UN EBOLA RESPONSE MPTF
FINAL PROGRAMME[1] NARRATIVE REPORT - *VERSION 1*
DATE: 01/03/2017

Project Number(s) and Title(s)	**Recipient Organization(s)**
#45- Ebola Survivors- Database Creation; Needs Assessment & Screening; Psychosocial Support & Reintegration into Society (00096723 Gateway ID)	WHO, UNICEF **Project Focal Point:** Name: E-mail:
Strategic Objective & Mission Critical Action(s)	**Implementing Partner(s)**
SO (STEPP) No – Laying the foundation for recovery through the provision of comprehensive package of services to EVD survivors MCA No – Description	Ministry of Health and Sanitation; Ministry of Social Welfare Gender & Children's Affairs; NGO partners
Location: Sierra Leone	**Sub-National Coverage Area:** 12 districts of Sierra Leone (not including Bonthe)
Programme/Project Cost (US$)	**Programme Duration**
Total approved budget as per project proposal document: MPTF[2]: 258,940 (for WHO) • *by Agency (if applicable)* Agency Contribution • *by Agency (if applicable)* Government Contribution *(if applicable)* Other Contributions (donors) *(if applicable)* **TOTAL:**	Overall Duration *(12)* Project Start Date[3] *(*13-11-2015*)* Originally Projected End Date[4] *(*12-11-2016*)* Actual End date[5]*(dd.mm.yyyy)* Agency(ies) have operationally closed the programme in its(their) system Yes ☐ No ☐ Expected Financial Closure date[6]:
Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Evaluation Completed ☐ Yes ☐ No Date: *dd.mm.yyyy* Evaluation Report - Attached ☐ Yes ☐ No Date: *dd.mm.yyyy*	○ Name: Matthias Percl ○ Title: Management Officer ○ Date of Submission: 01/05/2017 ○ Participating Organization (Lead): ○ Email address: perclm@who.int *Signature:*

[1] Refers to programmes, joint programmes and projects.
[2] The amount transferred to the Participating UN Organizations – see MPTF Office GATEWAY
[3] The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online MPTF Office GATEWAY.
[4] As per approval of the original project document by the Advisory Committee.
[5] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see MPTF Office Closure Guidelines.
[6] Financial Closure requires the return of unspent funds and the submission of the Certified Final Financial Statement and Report.

	Report Cleared By ○ Name: Harry Opata ○ Date of Submission : 01/05/2017 ○ Participating Organization (Lead): WHO ○ Email address *Signature:*

PROJECT/PROPOSALRESULT MATRIX

Project Proposal Title: Ebola Survivors- Database Creation; Needs Assessment & Screening; Psychosocial Support & Reintegration into Society						
Strategic Objective to which the project contributed : Basic Services and Infrastructure						
MCA [ ] [7]						
Output Indicators	**Geographical Area**	**Target**[8]	**Budget**	**Achievement**	**Means of verification**	**Responsable Organization(s).**
Number of trained survivor advocates in case management, patient advocacy and field screening Number of trained health workers and community health workers in CPES and survivor screening Number of strengthened or established survivor clinics	12 districts in Sierra Leone (No survivors on Bonthe)	100 80/150 13	40,000 52,000 150,000	152 10/226 104 public health units	Financial report, Photographs, Attendance sheets	MOHS/WHO
MCA [ ]						
Effect Indicators	**Geographical Area (where the project directly operated)**	**Baseline**[9] In the exact area of operation	**Target**	**Final Achievements**	**Means of verification**	**Responsable Organization(s)**

[7] Project can choose to contribute to all MCA or only the one relevant to its purpose.
[8] Assuming a ZERO Baseline
[9] If data is not available, please explain how it will be collected.

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The achievements include developing the clinical care guidelines for the survivors which have been very instrumental in the capacity building efforts of the healthcare personnel to create a sound referral pathway and survivor healthcare system. Sierra Leone's survivor healthcare system has recently been mentioned as the most developed of the three most affected West African countries. WHO was also engaged in efforts that defined the roles (terms of reference) of the trained personnel. These personnel trained included community healthcare workers (CHWs), referral coordinators and their supervisors responsible for facilitating and monitoring referrals for all people entitled to free health care, survivor advocates to provide survivors home-based follow-up and psychosocial support as well as act as link between community and facility-based care and lastly, clinical training officers (CTOs) to identify, treat and recognize when and where to refer survivors with complications that may require to be seen at a higher level of care. The whole process has seen 104 peripheral health units, including community health centres (CHCs), community health posts (CHPs), maternity community health posts (MCHPs) strengthened.

Background and Situational Evolution

WHO support to survivor care set out to address key areas of need where gaps had been identified which included stigma, lack of access to optimal care for the survivors due to low levels of knowledge for clinical care of survivor complications by the healthcare workers, lack of a forum for the survivors to communicate their concerns to the appropriate authorities. There was no formal structure to support the survivors on the ground and they suffered silently in the communities with no sources of livelihood, lots of post EVD sequelae and a profound reluctance of their communities to accept them back owing to several prejudices stemming from the fear that they could still be infectious to the communities.

WHO support to survivor care activities was mainly channeled through the Comprehensive Programme for the Ebola survivors (CPES), a Presidential initiative of the Government of Sierra Leone to provide support to survivors of the Ebola virus disease. CPES is overseen by a programme implementation unit (PIU) to which WHO has an advisory role. The WHO EVD Survivors team works closely with the programme manager for the Ministry of Health and Sanitation (MOHS) and Ministry of Social Welfare, Gender and Children's Affairs (MOSWG) to support the initiative.

Narrative section:

Key Achievements:

Together with the MOHS, WHO contributed to the overseeing of the activities of the implementing partners as they supported the various activities, in their respective districts of operation, pertaining survivors' care.

1. Through a partnership of WHO/MOHS and the implementing partners the clinical guidelines to the management of survivor complications were finalized in April and adapted to the Sierra Leone context. The guidelines greatly contributed to the curricula produced for the purpose of training healthcare workers and by the close of the year, we have;

a. 226 community healthcare workers (CHWs) trained nationally using the training toolkit that was developed by WHO headquarters and adapted to the context of Sierra Leone in accordance with the MOHS and partners. In addition, 104 peripheral health units, including CHCs, CHPs, MCHPs, were strengthened.

b. 14 referral coordinators have been placed at district hospitals, responsible for facilitating and monitoring referrals for all people entitled to free healthcare.

c. 152 survivor advocates to provide survivors home-based follow-up and psychosocial support as well as act as link between community and facility based care.

d. 12 clinical training officers (CTOs). Trainings for the CTOs still continue periodically to allow for continued professional development.

e. 10 medical doctors capable of addressing frequently observed complications to the survivor population and of offering optimal care for EVD sequelae commonly seen amongst the survivor population and for which the survivors will most commonly be referred. The process is still on going and is expected to be complete with 20 more officers trained by the end of December 2016.

2. WHO supported MOHS to participate in monthly meetings with the Sierra Leone Association of Ebola Survivors (SLAES)

3. Planning of activities to meet the milestones set under the national Key Results Area 3 (KRA 3) was done by MOHS with technical input from WHO. Consequently, WHO worked with the Deputy Chief Medical Officer to update the national President's Recovery Plan.

4. Five sub-groups of the Survivors Technical Working Group (STWG) regularly met and continue to meet monthly under the leadership of MOHS and the PIU, with the support of WHO, to finalize key CPES Standard Operating Procedures (SOPs) and policies. WHO participated in all 5 STWGs to provide key technical input and support. The working groups and areas of work include:

I. Training and Mentorship Package: This sub group has developed the training curriculum for the Clinical Training Officers (CTOs) and Medical Officers.

II. 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 negotiated on the terms of conditions of the employment of the Survivor Advocates with the government in June and together, a minimum wage for the survivor advocates was agreed upon. The government agreed to absorb the survivors' advocates on the payroll at the end of the CPES.

III. Supply Chain and Logistics: The quantification of drugs for the Survivor cohort was done, and this is now part of the free healthcare initiative, under CPES. Discussions are still ongoing to provide solutions to issues of supply and distribution. As an interim measure, a memorandum of understanding has been signed between the implementing partners and the private pharmacies to provide drugs to patients after their prescriptions have been counter-signed by the referral coordinators and the CTOs.

IV. Referral pathways: The referral pathway has been clearly defined from the facility to the District Hospital and on to tertiary care. Referrals between tertiary facilities were also worked out with the placements of referral coordinators in the tertiary institutions.

V. Monitoring, Evaluation and Information Management: The monitoring and evaluation

(M&E) log frame was developed and validated by MOHS, with technical support from WHO. The key performance indicators were set for the Presidential Priorities in line with set milestones. Regarding reporting pathways and how communication are facilitated through partners, Government agencies and donors, a health-facility-form-10 (HF-10) was created, printed and distributed to all PHUs and through the ongoing support supervisory visits, healthcare workers will be mentored on how to fill in these forms (for every survivor seeking care). The HF-10 forms are already in use in the Western Area.

Delays or Deviations

The distinction and parallel programmes of the MOHS and MSWGA have posed challenges in coordination, decision making and preparation of training material. We experienced minor delays in the approval of the survivors' clinical guidelines which saw some activities delayed but with the goodwill of the Government of Sierra Leone towards the survivor population, a committed workforce and through strong partnerships with the implementing partners, the targeted activities were implemented with the support from the MPTF funding.

Gender and Environmental Markers

No. of Beneficiaries	
Women	1193 (39%)
Girls	448 (15%)
Men	918 (30%)
Boys	382 (13%)
Total	3032 (3% data incomplete)

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

Best Practice and Summary Evaluation

Care for the EVD survivors as envisaged by WHO, MOHS and partners, should be an all-inclusive package that addresses the medical, social and psychological aspects of health for the survivor population. This should include clear referral pathways and access to optimal medical care, addressing the psychosocial stressors to the survivors and giving them an enabling environment for societal re-integration for them to be self-sustaining in their day-to-day lives. Before CPES, there was no formal structure to support the survivors on the ground and they suffered silently in the communities with no sources of livelihood, lots of post EVD sequelae and a profound reluctance for their communities to accept them back owing to several prejudices stemming from the fear that they could still be infectious to the communities. With the support of the MPTF funds, WHO supported the MOHS and other NGO partners to have this picture overturned and today, Sierra Leone can boast of the best survivor care and referral pathways amongst the three most affected countries (according to the recently concluded three country survivors meeting in Monrovia, Liberia) and a strong survivors network that advocates for the population and meets regularly with the survivors care team. There still remains a number of unanswered questions surrounding the public health implications of the observed persistence and intermittent shedding of EVD viral fragments (i.e. when this shedding stops and how this can be related to infectivity of an individual) to what extent the EVD virus infection can alter the immune status of an individual, the effects

of other immuno-deficiency on outcome of EVD infection and how it modulates the quality of life and long term outcomes of EVD survival. Answering these is key in determining the success of the efforts for restoration of livelihoods and creating a self-sustaining re-integrated survivor community.

Lessons learned

- Discharge from the treatment center is not the end of the Ebola woes but rather the beginning of a long process of recovery for which a multidisciplinary concerted effort will be required.
- With careful planning, care for the EVD sequelae amongst the survivors can gradually get integrated into the national free healthcare system to support them.
- EVD had more devastating effects beyond those seen in the treatment centres that had serious consequences on the livelihood of the survivors and a big effect on the economy of the country as people lost their sources of income, ability to earn. It created orphans who will continue to need support until they are able to look after themselves.
- Through CPES and interaction with the other survivor care programmes in the three most affected countries, we now know that persistence of viral fragment shedding amongst a small fraction of male survivors can still go on more than 18 months from time of discharge from the treatment units. The significance of this to the survivor population and the country at large is still under discussion
- Through regular interaction with the survivor population, timely feedback and clear messages to the communities and improved awareness for the sequelae of EVD amongst survivors by the health care workers, we can fast-track the process of rehabilitation for the EVD survivors and improve their acceptance back in their communities and self-reliance.
- The battle against stigmatization of EVD survivors is best fought with the involvement of the EVD survivors through their association

Story from the Field

The scars of Ebola include mental health impacts

Sierra Leone has a registered population of 3,032 Survivors of Ebola Virus Disease (EVD), who report various medical conditions including, commonly, neurological, and eye complaints. Less frequently discussed but no less important are mental health disorders, which affect a large proportion of those who endured the highly traumatic effects of the crisis.

For this reason, the Ministry of Health and Sanitation in partnership with WHO, JSI/USAID and partners supported the integration of Mental Health into the national Comprehensive Programme for EVD Survivors, which aims to provide free and accessible clinical care for all those who survived the disease. As such, in October 2016 an EVD-related training module on mental health was rolled out to over 200 frontline health workers across the country, to assist them in recognizing, managing and providing referrals for those suffering from depression, anxiety, psychosis, substance abuse and other mental health disorders.

The importance of making such support accessible and available to EVD Survivors cannot be overstated. K.A.'s story is testament to this. He is a 34-year old student of Library Sciences at the University of Sierra Leone. Prior to the Ebola crisis he was known as a smart and happy young man, and his future looked bright. His mother had just bought him a car as a reward for getting into university, and promised him much more on his graduation. Things couldn't have looked better. Then on 27th September 2014, K.A.'s elder brother suddenly became sick. After one week, the brother died; the father also passed away on 28th October 2014. Following the burial of the father, another 18 relatives became infected and died.

No-one understood what was happening to them. The family thought they had been bewitched.

Soon, K.A. found himself feeling unwell. After isolating himself, he finally went to a holding centre, where he tested positive for the Ebola virus. He was then transferred to an MSF-run Ebola Treatment Unit (ETU) in Bo City, 234 km from Freetown. While he was there he watched many patients lose their lives, including his two younger brothers. K.A. begun to lose hope; he thought it was a curse on his family. He began collecting his medicines. He swallowed them all in one go, hoping to end his suffering, but somehow he did not die. He thought this time, God must have saved him for a reason.

When K.A. was finally discharged from the ETU, his troubles did not end there. He returned home to find all of his property burnt and destroyed, and he faced significant stigma and isolation in the community. When he would join a group of friends, they found a reason to move away: they remembered an errand or somewhere they had to go. In the "Cook Shop" (makeshift restaurant), they gave him a special plate and spoon. Some would even tell him to go and sit, alone, under the mango tree. If he was seated in a taxi and someone he knew saw him, they would covertly warn off those around him, by identifying him as an Ebola Survivor. He began again to wonder why he had lived, if he was to suffer like this.

Things slowly changed once K.A. was referred to a Psychosocial Counsellor named Mohamed. By then, K.A. did not want to talk, and saw no reason for living. However, Mohamed talked to him and continued to talk, even when K.A. would not answer. Eventually, K.A. begun to regain hope.

"*I owe my life to this young man through his intervention, his concern, and taking the time to visit me. As time went on, I began once more to see the reason for living,*" he says today.

According to Florence Baingana, Mental Health Lead at WHO Sierra Leone, depression is a frequent sequelae of EVD. "The cause can be a combination of trauma and loss: not just family, but property and jobs, combined with high levels of stigmatization." Physical complaints can also add to emotional distress.

Response of the Government of Sierra Leone and partners

Together with partners such as the African Development Bank, JSI, USAID, IMC and Sierra Leone's Mental Health Coalition, WHO is supporting the country's Ministry of Health and Sanitation to expand and improve available mental health services, including through the Comprehensive Programme for Ebola Survivors (CPES). This complements a broader mental health programme now under the Ministry of Health and Sanitation's newly established Directorate for Noncommunicable Disease and Mental Health which is training frontline healthworkers (both Community Health Officers and Mental Health Nurses) to manage mental health issues and tackle stigma and discrimination. Over the longer term, there are also plans to improve local training and deployments of Sierra Leonean psychiatrists.

Across Africa, people affected by mental illness too often suffer in silence, battling shame, stigma, and isolation, from their community and from clinical treatment. For Survivors, this isolation can be especially devastating. WHO and partners have been working to change this, and help ensure the availability of psychosocial as well as physical health care to those in need.

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

- Name:
- Title: M&E -
- Date of Submission:
- Email address:

Signature: