



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

Project Number and Title: RSO3 # 45 Database Creation; Needs Assessment & Screening; Psychosocial Support & Reintegration into Society	PROJECT START DATE¹: 01/11/2015	AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i> \$788,456	RECIPIENT ORGANIZATION UNICEF
Project ID: 00096723			IMPLEMENTING PARTNER(S):
Project Focal Point: Name: Sandra Lattouf E-mail: slattouf@unicef.org	EXTENSION DATE: 31/10/2016	FINANCIAL COMMITMENTS \$ 217, 221	Ministry of Health & Sanitation, Ministry of Social Welfare Gender & Children's Affairs, NGO partners
Strategic Objective (STEPP) SO# - Description Recovery Strategic Objectives RSO3 – Basic Services and Infrastructure	PROJECTED END DATE: 31/05/2017	EXPENDITURES as of 30/03/2017 \$215,345	
Mission Critical Action MCA# - Description			
Location: Sierra Leone	Sub-National Coverage Areas: Bo, Kailahun, Kenema, Koinadugu, Kono, Moyamba, Pujehun and Tonkolili		
Report Submitted by:	Report Cleared by:		
<ul style="list-style-type: none"> o Name: Sandra Lattouf o Title: Deputy Representative o Date of Submission: 30/03/2017 o Participating Organization (Lead): UNICEF o Email address: slattouf@unicef.org 	<ul style="list-style-type: none"> o Name: (Head of Agency) Geoff Wiffin o Date of Submission: 30/03/2017 o Participating Organization (Lead): o Email address: gwiffin@unicef.org 		

OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target (as per results)	Quantitative results for the reporting period	Cumulative results since project commencement	Delivery Rate (cumulative % of projected total)

¹ The date project funds were first transferred.



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		matrix)		(quantitative)	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 user-friendly database on EVDS	Tonkolili, Kono, Bo, Bonthe, Moyamba, Pujehun, Kenema, Kailahun	943 EVDS in MSWGCA database	239 (M: 112, F: 127): Registration and verification of EVD survivors is implemented as part of Project Shield. A request for geographical re-scoping and change of targets was submitted to MPTF and approved in October 2016.	239 (M: 112, F: 127) EVD survivors were registered and verified in Tonkolili and Kono districts through the MPTF funding. The cumulative number of EVD survivors registered in the districts where Project Shield has been rolled out is 2,408 ² .	25%. Low implementation rate is due to the changes in MSWGCA leadership and subsequent changes in the ministry approach to registration. The results presented in column 3&4 were achieved up to March 2015. As a result, registration has not been rolled-out in all silent districts.
2. Number of EVDS and Survivor Advocates with increased capacity in PFA, PSS (First Aid)	Tonkolili, Kono, Bo, Bonthe, Moyamba, Pujehun, Kenema, Kailahun	160 EVDS plus selected Survivor Advocates	60 survivors have been trained as helpers in Tonkolili and Kono and supported to provide PFA, PSS to at least 239 survivors verified in the two districts. In Tonkolili, trained survivors were also used to support the Ebola response during the flare-up experienced in January	60 survivors have been trained as helpers in Tonkolili and Kono and supported to provide PFA, PSS to at least 239 survivors verified in the two districts.	37%. Low implementation rate is mainly due to the suspension by the MSWGCA of the roll-out of registration and project shield in the remaining silent districts. UNICEF has not received any funding request from the MSGWCA on this grant since April 2016. Nevertheless, UNICEF trained additional 115 survivors in Western Area district using other funds.

² Total number of EVD survivors verified and registered in the seven districts where Project Shield has been fully rolled-out.



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			2016.		
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	Not yet implemented	Not yet implemented	Implementation of this activity has not started due to the change in the ministry approach to registration of survivors since April 2016.
4. Number of survivors and community members provided with psychosocial counselling	Port Loko, Tonkolili, Kono, Bo, Bonthe, Moyamba, Pujehun, Kenema, Kailahun	943 EVDS in MSWGCA database	All 239 survivors registered and verified participated in at least in one PFA session each.	All 239 survivors registered and verified participated in at least in one PFA session each.	25%. Low implementation rate is due to the changes in MSWGCA leadership and subsequent changes in the ministry approach to registration. The results presented in column 3&4 were achieved up to March 2015. As a result, registration has not been rolled-out in all silent districts.
5. Number of strengthened Sierra Leone Association of Ebola Survivors through capacity building in organizational management and reporting	13 districts	14 SLAES executives (13 districts and one national)	3 (2 districts SLAES executives and one national)	3 (2 districts SLAES executives and one national)	Associations of EVD survivors in Tonkolili and Kono and at national level were trained in assessment, verification registration and supported to coordinate survivor activities at district level. SLAES



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					national office was also supported with a vehicle for coordination of survivor activities
6. Number of individualized survivor needs assessments conducted at community level	Port Loko, Tonkolili, Kono, Bo, Bonthe, Moyamba, Pujehun, Kenema, Kailahun	943 EVDS in MSWGCA database	239	239	25 %. A needs assessment was carried out for 239 EVD survivors during the registration process. In addition needs assessments was conducted by UNDP and WFP and MSWGCA in all districts. Four key areas were identified; agriculture, small business, schooling and vocational and skills training.
7. Number of communities with greater understanding and awareness of the needs of EVDS	Tonkolili, Kono, Bo, Bonthe, Moyamba, Pujehun, Kenema, Kailahun	107 chiefdoms	12	12 chiefdoms were sensitized using MPTF funds on the situation of and needs of EVD survivors. Community leaders and other elders are targeted for awareness raising and are involved in planning activities for promoting integration at community	11%. Low implementation is mostly due to the fact the project shield has only been rolled-out in two districts out of the eight target districts for this grant.



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				level.	
EFFECT INDICATORS (if available for the reporting period)					
Number of EVD survivors that feel supported, and are welcomed by communities without stigma or discrimination	Port Loko, Tonkolili, Kono, Bo, Bonthe, Moyamba, Pujehun, Kenema, Kailahun	943 EVDS in MSWGCA database	Not available at the moment as addressing stigma and discrimination in a long-term whose impact cannot be measured quickly.	Not available at the moment as addressing stigma and discrimination in a long-term whose impact cannot be measured quickly.	Progress against the effect will can only be realistically be assessed at the end of the project. However, increased number of survivors are reporting improved acceptance at community level as a result of sensitization sessions and healing and cleansing ceremonies strengthened the reintegration of survivors and the reduction of stigma against survivors

(DELETE BEFORE SUBMISSION)

Guidelines:

The Annual programme narrative Report template is based on the UNDG 2003 template, which is currently under review and is in line with the [UNDG Results Based Management Handbook \(October 2011\)](#). Please, submit to the Technical Secretariat and the MPTF Office the annual narrative reports as per requirement indicated in the Ebola Response MOU at the Section IV Reporting para 2(a), which states:

Each Recipient Organization will provide the Trust Fund Secretariat with the following statements and reports prepared in accordance with the reporting procedures applicable to the Recipient Organization concerned, as set forth in the TOR and the UN MOU. The Recipient Organizations will endeavour to harmonize their reporting formats to the extent possible:



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(a) Annual narrative progress reports, to be provided no later than three months (31 March) after the end of the calendar year;

In preparation of the Annual programme narrative report, please indicate an assessment of the current implementation status and results (the Result Based Matrix template is included). Please, outline the progress of the activities implemented, giving particular accent to the current reporting exercise period (1 Jan 2016 – 31 Dec 2016) attach any additional relevant information and photographs, assessments, evaluations and studies undertaken or published.

Formatting Instructions:

- The report should be between 5 and 7 pages. Please spell out all abbreviations and acronyms used in the report.
- Format the entire document using the following font: 12 point _ Times New Roman
- The report should be submitted in one single Word and one signed PDF file.
- Annexes can be added to the report, but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.
- Photographs can be also shared in High Resolution format via Drop Box or Flickr

PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

Funding from the MPTF has contributed greatly to the implementation of Project Shield which aims at reducing any resurgence of the Ebola Virus Disease (EVD) through sexual transmission and is an integral part of the President's Recovery Priorities. With funding from the MPTF:

i) Together with funds from other donors (mainly DFID), the roll-out of the Comprehensive Package on Ebola Survivors (CPES) and Project Shield has enabled the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) to establish a national database on survivors which can guide policy and programme design, including facilitating survivors' access to basic services. Unfortunately, the verification and registration has only been completed in seven out of the 14 districts, reaching some 2,408 (M: 1,039, F: 1,369) survivors in Western Area (Rural and Urban), Port Loko, Kambia, Tonkolili, Bombali and Kono districts.



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ii) The capacity of Sierra Leone Association of Ebola Survivors (SLAES) was enhanced for the assessment, registration and coordination of survivor activities at national and district level. With strengthened capacity, SLAES was able to effectively collaborate with the MSWGCA and UNICEF to carry out a verification and registration of survivors; conduct psychological first aid (PFA) and counseling for survivors on safe sex practices and the use of condoms to prevent transmission of the EVD virus through sex.

iii) Awareness raising and sensitization of communities in 12 chiefdoms has contributed immensely to the reduction of stigma against survivors which has also contributed greatly to the reintegration of survivors in their families and communities. A total of 10,426 were reached through the awareness raising and sensitization conducted.

Current Situation and Trend.

According to the Ministry of Health and Sanitation (MoHS), some 4,051 individuals survived after contracting the Ebola virus. However a full database containing detailed information on all these survivors does not exist at the MoHS. The MSWGCA conducted a nationwide headcount of all survivors and found a different number (3,032 survivors).

The majority of EVD survivors have significant multiple medical and psychosocial problems. They continue to face stigma and discrimination at community level which affects their acceptance and reintegration. In a context of deprivation and multiple vulnerabilities faced by the local population as a result of the EVD outbreak, survivors' access to basic services such as health, psychosocial support and livelihoods remained a huge challenge and priority that needed to be addressed. Care for survivors was therefore recognized as an integral component of the strategy to build a resilient preparedness, surveillance and response mechanism. To this end, the MSWGCA, with the support of WHO, UNICEF and other implementing partners, defined and set forth toward the implementation of the CPES.

Implementation of the CPES necessitates that a unified national database for EVD survivors is put in place in order to track all survivors countrywide and monitor their situation, including the services provided to them. Furthermore, studies on EVD persistence in body fluids had gradually evolved, increasing the understanding of sexual transmission of EVD. It is now known that the virus can still be detected in male semen up to nine months after the discharge of certain male survivors. In August 2015, the Government of Sierra Leone shifted its priority and efforts to minimizing the risk of sexual transmission of Ebola. As part of these efforts, the Government introduced a new project known as Project Shield with the overall aim of identifying all EVD male survivors aged above 15 years, provide them with counselling on safe sex practices and avail them for semen testing. The project has been conceptualized in five different phases³. The registration and verification of the EVD database (phase two of Project Shield) is led by the MSWGCA with support from UNICEF. Though Project Shield's main target are the male survivors who are above 15 years of age, it was suggested to

³ Phase 1: preparation, phase 2: registration of EVD, phase 3: counseling on safe sex practices; phase 4: semen testing and phase 5: vaccination.



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use it as an opportunity to update the Government database given the discrepancies between the MoHS and the MSWGCA data on survivors, to facilitate the delivery of the CPES.

In the context of implementation of CPES and Project Shield, UNICEF supported: 1) the identification, verification and registration of Ebola Survivors, 2) the provision of psychosocial support, 3) the assessment of survivor needs/mapping of services, and 4) the training of survivor advocates on PFA.

Narrative section (*About 1,000 words*):

- **Key Achievements:**

- As noted above, in August 2015, government attention focused on minimizing the risk of sexual transmission of Ebola through 'Project Shield'. Registration and verification of EVD survivors was identified as a key phase for the roll-out of Project Shield in order to update the government database on survivors, provide all EVD survivors with secure ID cards, and avail male survivors above 15 years old for semen testing. UNICEF was requested to provide technical assistance to the Sierra Leonean Association for Ebola Survivors (SLAES) and the MSWGCA to undertake the registration and verification of EVD survivors. MPTF funds were used in two districts (Tonkolili and Kono) and enabled the MSWGCA through SLAES to verify and register 239 (M: 112, F: 127) survivors. Unfortunately this has not been followed by the issuance of ID cards as the MSWGCA had not completed the printing of ID cards. Nevertheless and though not funded through MPTF, UNICEF had provided funds to the MSWGCA for the printing of 1,200 serialized ID cards to enable them to access free health care. So far, only 650 ID cards were printed early 2016 and distribution has only been completed for 550 survivors in Western Area. A total of 2,408 (M: 1,039, F: 1,369) verified and registered since the start of Project Shield in September 2015 in seven districts (Western Rural and Urban, Bombali, Port Loko, Kambia, Tonkolili and Kono).
- During the Ebola response, capacity building of survivors as 'helpers' was identified as a key strategy in strengthening survivors' social networks and supporting both the EVD prevention and response. Not only were survivors recruited and trained as helpers to support the Ebola response (such as in Tonkolili during the last Ebola flairs-up of January 2016), they were also trained in the identification, registration and verification of survivors and on providing PFA to other survivors. With funds from MPTF, a total of 60 survivors were trained as helpers/advocates and supported to provide PFA and psychosocial support to their peers identified during the registration exercise. Funds from MPTF also enabled UNICEF to mobilize and support survivors trained to conduct outreach activities to support children in quarantined households and their families.
- All 239 survivors registered and verified in Tonkolili and Kono districts participated in at least in one PFA session each during the period under review. This included one-to-one meeting/counselling sessions or group meetings facilitated by trained survivors with support from social workers from the MSWGCA. Through the PFA and counselling sessions, the individual needs and challenges of survivors were identified and when possible survivors were referred for service provision and support. The major needs included health, livelihoods and - in the case of children - access to education. Many EVD survivors reported that they continued to face some sort of stigma and discrimination at community level.



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- Limited financial support (approximately 10 US\$ per day, for a 2-3 week period) was provided to survivors trained as advocates to facilitate their outreach and field activities during the registration and verification exercise which lasted approximately 14 to 21 days in each district. Though this support was given as stipends to cover their daily allowances, it also indirectly improved the livelihoods of survivors. At least 60 survivors received such support through MPTF funds in Tonkolili and Kono districts.
- As noted earlier, Project Shield was meant to minimize the risk of sexual transmission of Ebola and as such a primary target of the project were EVD male survivors above 15 years old. 96 out of the 239 survivors registered in Tonkolili and Kono with MPTF support were male above 15 years. Through direct support provided to the National Aids Control Programme (NACP), they were trained on safe sex practices and provided counselling on semen testing.
- Finally, and although not directly funded through MPTF, UNICEF provided a vehicle (Land Cruiser) to SLAES through the MSWGCA to strengthen its coordination capacity and monitoring of services provided to EVD survivors throughout the country.
- **Delays or Deviations** – *(Please indicate, if applicable, any reason that may have contributed to any delays or deviation, and describe the measures adopted to move forward to achieve the expected results)*
 - At its inception, the UNICEF/WHO MPTF funded project was meant to cover Port Loko district. However and as noted earlier, in August 2015 government attention shifted to minimizing the risk of sexual transmission of EVD and introduced Project Shield. Port Loko district was among the priority districts for implementation of Project Shield as it had the second highest number of survivors in the country. Therefore the implementation of Project Shield started before the start of this project. Due to that urgency, UNICEF used other sources of funding to support implementation of Project Shield in Port Loko. This included all major activities planned under the project proposal submitted to MPTF.
 - Also, following the end of EVD, the Government of Sierra Leone introduced a 10-24 month Ebola transition plan which started in April 2016 and all development partners were requested to realign their interventions and support to the Ebola transition plan. Furthermore, the overall implementation of the project was delayed due to changes in the MSWGCA leadership and subsequent change of the ministry approach on registration of survivors.
 - Against this backdrop, a request for geographical re-scoping project and a no cost extension of the project was granted in October 2016 and the end date of the grant was extended up to 31 May 2017. Even though this is reflected in the result matrix, the implementation rate of all planned activities is still very low as the MSWGCA had not implemented any activity against this grant since April 2016. It very unlikely that this situation will be resolved before the current end of this project. Another no cost extension and eventually re-programming of activities would be needed.



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- **Best Practice and Summary Evaluation** – *(Please indicate what are the best practice guidelines adopted and the impact on the implementation process.*
 - The involvement of survivors in the whole Ebola response helped to reduce the stigma and discrimination they were facing and gradually improve community acceptance. With regards to the implementation of this project, trained survivors were used to verify and register EVD survivors at community level using the local networks of EVD survivors.

Lessons learned – *(Please, share a couple of lessons learned that can be beneficial for future projects).*

The project was primarily designed to be implemented through the relevant Government line ministries, and in the case of UNICEF through the MSWGCA. As described, progress has been variable and to some extent very slow. Between December 2015 and March 2016, the project seemed to be on track before slowing down mostly due to the changes in the MSWGCA leadership and subsequent shift in priorities. UNICEF advocacy and technical support needed to be adjusted in order to adapt to the rhythms and pace of government decision-making processes. In such a context more flexible funds and delivery mechanisms are needed in order to provide services to vulnerable individuals, their families and communities. This is more important in emergency and post emergency contexts such as the post Ebola.

- **Story from the Field**

The day after the end of the outbreak

With the World Health Organization declaration on Saturday 7 November 2015 that the 18-month Ebola outbreak in Sierra Leone was officially over, it was a poignant moment. On Sunday morning, when the champagne glasses hadn't yet been cleaned, the crowds were still dispersing from the overnight beach parties, and the church congregations were dancing and clapping in jubilation, we were back on the road for a traditional reconciliation ceremony in one of the capital's former Ebola hotspots.

Ebola kills quickly – after 21 days you're either a survivor or dead. But surviving doesn't mean everything returns to how it was before. On an individual level, health issues can persist, in addition to lost livelihoods, stigma and trauma. At a community level, Ebola has also caused considerable damage – something that UNICEF is working to counteract. The day after the Ebola outbreak ended, we're back at work.

At the dusty Lion's football field in the Ferry Junction area of the capital, men, women and children shelter under a make-shift tarpaulin roof that billows up and down in the heavy winds. The rainy season is sending out a parting shot before it leaves for next year. After the introductions, it's the turn of 12-year-old Aminata* to take the microphone. She tells of the care she received from the community when she was in Ebola quarantine – the encouraging hand-written notes passed to her by friends along with gifts of fruit and other small presents. However she also shares the downside – being kept apart from her brother after he was discharged from the treatment centre: those around thought they were protecting her from further harm.



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She also speaks about the moment she was told her mother had died of Ebola – news she only received after the burial had taken place. As she described losing her “best friend”, her “everything” and “the only person she had ever felt close to”, people throughout the small gathering sobbed heavily. Her father had first gotten ill, and been cared for at home by Aminata’s mother and brother. All three later died while under care at an Ebola Treatment Unit.

Aminata was followed on the podium by a young boy, Ibrahim*. He had lived with an uncle who fell sick with Ebola. A neighbour called the 117 hotline and the uncle was taken away by health care workers, though he died the same day. In the coming weeks several other people in the household were also infected, and the house was under quarantine for around 60 days. Ibrahim described how his friends stayed away, and how his home was nicknamed the ‘Ebola house’. When the quarantine ended, no-one wanted to play with him and friends ran away. At football time, no-one picked him for the team. In school, no-one wanted to sit next to him.

In communities, Ebola has caused divisions, hurt and trauma that puts social cohesion at risk. In response, UNICEF is working with partners to use traditional healing ceremonies to promote dialogue and restoration. This sort of ceremony was last used at the end of the civil war in Sierra Leone to help facilitate community healing.

Many families were unable to say goodbye to the deceased in the traditional way, either because of the speed of burial or because they themselves were in quarantine or isolation. The normal rites such as vigils, religious ceremonies, and the traditional sharing of ‘fourah’ (rice paste) with kola nuts and the meat of a sacrificed animal were limited by quarantine, restrictions on gatherings, and economic hardship. “A lot of people felt they hadn’t been able to move on because these acts of remembering and sharing are very central for communities, including in the appeasing of the dead,” said Batu Shamel, a Child Protection officer with UNICEF. “In some communities they believe that without these ceremonies, the deceased won’t transfer successfully to the next life.”

The Ebola outbreak has also created divisions between neighbours, and between community leaders and communities. Unresolved tensions and accusations of blame remain in instances where neighbours might have called the 117 hotline to report a sick person next-door, who later died after they were taken away. Contact tracers who placed people in quarantine attract residual ill-feeling even if they were just doing their job. And some survivors and other affected people continue to feel the effects of stigma and discrimination.

These community healing ceremonies represent the first chance for such grievances to be aired. In an emotional scene, one community member openly accused a local councillor of being responsible for the death of his relative because of the councillor’s reporting of the sick man to the 117 hotline. The meetings give opportunities to community leaders and others to explain why certain things were done, and to ask for forgiveness for the hurt caused. At the end of the meeting, dialogue was restored between the two parties, and a greater understanding of what went on.

On Sunday 8 November 2015, the day after the ending of the outbreak, a memorial church service was held in Ferry Junction and the names of the deceased were read out and commemorated. In the afternoon, as the wind and rains died down, prayers were said, and after testimony from children and adults, community leaders



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asked for pardon, and promised to support the affected. As the sun came out, a lamb was killed and shared out, with rice paste and kola nuts. The world may not yet have a cure for Ebola, but the hard work of healing its after-effects is now underway.

**Names changed*

John James is a Communications Specialist with UNICEF Sierra Leone

Photos available here –

<https://www.dropbox.com/sh/p622jeu4gvjutg4/AADHCZCix7mSel0UBXbj76nDa?dl=0>

Story published here – <https://blogs.unicef.org/blog/the-day-after-the-end-of-the-outbreak/>