

| Project Number and Title: #17- Strengthening EVD Surveillance, Community Engagement and Response for getting to and sustaining at Zero Ebola cases in Sierra Leone Project ID: 00096318 | PROJECT START DATE¹: 01-08-2015 | | AMOUNT ALLOCATED by MPTF (please indicate different tranches if applicable) \$ 2,073,205 | RECIPIENT ORGANIZATION World Health Organization (WHO) |
|--|---------------------------------|----------------------------|--|---|
| Project Focal Point: Name: Marianne Kargbo E-mail: kargbom@who.int | EXTENSION I 30-12-201 | | FINANCIAL COMMITMENTS \$1,937,575 | |
| Strategic Objective (STEPP) SO1 – Stop the Outbreak Mission Critical Action MCA1 – Identifying and tracing of people with Ebola | PROJECTED DATE: 30-12-201 | | EXPENDITURES as of 14.12.15 \$1,604,156 | IMPLEMENTING PARTNER(S): Ministry of Health and Sanitation of Sierra Leone |
| Location: Sierra Leone | | All 14 Tonkol Pujehu | ational Coverage Areas: districts: Western Area Urbar ill; without on-going transmi n, Bonthe, Moyamba, Kono, lugu, Western Area Rural | ssion: Bo, Kailahun, |

MONTHLY PROGRESS REPORT RESULTS MATRIX

| | | OUTPU | JT 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 |
| Desc | cription of the q | uantifiable indic | ator as set out in the | approved project prop | osal |
| Proportion of health facilities submitting weekly IDSR reports on time to districts | National | >80% | 62% | 71% | 89% |
| % of districts which have functional IDSR | National | 100% | 0% | 0% | 0% |

¹ The date project funds were first transferred.

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| systems | | | | | |
|---|--|-------------------------------------|------------------------|------------------|------------------------------|
| % of contacts monitored on a daily basis and reported effectively | National | 100% | 100% | >99% | 100% |
| # of trained community health workers in implementation of community based disease surveillance (CBDS) for sustaining resilient zero | 4 districts with on- going transmission | 200 | 0 | 0 | 0 |
| # of border service focal points established and equipped with all necessary tools to ensure effective monitoring | National | 7 in Sierra Leone | 0 | 0 | 0 |
| # of information exchange sessions (in line with established standards and tools) taken within the timeframe of the project | 7 border districts | 5 in each district (total 35) | 0 | 0 | 0 |
| # of simulcast communications aired for getting to and sustaining zero | National | 30 | 0 | 0 | This element has not started |
| # of people (audience) of simulcasts | National | 500,000 | 0 | 0 | This element has not started |
| | EFFECT 1 | INDICATORS (| if available for the r | eporting period) | |
| # of Integrated Disease Surveillance System fully operational in Sierra | National (with primary introduction | 1 | 0 | 0 | 0 |



| Leone | in 4 districts with on- going transmission) | | | | |
|--|--|-----|--------------------------|------|------|
| Proportion of new confirmed cases from known contact lists | National | 90% | No cases for this period | >90% | 100% |
| Number of transmission chains which derive from cross-border contacts | National | 0 | 0 | 0 | 100% |
| # of districts that fully implemented cross-border cooperation mechanisms (including regular exchange of information) | 7 Cross border districts in Sierra Leone | 7 | 0 | 0 | 0% |
| # of escapes (absences) from ETUs and CCCs | 4 districts with on- going transmission | 0 | 0 | | |
| Number of new resistance cases | National | 0 | 0 | 0 | |

NARRATIVE

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

- 1. Community Based Surveillance (CBS): WHO provided technical and financial support to a national CBS stakeholders workshop that was held to review, and validate CBS SOPs and training material and develop an implementation framework for CBS in Sierra Leone. The workshop had participation from key directorates in the MOHS, districts and partner organizations. All partners supporting CBS are henceforth expected to implement the validated strategy.
- 2. Revision of the IDSR integrated supportive supervision checklist and book: As part of the effort to revitalize the implementation of IDSR in the country, WHO provided technical and financial support to a one day workshop that reviewed and validated the IDSR integrated support supervision checklist and book on. The validated supervision tools will be used during the upcoming supportive supervision activities both at district level and in health facilities. This will improve the performance of IDSR functions in the country.
- 3. IDSR cascade training: The WHO IDSR team provided technical support to the fourth and last IDSR Training of Trainers (TOTs) for Kambia and Bombali districts. The trained TOTs will cascade IDSR to all health facilities in the two districts. Kambia and Bombali districts are the last two districts to be trained after which the training coverage is 100%.



- 4. Training of clinicians in IDSR: The WHO IDSR team partnered with the WHO clinical management team to provide technical support to the MOHS training of clinicians from Western Area on disease surveillance. This training offered an opportunity to pre-test the clinician's training material that have been revised to incorporate IDSR. Clinicians' training will be rolled out country-wide to step up the participation of clinicians in disease surveillance.
- 5. IDSR weekly epidemiological bulletin: The IDSR team continued to provide technical guidance towards regular production of an improved weekly epidemiological bulletin. The bulletin provides a weekly summary of diseases, conditions and events detected through the IDSR system. The team provided editorial support before the bulletins were released.
- 6. Cross-border surveillance: The WHO IDSR team working provided support to the establishment of a cross-border technical working group with IOM and CDC membership. The working group will review ongoing cross-border activities and plan for harmonised implementation of cross-border activities.

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

- CBS SOPs, reporting tools and training material were validated the.
- An initial CBS implementation framework was also developed.
- IDSR integrated support supervision checklist and book were reviewed validated.
- A total of 19 IDSR TOTs were trained out of which 10 were District Health Management Team (DHMT) members drawn from Kambia and Bombali districts.
- A total of 12 clinicians from Connought Hospital were trained on disease surveillance.
- Weekly epidemiologic bulletins were reviewed and circulated widely for information dissemination and feedback to districts.
- A cross-border surveillance working group was established under MOHS leadership and with WHO technical support

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))

TOT and cascade IDSR training for Kambia and Bombali had been delayed due to the EVD cases and continued threat of outbreak. The TOT training has however been conducted and cascade training planned for the first two weeks of December.

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

| No. of Beneficiaries | Environmental Markers |
|----------------------|-----------------------------------|
| Women | e.g. Medical and Bio Hazard Waste |
| Girls | e.g. Chemical Pollution |
| Men | |
| Boys | |
| Total | |

Additional Information (Optional)