 EVDS (the total number of EVDs in Port Loko)			
% of medical staff confirming the improved medical services to survivors in targeted districts	13 Districts in Sierra Leone	90%	Not measured in January		

**NARRATIVE**

**Situation Update** (please describe critical changes, if any, in the situation that affect the project (1-2 paragraphs))

WHO has continued to provide technical assistance to the MOHS and implementing partners on the enabler elements for effective clinical care for EVD Survivors. Broadly speaking, implementation of grant activities have been slow, in particular, the delay in the transference of funds from WHO to the MOHS resulted in the postponement of implementation of training and consultation activities led by the Ministry. The focus will now be on expediting these activities to ensure that progress



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begun in late January is built upon throughout February and March.

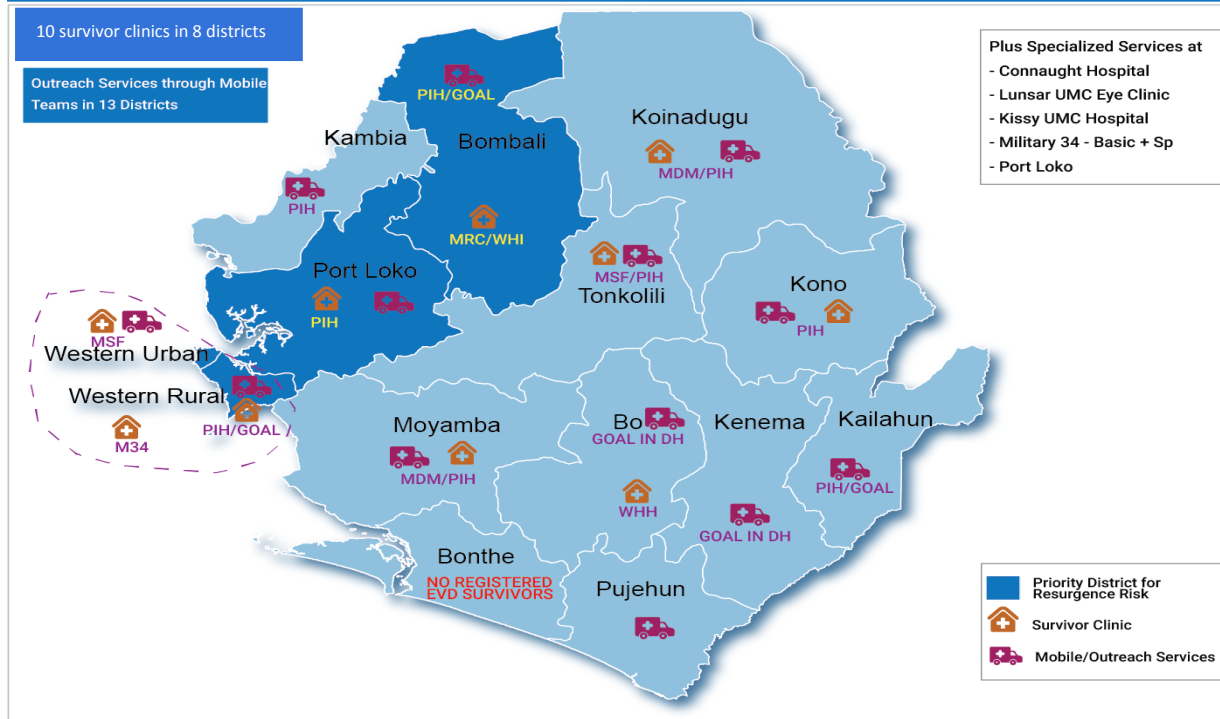
Please note that when counting Western Area as a single district, there are a total of 13 districts in Sierra Leone. However, targets for survivors support should be out of a total of 12 districts since there are no registered survivors in Bonthe, and consequently no requirement for support at this time. We have adjusted the indicator results to reflect this.

**Key Achievements** *(please use this section to highlight your key achievements for the month, using bullet points if preferred)*

- By the end of December, 187 Survivor Advocates in the priority districts (Western Area, Port Loko and Bombali) received training on peer to peer Psychological First Aid (PFA). These districts were prioritised in relation to the risk of EVD resurgence associated with viral persistence in semen of male survivors.
- During January, WHO has been involved in planning the training of 100 additional Survivor Advocates in case management, patient advocacy and survivor needs assessment in 4 regional hubs. The focus has been on finalising the training curriculum, it is intended that the first training will be conducted in Western Area. Once trained these Survivor Advocates will each manage a weekly case load of 50 EVD Survivors providing them with support and referring them to the appropriate health care services.
- With the majority of EVD Survivors having significant multiple social, psychosocial and medical problems, survivor clinics and specific programmes were established to provide specialised care. This award aims to assist with the establishment and strengthening of survivor care in each of the 12 districts with registered survivors. When surveyed at the start of December, the NGO partners involved in the provision of health care to EVD Survivors reported that 10 freestanding clinics in 8 Districts were providing basic health services to EVD Survivors and referring survivors for specialised services when required. The number of EVD Survivor clinics has remained stable since then.
- WHO provides technical assistance in achieving the goal of strengthening survivor support by streamlining care currently delivered through partner operated free standing survivor clinics into the MOHS facility network. Currently, WHO is supporting the MOHS in the planning for location of survivor services and defining and implementing the core package of health services that will be provided. In fact, as WHO continues to work with the MOHS to streamline survivors care into MOHS facilities, the number of partner operated clinics will slowly be reduced. In Port Loko basic services for survivors have successfully been transferred from the Partners in Health Survivor Clinic to the Government Hospital.
- To complement the work of partner operated freestanding survivor clinics, outreach services by mobile teams are being provided to EVD Survivors throughout the 12 districts with registered EVD Survivors. This service is essential as it increases the ease with which survivors are able to access care and therefore decreases the impact that the effects of health and social problems during convalescence post-Ebola have on their daily lives.

**UN EBOLA RESPONSE MPTF  
PROJECT MONTHLY PROGRESS REPORT - VERSION 1  
Period (Month-Year): January 2016**

**Sierra Leone: Survivor Clinics & Outreach Services as of 30 Nov 15**



- Uveitis has been found to be a prevalent issue among EVD Survivors. Uveitis is the acute inflammation of some of the vascular structure of the inner eye that, when untreated, can lead to permanent loss of vision. However, when diagnosed early and treated appropriately, uveitis is reversible. In this regard, the National Eye Campaign for detection and treatment of uveitis in EVD Survivors has been scaled up over the last five months to accomplish coverage at national scale in January 2016. Through the campaign specialised ophthalmological evaluations have been performed for nearly 3000 survivors and treatment provided to those found to have acute eye disease. WHO has provided technical assistance to the partners of the National Eye Campaign since its design phase and has accompanied its steering committee throughout the campaign’s implementation.
- WHO has continued to focus on providing exemplary technical assistance to the MOHS and implementing partners over the last month. As part of this role WHO provided support for a very successful first workshop, held this month in Freetown under the leadership of the MOHS, for the consolidation of the Sierra Leone National Guideline for Healthcare to EVD Survivors. Participation in this workshop included key implementing partners involved in providing health services to Survivors in Sierra Leone. The workshop identified a need for a simplified dedicated guideline about basic clinical management of EVD Survivors for Primary Healthcare Staff (Community Health Officers (CHOs) and Survivor Advocate case managers). Planning for a second insight workshop on the consolidation of the guidelines with participation from clinicians is underway and scheduled to take place in February.
- During January, WHO also conducted consultations with the District Health Management Teams (DHMTs) in four



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**PROJECT MONTHLY PROGRESS REPORT - VERSION 1**  
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districts to present updates on the ‘Comprehensive Program of Services for Ebola Survivors’ and to set the basis for DHMT stewardship of EVD Survivor care in the district. This brings the total number of consultations conducted to eight with further consultations planned for February. The transfer of ownership and responsibility for survivor care back to the MOHS and the DHMTs is being conducted in the context of District Survivor Plans framed within the Districts’ overall Health Services delivery, and with the support of the Sierra Leone Association of Ebola Survivors and service implementing partners. This work is therefore strongly contributing towards the objective of streamlined healthcare for EVD survivors into the general basic services while strengthening MOHS facilities and staff. This will ensure a long term and sustainable approach to the care of EVD Survivors rather than reinforcing parallel systems.

**Delays or Deviations** *(if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs))*

Slow disbursement of funding from WHO has led to delaying in activity implementation from the MOHS. The funds have now been disbursed and expedited activity implementation is being planned by the MOHS with WHO’s support. WHO expect to be able to reflect this increase in activity implementation in February’s report on this award.

As detailed there are no plans to have survivor clinics in all 13 districts as no EVD Survivors are currently registered in Bonthe. Monthly reporting will therefore continue to reflect the number of freestanding survivor clinics present in the 12 districts with registered EVD Survivors.

**Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

No. of Beneficiaries		Environmental Markers	
Women		<i>e.g. Medical and Bio Hazard Waste</i>	
Girls		<i>e.g. Chemical Pollution</i>	
Men			
Boys			
Total			

**Additional Information** *(Optional)*