



UN EBOLA RESPONSE MPTF
PROJECT MONTHLY PROGRESS REPORT - VERSION 1
Period October 2015

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 START DATE¹: 01-08-2015	AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i> \$ 2,073,2015	RECIPIENT ORGANIZATION World Health Organization (WHO)
Project ID: 00096318			
Project Focal Point: Name: Marianne Kargbo E-mail: kargbom@who.int	EXTENSION DATE: 30-12-2015	FINANCIAL COMMITMENTS \$1,937,575...	
Strategic Objective (STEPP) SO1 – Stop the Outbreak	PROJECTED END DATE: 30-12-2015	EXPENDITURES as of 10.09.15 \$1,433,725	IMPLEMENTING PARTNER(S): Ministry of Health and Sanitation of Sierra Leone
Mission Critical Action MCA1 – Identifying and tracing of people with Ebola			
Location: Sierra Leone		Sub-National Coverage Areas: All 14 districts: Western Area Urban, Kambia, Port Loko and Tonkolili; without on-going transmission: Bo, Kailahun, Pujehun, Bonthe, Moyamba, Kono, Kenema, Bombali, Koinadugu, Western Area Rural	

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>					
Proportion of health facilities submitting weekly IDSR reports on time to districts	National	60%	68.%	56%	70%
% of districts which have functional IDSR	National	54%	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%	100%	
# of trained community health workers in implementation of community based disease surveillance (CBDS) for sustaining resilient zero	4 districts with on-going transmission	2000	0	0	
# of border service focal points established and equipped with all necessary tools to ensure effective monitoring	7 Districts	4 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 districts	4 in each district (total 16)	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 INDICATORS (if available for the reporting period)					
# of Integrated Disease Surveillance System fully operational in Sierra	National (with primary introduction)	1	0	0	0



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Leone	in 4 districts with on-going transmission)				
Proportion of new confirmed cases from known contact lists	National	90%	100%		
Number of transmission chains which derive from cross-border contacts	National	0	0		
# of districts that fully implemented cross-border cooperation mechanisms (including regular exchange of information)	7 Cross border districts	4	0	0	0
# of escapes (absences) from ETUs and CCCs	4 districts with on-going transmission	0	0		

NARRATIVE

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

1. **Cascade training** was sustained. Health workers in health facilities from Western Area, Koinadugu and Port Loko were trained in IDSR so as to continue stepping up capacity for the practice of IDSR in the country. So far on Kambia and Bombali districts out of the 13 districts remain untrained.
2. As we continued with the count-down to 42 days when the country would be declared to be out of the EVD outbreak, need was realized to start building capacity for **Community Based Surveillance (CBS)** borrowing from the experience of Community Events Based Surveillance (CEBS). CEBS was focused on EVD. WHO engaged the Ministry of Health and Sanitation (MOHS) together with other stakeholders to plan for transition from CEBS to CBS. However, since we have not completed the preparatory process, we have not trained any personnel on CBS yet.
3. WHO supported **Strengthening of Rapid Response (RRT) capacity** in Sierra Leone. The IDSR strategy envisions the creation of rapid response teams with the mandate of investigating and responding to outbreaks and other public health events. Since IDSR had not been optimally implemented in the country, and drawing from the lessons learnt during the EVD outbreak, WHO supported strengthening creation and functioning of Rapid Response Teams (RRTs).
4. The IDSR team provided technical support in the development, piloting and review of the district IDSR assessment tool. The assessment which was conducted from 4th to 10th October 2015 in all districts purposed to collect information on the IDSR functioning and infrastructure in the country. Data analysis has been ongoing. The preliminary report is expected



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anytime in the first 2 weeks of November.

5. *Districts do not have functional response teams that have been trained and resource-capacitated. That is why the percentage of districts with fully functional IDSR systems is still zero.*
6. *WHO is providing technical guidance to develop SOPs and tools for cross-border surveillance. The implementation of cross-border surveillance activities has not therefore commenced alongside other IDSR and IHR revitalization activities.*

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

- *A total of 97 health workers from Port Loko, 85 from Western Area and 75 from Koinadugu were trained.*
- *WHO provided technical support to development and review of draft SOPs and training material for CBS. These are awaiting a national stakeholders workshop that will review, approve and validate the SOPs and training material and develop an implementation framework for CBS in Sierra Leone*
- *A surveillance and laboratory technical working group was created to improve collaboration and to drive implementation of IHR 2005 and addressing Global Health Security Agenda in the country.*
- *Draft SOPs for RRTS and a plan for strengthening RRTs at all levels were developed. A national stakeholders meeting will review and approve the SOPs, adapt WHO developed training materials and develop an implementation plan for strengthening RRTs in the country.*
- *Weekly epidemiologic bulletins were reviewed and circulated widely for information dissemination and feedback to districts.*

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))*

IDSR TOTs training for Kambia and Bombali has been delayed due to last the EVD cases. " the training is scheduled for 16th -20th November 2015"

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)*