



UN EBOLA RESPONSE MPTF
PROJECT MONTHLY PROGRESS REPORT - VERSION 1
Period: May 2016

Project Number and Title: #45- Ebola Survivors- Database Creation; Needs Assessment & Screening; Psychosocial Support & Reintegration into Society	PROJECT START DATE¹: 13-11-2015	AMOUNT ALLOCATED by MPTF 242,000USD	RECIPIENT ORGANIZATION WHO, UNICEF
Project ID: 00096723			
Project Focal Point: Name: Elaina Davis E-mail: davise@who.int	EXTENSION DATE: dd-mm-yyyy	FINANCIAL COMMITMENTS	
Strategic Objective (STEPP) SO _n - Laying the foundation for recovery through the provision of comprehensive package of services to EVD survivors	PROJECTED END DATE: 12-11-2016	EXPENDITURES as of [date]	IMPLEMENTING PARTNER(S): Ministry of Health and Sanitation; Ministry of Social Welfare Gender & Children's Affairs; NGO partners
Mission Critical Action MCA _n - Description			
Location: Sierra Leone	Sub-National Coverage Areas: All 13 districts of Sierra Leone		

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>					
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	220 health workers trained on CPES (Nurses and Clinical officers)	220 HWs 0 CHWs (plan is to train Survivor Advocated not	275% HWs 0% CHWs (plan is to train Survivor Advocated not CHWs)

¹ The date project funds were first transferred.



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		health workers		CHWs)	
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)
EFFECT INDICATORS (if available for the reporting period)					
% of medical staff confirming the improved medical services to survivors in targeted districts	13 Districts in Sierra Leone	90%	Not measured to date.		

NARRATIVE

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

WHO assisted the Ministry of Health and Sanitation (MoHS) and the Ebola Survivors Care Consortium (ESCC) in the training of 220 health workers (HWs) nationally using the training toolkit that was developed by WHO HQ and adapted to the context of Sierra Leone in accordance with the MoHS and partners.

WHO also provided support to the MoHS in the development of planned activities for EVD Survivors cohort to be implemented as part of the 10-24 month presidential initiatives.

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

During the month of May, WHO supported the MoHS in the training of HWs (Clinical Health Workers and Nurses) selected from pre-determined facilities in districts with high survivors populations. Four regional trainings were conducted (in Bo, Kenema, Makeni and Western Area) resulting in a total of 220 HW trained on the identification of the red flags clinical referral pathway for the EVD Survivors, monitoring and evaluation procedures (a HF10 form should be completed for each appointment), and the counselling and semen testing services available in the country. As noted previously, target facilities and partner commitments have been confirmed in each district. This is essential in ensuring that the delivery of survivor services and ongoing integration into the primary health service is streamlined and uniformed.

The next steps will be to expand this training to other key HWs. This will occur consecutively over the next two months with the training of Clinical Training Officers, Survivors Advocate Supervisors and Survivor Advocates.

Consecutively, WHO worked with the Deputy Chief Medical Officer to update the National 10-24 month Health Recovery Plan including the identification of activities, indicators and milestones for implementing and monitoring progress against Key Objective 3 – Care of EVD Survivors.

Furthermore, five sub-groups of the Survivors Technical Working Group (STWG) were convened during May under the leadership of MoHS and PIU, with the support of WHO, to finalise key CPES Standard Operating Procedures



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(SOPs) and policies. WHO participated in all 5 STWGs to provide key technical input and support:

1. **Training and Mentorship Package:** this sub group met to continue to develop the toolkit for primary and secondary level health care of survivors.
2. **Human Resources:** having defined the scope of work and job descriptions of the Survivor Advocates, Survivor Advocate Supervisors, Referral Coordinators, and the CPES District Transition Coordinator, individuals in each district to take up the role of Survivor Advocates have also been defined. The sub group prepared for negotiations on the terms of conditions of the employment of the Survivor Advocates with the government in June.
3. **Supply Chain and Logistics:** met and identified the necessary drugs, however discussions continue to provide solutions to issues of supply and distribution.
4. **Referral pathways:** this sub group met to discuss the details of implications of defined referral pathways and procedures for survivors from PHUs to District Hospitals, and to Tertiary Hospitals/Referral Services when needed, and the counter referral system. This includes the reimbursement of transport, creation of vouchers etc for Survivors. Discussion is ongoing.
5. **Monitoring, Evaluation and Information Management:** discussion is ongoing regarding monitoring indicators, determine reporting pathways and how communication will be facilitated through partners, government agencies and donors.

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))

While the individuals that will take on the role of Survivor Advocates within communities have been identified they have not yet been hired due to delays in the approval of funding through the Ebola Survivors Care Consortium. This has contributed to a delay in the roll out of training and consequently a delay in the implementation of CPES.

The distinction and parallel programmes of the MoHS and MSWGA continue to pose challenges in coordination, decision making and preparation of training material.

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)



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