



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME NARRATIVE REPORT  
DATE: 30-04-2016**

<p align="center"><b>Project Number(s) and Title(s)</b></p> <p># 11 Ebola Response Quick Impact Projects (Project ID: 00092650)</p>	<p>Recipient Organization: <b>United Nations Development Programme (UNDP)</b></p> <p><b>RUNO(s)Project Focal Point:</b> Name: <b>Illuminate Maerere</b> E-mail: <a href="mailto:illuminate.maerere@undp.org">illuminate.maerere@undp.org</a></p>
<p><b>Strategic Objective &amp; Mission Critical Action(s)</b></p> <p>SO 5 –Prevent outbreaks MCA13 – Multi-faceted preparedness</p>	<p align="center"><b>Implementing Partner(s)</b></p> <p>Government and state institutions, commercial companies, registered and non-registered NGOs, UN agencies and international agencies</p>
<p><b>Location:</b> Sierra Leone</p>	<p><b>Sub-National Coverage Area: Bombali, Port Loko, Kambia, Western Area Rural, Kenema, Kailahun, Tonkolili</b></p>
<p align="center"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project proposal document: \$630,000.00 MPTF \$630,000.00</p> <p>Government Contribution (if applicable)</p> <p><b>TOTAL:</b></p>	<p align="center"><b>Programme Duration</b></p> <p>Overall Duration (7 months) Project Start Date: 30-07-2015 Originally Projected End Date 31-12- 2015 Actual End date- 28-02-2016</p> <p>Agency(ies) have operationally closed the programme in its(their) system <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Expected Financial Closure date<sup>1</sup>: 30-06-2016</p>
<p><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Evaluation Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Monitoring visits dates: 03-05.11.2015, 07-10.12.2015, 25-29.01.2016, 11.02.2016</b> Evaluation Report - Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy</p>	<p align="center"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>○ Name: <b>Samuel Palmer</b></li> <li>○ Title: <b>Programme Specialist – Inclusive Growth &amp; Sustainable Development Cluster</b></li> <li>○ Date of Submission <b>31-03-2016</b></li> <li>○ Participating Organization (Lead): <b>UNDP</b></li> <li>○ Email address: <a href="mailto:samuel.palmer@undp.org">samuel.palmer@undp.org</a></li> </ul> <p><i>Signature:</i></p>

<sup>1</sup> Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

## FINAL NARRATIVE PROGRAMME REPORT

<b>Project Proposal Title:</b> Ebola Response Quick Impact Projects						
<b>Strategic Objective to which the project contributed</b>	SO5 – Prevent outbreaks in countries currently unaffected					
<b>MCA 13</b> – Multi-faceted preparedness						
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target</b>	<b>Budget</b>	<b>Final achievements</b>	<b>Means of verification</b>	<b>Responsible Organization(s)</b>
# of Quick Impact Projects Implemented	<i>Sierra Leone</i>	30	\$ 591,229.37	15	Project documentation (project document, M&E and financial reports) Project photos	UNDP
# of Districts covered	<i>Sierra Leone</i>	No less than 5		7	Project documents, DERC committee signature page	UNDP
<b>MCA [ 13 ]</b> – Multi-faceted preparedness						
<b>Effect Indicators</b>	<b>Geographical Area (where the project directly operated)</b>	<b>Baseline<sup>2</sup> In the exact area of operation</b>	<b>Target</b>	<b>Final achievements</b>	<b>Means of verification</b>	<b>Responsible Organisation(s)</b>
# of people with better access to services and safety standards	Bombali, Port Loko, Kambia, Western Area Rural, Kenema, Kailahun, Tonkolil		30,000	50,000	Project proposal documents and monitoring reports	UNDP

<sup>2</sup> If data is not available, please explain how it will be collected.

## **EXECUTIVE SUMMARY**

### **Background and Situational Evolution**

The unprecedented emergence of the Ebola Virus Disease (EVD) in Sierra Leone placed enormous strains on national systems and on the resources and capacities of the host government to cope with the public health crisis. The rapid spread of the EVD, from isolated outbreaks in Kailahun and Kenema, to all thirteen districts of the country, also demanded the introduction of extraordinary measures to contain the epidemic, including the declaration of a State of Emergency and special security powers to quarantine affected areas, placed restrictions on internal movement, closed markets and schools and reduced public gatherings.

With heightened vigilance and concerted efforts by both the government of Sierra Leone and development partners, the last case of Ebola was recorded in September 2015, and the outbreak was declared over, on 7<sup>th</sup> November 2015, which led to the decision to maintain heightened surveillance.

The Ebola Quick Impact Projects (QIPs) in Sierra Leone, which was initially administered by UNMEER, was taken over by UNDP in June 2015, with the recognition of UNDP's comparative advantage, to quickly deliver results with less cumbersome procurement procedures.

The project commenced in July 2015 and officially ended on 31<sup>st</sup> December 2015, though a no-cost extension was requested and granted by the MPTF, to end the project in February 2016.

It is worth noting to mention that, the QIPs approval process involved the District Ebola Response Centres (DERCs), the National Ebola Response Centre (NERC) and a Project Appraisal Committee (PRC) – this was established to ensure transparency and to promote accountability.

Prior to the inception of the QIPs implementation, the UNDP QIPs team embarked on a massive information rollout at district level, in order to create awareness among communities, local and international organizations on the process flows and to encourage potential organizations to develop and submit proposals that will address critical gaps in the EVD response.

Jointly, between UNMEER and UNDP, QIPs project in Sierra Leone supported a total of 61 projects. Though this project targeted 30 QIPs, only 15 were supported, given the fact that the threshold of budgets received from requesting partners was higher than the first phase (about \$36K vs.\$19K in the first phase).

It is also worth noting however that, despite the fewer projects supported, all other due processes/criteria were followed – especially the impact indicator of 30,000 beneficiaries was achieved and even surpassed.

### **Narrative section:**

- **Key Achievements:**

The key achievement of the project was addressing gaps in Ebola Response in its final stage (most of projects were supported after the last patient was discharged from the Ebola Treatment Unit, and a countdown to Zero started in the country). The projects supported the policy of heightened vigilance and surveillance in situation, when many international partners were reducing their presence in the field. The 15 projects supported activities in 7 high-need districts, providing resources to local partners for continuous communication, health screening, community mobilization, surveillance, as well as improvement of access to health institutions.

Key results achieved by projects are presented in a table below:

Implementing organization	District	Project title	Budget	Short description	Results and Impact
<b>Community Action for Human Security (CAHSEC)</b>	Bombali	Sustaining the fight against the EVD and crossing the last line	\$42,662	Monitor the Human Rights situation of Discharged quarantined People, provide psychosocial counseling and monitor Health screening at security checkpoints.	Human Rights situation monitored in 10 communities, providing psychosocial support to 10 communities 3,095 (1,509 females and 1,586 males). 88 survivors visited (39 females and 49 males ) to check on cases of stigmatization; 16 Interface discussions conducted in two chiefdoms 5 women's group meetings conducted(185 Participants) 5 youth group meetings conducted (99 participants 64 males and 35 females) 6 local leaders groups (120 participants, 57 males and 63 females) 232 Sanitizers and 254 lumps of soap distributed to road users (969) at 7 security checkpoints and improved their hand washing habitsz
<b>United for the Protection of Human Right (UPHR)</b>	Port Loko	Intensifying the Death and Sick alert in the fight against the EVD AND REACHING THE LAST LINE	\$41,565	Strengthen the Death and Sick Alerts from EVD high risk communities, provide support and basic livelihood assistance to EVD Survivors, monitor Health screening at Security Checkpoints and Human rights situation of EVD Survivors	Established community animators who reported 20 death and 150 Sick Alerts. Psychosocial support and basic livelihood assistance given to 150 EVD Survivors Human rights situation of 150 newly discharged quarantined homes monitored  10 Monitors were enlisted at 5 security checkpoints for Health screening.
<b>Port District Children's Advocacy Radio</b>	Port Loko	Media Campaign on scaling down to Zero case Ebola Infection	\$24,120	Sensitization of Community Bye-Laws, Psychosocial support activities, Strategic Pillar engagement in Information sharing, Key messaging and strengthening of referrals pathways.	Through Ad Radio programs, 60 EVD survivors openly shared their ordeal and how they coped with the EVD. Ad Radio educated the listening public on IPC measures. 50 Radio discussions were held 20 Jingles aired 40 radio dramas performed in 34 communities, and that greatly helped to to reduce post-traumatic stress and depression for most families.
<b>ABC-Development</b>	Kambia	Sella Kafta Emergency road Repairs	\$47,624	Enhance free access of human and vehicle movements in and out of EVD affected communities within the chiefdom.	Repaired a damaged 25 KM road on the Sella-Kafta axis, which Enhanced free access of human and vehicular movements of EVD affected communities within the chiefdom

<b>Lion Heart Foundation</b>	Tonkolili	Improving access, Layout and mobility of the EVD of the Holding Centre	\$28,792	Contract a local contractor to construct concrete walk paths and contract covered walk ways within the hospital constructed	Constructed 4 concrete and covered walkways, and a 4 Bed Isolation Unit with double fencing. Rapid and timely EVD Blood samples results obtained due to hired Bikes and riders by IP.
<b>Archdiocese of Freetown/Caritas (ADDO)</b>	Western Area Rural Districts	Sustaining the fight against the EVD and crossing the last line	\$43,314	Monitor the Human Rights situation of Discharged quarantined People, provide psychosocial counseling and monitor Health screening at security checkpoints.	350 (100 males,150 females and 100 children) discharged quarantine families received detailed information on EVD prevention and response. 5 security checkpoints monitored by 10 monitors during routine health screenings 80 local leaders identified to train and sensitize community members on EVD best practices. 20 women's' group leaders trained to monitor human rights situation of female headed households – this improved cooperation, as female headed household members felt comfortable to discuss their issues.
<b>The Needy Today (TNT)</b>	Kambia	Community Sensitization to increase attendance at Health Centers (PHUs)	\$43,435	Re-identification of target communities volunteers , Enhance effective community engagement., Focus group discussion and house to house engagement,	Trained 70 (community based Volunteers who engaged in social mobilization activities in 400 target communities across 7 chiefdoms in Kambia 5 female field monitors conducted house-to-house campaigns in 3 chiefdoms to encourage chiefdom residents to attend PHUs
<b>Humanist Watch Sierra Leone (HUWASAL)</b>	Kenema/ Kailahun	Re-enforcing safety practices to maintain a resilient zero EVD case in remote communities.	\$44,889	Capacity Training for community volunteers, community stakeholders, Orientation meetings for youths, community outreach sessions for secret societal heads, Radio discussion programs for community residents.	1 Capacity building training for 20 Community Volunteer Monitor (CMVs) conducted. 4 capacity building trainings for 200 community stakeholders conducted 6 Interface meetings with 150 community stakeholders conducted. 250 youths received orientation on how to raise awareness on EVD and how to compile information on both sick and death alerts. 12 radio programs aired to ensure safe and health practices messages on Ebola transmitted to residents in Kenema and Kailahun.
<b>Mama Cara Pikin Program (MACAPP)</b>	Western Area Rural Districts	Strengthen community engagement to end Ebola	\$44,983	Community engagement with stakeholders, Conduct training on community outreach/SoC. Mob for the prevention and eradication of EVD, Radio Discussions, House to house sensitization.	2000 households reached and gained awareness on EVD 75 community mobilizers trained in EVD Protocols 8 Interface group discussions held with key community stakeholders 3 Radio Discussions held , reaching the wider western rural populace. 40 communities regularly sensitized on hygiene and best practice on EVD Issues

<b>Movement opposed to Violence &amp; Exclusions (MOVE-SL)</b>	Bombali	Chiefdom level dialogue forum on Ebola and strengthen Stakeholder's commitment to enforcing chiefdom bye-laws	\$36,885	Community Dialogue forum with stakeholders on Ebola and peaceful coexistence among survivors, Training of leadership and monitoring skills, establish and train peer group educators on Ebola and other disease prevention measures, conduct Radio Panel discussions with relevant Social Mobilization actors	Safer sex practices and the use of condoms popularized amongst survivors in affected communities in Bombali 2 Dialogue forums for 320 stakeholders was conducted in affected communities. 207 heads of households trained in maintaining a resilient zero status of the EVD and building cohesive communities. 24 peer groups trained on Infection Prevention and Control
<b>Foundation for Dev. Democracy &amp; Human Right (FoDDHR)</b>	Kailahun	Border Monitors and Capacities for EVD Prevention	\$36,317	Capacity training for Border Monitors, community Health committee members, interactive dialogue sessions, Radio discussions to re-enforce safe and healthy messages, messaging on sick and death alerts and emergency regulations.	1 capacity training for 60 community border monitors on timely identification and referral cases conducted 3 capacity building trainings for 150 community health committee members conducted. 6 Interactive dialogue sessions with 180 community stakeholders conducted 6 Radio discussions conducted to re-enforce safe and healthy messages on how to handle sick and death alerts, reaching over 100,000 community members.
<b>Collective Initiative for Development SL (CIFD S/L)</b>	Port Loko	Theater for Development on improving on access to health	\$32,445	Theater for development sensitization /performance in schools communities, held radio programmes with stakeholders and school pupils and authorities, identify and rehearse training team on improving access to health facilities.	60 communities (100%) were sensitized on health preventive measures for Ebola across 3 chiefdoms 1 consultative meeting held at District level. 60 drama performances in all affected communities achieved. 5 Radio Programs conducted on key Ebola Messages.
<b>Community Action for the Welfare of Children (CAWeC)</b>	Kambia	Road Repairs - Samu Chiefdom	\$30,358	Improve eleven (11) damaged road spots along Samu Road towards Maportolon and Kychum Axis.	11 damaged spots repaired/improved on a 207ft long and 15ft wide road to enhance Free access to Ebola affected areas In the district.
<b>AIDSIERRALEONE</b>	Kailahun	EVD Survivors Engagement in Social Mobilization	\$32,916	Training of 60 survivors on Ebola messages especially on EVD transmission through semen.	60 survivors from 30 affected communities in 2 chiefdoms were sensitized on EVD and hygiene best practices, through town hall meetings., 6 health workers (EVD survivors served as facilitators in training social mobilizers and community task force members. 60,000 communities benefited from 8 radio discussions on EVD messages
<b>Bombali DERC</b>	Bombali	Reinforcing Health Screening Checkpoints	\$14,966	Maintaining the health screening on 5 key checkpoints in the district.	98% of total persons crossing all entry points and at 6 security check points to the District, properly screened
<b>TOTAL</b>			\$545,271		

- **Delays or Deviations** – *(Please provide short justification for any delays or deviations)*  
Minor delays were noted in the process of obtaining proposals submitted through the DERCs to the UNDP project staff, mainly due to the DERCs committee members not convening on time to pre-review, endorse and submit proposals to UNDP Country Office. It is also worth noting that, there was a change in the average of the amount requested in the second phase, in order to address the gaps in the final stage of the response.
- **Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

No. of Beneficiaries	
Women	13550
Girls	12000
Men	15000
Boys	9450
<b>Total</b>	<b>50000</b>

Environmental Markers
e.g. Medical and Bio Hazard Waste
e.g. Chemical Pollution

**Best Practice and Summary Evaluation** *(one paragraph)*

The formation of the Project Review Committee (PRC) comprising independent members from different agencies contributed greatly to the achievement of the project. Proposal screening using checklist at various levels by the DERC, QIPs, Project Officers, Project Manager, and the project review committee for project identification and selection as well as regular monitoring and evaluation by the project Team have been keeping implementations on track.

**Lessons learned** *(please see Annex 1 for details)*

- Recognition and identification of community stakeholders to actively participate and communicate with their fellow community people on health practices was one key lesson to emulate for future projects. All volunteers involved in the projects were community based and the representation of women in the social mobilization created a positive impact as they were in the forefront to talk to people on community health practices.
- The routine monitoring of field activities created impact on the successes of the projects, the community education, sensitization and awareness campaigns positively led the projects to succeed, with marked increase in the attendance at health centers.

**Story on the Ground**

**Report reviewed by** *(MPTF M&E Officer to review and sign the final programme report)*

- Name: **Kurtmolla Abdulganiyev**
- Title: **Planning, Monitoring and Evaluation Officer**
- Date of Submission:
- Email address: [kurtmolla.abdulganiyev@undp.org](mailto:kurtmolla.abdulganiyev@undp.org)

*Signature:*

## Annex 1

### Ebola Response - Quick Impact Projects Lessons Learned

#### GROUP ONE (1): SOCIAL MOBILIZATION AND SURVEILLANCE

A representative for group one (1) Brima Kallon, Programme Manager Aid-SL highlighted key successes and lessons learnt as follows:

- All the volunteers recruited by Aid-SL, were community based and the project gained the full participation of the community stakeholders, which impacted their work greatly in achieving successes in identifying communities for social mobilization.
- The routine movement of field activities created impact on their successes as the project team visited various communities to sensitize and ensure strict adherence to health practices.
- Recognition and identification of community stakeholders to communicate with their fellow community people on health practices as they are the key people that are directly affected.
- The representation of women in the social mobilization campaigns, created a positive impact in communities, as they were in the forefront to talk to people on community health practices.
- The community education, sensitization and the awareness impacted them greatly to succeed.
- The increase in attendance at health centres has improved greatly due to the education and sensitization process in the communities.

#### RECOMMENDATIONS

- Subsequent funding should be released in a timely manner, in order to minimise delays in implementation.
- The quick impact assessment should commence earlier, in order to make room for adequate implementation period.
- Expansion on community coverage should be highly considered, as not all parts of Kailahun District was easy to reach.
- Frequent and routine monitoring should be undertaken in those communities.

#### GROUP TWO (2): QUARANTINE AND IPCs

A representative for group two (2) Mafudia Kamara - Field Officer - United for the Protection of Human Rights (UPHR) Port Loko, highlighted some key successes and lessons learnt:

- The project was delayed because of the late review and approval of their proposals.
- The involvement of community volunteers helped greatly to promote community ownership and ensured project sustainability.

- Affected family victims (orphans, widows & widowers) were not supported for psychosocial services within the framework of the project implemented - this was an oversight during the design stage of the project
- Time for both project management and Project Review Committee (PRC) to provide adequate technical support to Implementing Partners was not minimal.
- Communication between the PRC and the Implementing Partners was weak, - adequate time was not given to the various Implementing Partners, to clarify issues that needed explanation.

## **RECOMMENDATIONS**

- A holistic approach (Involving both victims and dependants) in future project implementation will create greater and better sustainable impact within affected communities.

## **GROUP 3 LOGISTICS AND TRANSPORT**

**A representative for group three (3) - Alimamy Sembu Kamara, District Coordinator ABC-Development Kambia District, highlighted some key success and lessons learnt:**

- Proper planning and coordination with DERC leadership provided timely information and guided the process, which led to the final approval of their project.
- Contracting community members (men and women) and working with SLRA who provided technical advice also expedited and helped in the achievement of quality work and demonstrated prompt ownership by the affected communities.
- Good management was also a key element in the successful implementation of the project with the prompt disbursement of funds.
- Monitoring of the project, by project staff and community group leaders proved helpful in the overall implementation of the project.
- The community leaders were very much supportive and they were able to provide close monitoring information.
- The due review process in approving proposals slightly tended to affect the smooth implementation of the QIPs.

## **SUCSESSES**

- The Ebola Virus Disease was eventually contained, through concerted efforts
- Enhanced the free movement/access to communities and the communities owned the project, because they were fully involved.
- The movement of health workers in those communities was smooth because of the good road construction.

## **RECOMMENDATIONS**

- In the future, the process of reviewing and approving proposals should be swift and timely.