



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

Project Number and Title: Positive Health, Dignity and Prevention Project	PROJECT START DATE¹: 15-07-2016	AMOUNT ALLOCATED by MPTF \$594,920	RECIPIENT ORGANIZATION 165,850 to UNAIDS, 429,070 to WHO
Project ID: 00102292			
Project Focal Point: Name: Dr Michael Gboun E-mail: gbounm@unaids.org	EXTENSION DATE: none	FINANCIAL COMMITMENTS \$...	IMPLEMENTING PARTNER(S): Christian Aid, National AIDS Control Programme, Women in Crisis, NETHIPS, SLAES
Strategic Objective (STEPP) SO# - Description Recovery Strategic Objectives RSO# - Description	PROJECTED END DATE: 15-07-2017	EXPENDITURES as of December 2016 \$0 *funds received in country in 2017	
Mission Critical Action MCA# - Description			
Location: Sierra Leone	Sub-National Coverage Areas: Western Rural, Western Urban (Western Area) Kambia, Port Loko, Bombali, Koinadugu (Northern Province) Bo, Bonthe (Southern Province) Kailahun, Kenema (Eastern province).		
Report Submitted by:	Report Cleared by:		
<ul style="list-style-type: none"> o Name: Patricia Ongpin o Title: Strategic Information Advisor o Date of Submission: 31st March 2017 o Participating Organization (Lead): UNAIDS o Email address: ongpinp@unaids.org 	<ul style="list-style-type: none"> o Name: Dr Michael Gboun o Date of Submission: March 31, 2017 o Participating Organization (Lead): UNAIDS o Email address: gbounm@unaids.org 		

OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
Number of community watch networks in place among sex workers as early	Western Area	30	Planning meetings held to discuss budget	Activities started 2017	n/a

¹ The date project funds were first transferred.



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system warnings					
Number of prevention and harm reduction outreach sessions conducted and 'one stop shop' locations established for sex workers and other KPs	Western Urban Western Rural	50	Several planning meetings and communication continued with NACP to establish commitment to work together and implement the project.	Activities started 2017	n/a
Number of Participants in HIV TOT training sessions for CPES supervisory staff	Western Rural Western Urban Kambia Port Loko Tonkolili Bombali Koinadugu Kailahun Kenema.	15	Same as above for NACP	Activities started 2017	n/a
Number of people reached through community meetings peer groups, and couples counseling sessions		1,000,000.00	Same as above for NACP	Activities started 2017	n/a
Number of media outlets used for sensitization on EVDS and section of stigma and discrimination	Bo Kailahun Kenema Koinadugu Moyamba Pujehun	15	Activities started 2017	Activities started 2017	n/a
Number of condoms distributed to mitigate sexual transmission of and other STI, HIV		3,000,000	Activities started 2017	Activities started 2017	n/a
Number of staff provided with stipend and trained for community and counseling sessions	Moyamba Bo, Kono Bombali Koinadugu Kailahun Kenema.	12	Activities started 2017	Activities started 2017	n/a



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PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The Positive Health, Dignity and Prevention Project is a means to mitigate a mirage of health and social problems experienced by Ebola survivors in order to improve quality of lives, positive health, dignity and prevention. This report focuses on the UNAIDS component of the proposal.

The MPTF funds were received into UNAIDS accounts in late 2016. Distribution of funds to the national level required the project pass through UNAIDS Programme Review Committee (PRC) to ensure strong financial and programmatic accountability and quality. As part of the PRC process, an executing agency was chosen to facilitate work in the field; the process identified Christian Aid Sierra Leone (CASL) as a qualified executing agency to support the project. After completion of PRC, funds were receiving into UNAIDS Sierra Leone accounts in 2017. For this reason, implementation started in 2017 and this report focuses on the preparatory phases undertaken in 2016.

The activities in this project are being implemented through National AIDS Control Programme (NACP), Women in Crisis (WIC), Sierra Leone Association of Ebola Survivors (SLAES) with Christian Aid providing execution support, oversight, mentoring and accompaniment all through the project. The National AIDS Secretariat and UNAIDS provide overall oversight to the project.

This period was focused on negotiations amongst partners to update and refine the project to current national context, to clarify execution approach, partner engagement and due diligence, introductory and planning meetings with partners, setting up coordination mechanisms and providing initial capacity building and mentorship to partners. Reporting systems were also clarified and tested. An MPTF Steering Committee and Technical Committees were established to support progress oversight of the project. Situation Room meetings were established in order to create a structured reporting mechanism that was in line with the commitments set in the MPTF proposal. Reporting tools were created and finalized.

This period has seen significant milestones that have laid a strong foundation for the effective implementation of the project. This includes clear agency level work plans to guide the implementation of activities; partner support and capacity building in planning and budget management (accountability); buy-in from all partners and collaboration to enhance the impact of the project for beneficiaries and the partners themselves.

CASL is learning from this project implementation that would improve its overall partnership approach to programme delivery – for example, how to ensure that partners learn from each other and take a more collaborative approach to addressing common issues – like NETHIPS and SLAES who can learn from each other to collaboratively address stigma for HIV and AIDS and Ebola.



**UN EBOLA RESPONSE MPTF
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Current Situation and Trend

This project is a collaboration between UNAIDS and WHO; this report covers the UNAIDS component. A critical component to the Sierra Leone Comprehensive Programme for Ebola Survivors (CPES) is the provision of counseling and support for the reduction of stigma & discrimination and the mitigation of potential sexual transmission. Initiated as Project Shield Phase 3 & 4 and later incorporated into CPES, counseling and social outreach have proven to provide strong dividends towards the sensitization and behavior change within communities, thus providing improved quality of life among EVDS to live with respect and dignity.

The objectives of this component of the project are: (1) Provide continuous supportive counseling for EVD survivors Living with HIV, EVDS, their partners and affected population, and (2) Mitigate the risk of resurgence of Ebola and spread of HIV/STI from sexual transmission to sexual partners of EVD survivors.

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

Key Achievements:

- Due to delays in receipt of funds into UNAIDS accounts, the implementation of this project started in 2017. Therefore this report documents the preparatory steps implemented in order to ensure successful project roll out upon receipt of funds.
- MPTF funds were first received in WHO accounts late in 2016, then transferred into UNAIDS accounts. Distribution of funds to the national level required the project pass through UNAIDS Programme Review Committee (PRC) to ensure strong financial and programmatic accountability and quality. As part of the PRC process, an executing agency was chosen to facilitate work in the field; the process identified Christian Aid Sierra Leone (CASL) as a qualified executing agency to support the project. After completion of PRC, funds were receiving into UNAIDS Sierra Leone accounts in 2017. For this reason, implementation started in 2017 and this report focuses on the preparatory phases undertaken in 2016.
- All partners related to the project were engaged as of late 2016 to ensure that the right partners with the relevant skills and experience are selected and the execution expectations are clear from all parties. CASL met three times with UNAIDS to ensure that project expectations were clear and that that UNAIDS was happy with CASL's approach to working with the selected partners to implement the project. Also, CASL and UNAIDS worked together to ensure that National Aids Secretariat (NAS) and the leadership of the National Aids Control Programme were fully onboard and will play an oversight role for the project.
- CASL engaged with partners to access their current capacities in view of the elements of the project. CASL met with all partners to talk about the due diligence process, indicators, and monitoring requirements. CA also provided support to partners by highlighting gaps and how these could be supported. These meetings were critical for ensuring that CASL provides the right level of support to each partner during the planning and implementation process. This included refining and updating the implementation according to the existing schedules and national events. This strengthened partner



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understanding of roles and responsibilities.

- CASL provided mentoring, accompaniment and supportive capacity building of partners regarding planning, reporting and general accountability in project implementation. CASL invested a lot of time accompanying partners in the activity planning and ensuring that they were working in a collaborative and complementary manner with others – leveraging the capacity of other partners. For example, CASL worked closely with agencies whose internal control systems and procurement procedures were not as good as would be desired. This has helped the partners acquire capacity to ensure compliance with procedures and processes.
- Reporting systems were clarified and tested. The MPTF Steering Committee and Technical Committees were established to support progress oversight of the project. Situation Room meetings were established in order to create a structured reporting mechanism that was in line with the commitments set in the MPTF proposal. Reporting tools were created and finalized.

Delays or Deviations

- Delays were experienced in receipt of funds into UNAIDS Sierra Leone accounts. This was received in early 2017.
- The period under review invested in building a strong foundation for programme implementation as UNAIDS and CASL took time to clarify expectations from partners and the approach to the implementation of the project. This included compliance with programme and financial management systems and procedures and reporting within the MPTF, UNAIDS and CASL systems.
- Due to stigma and discrimination, it took considerable negotiation and efforts to bring PLHIV and EVD organizations to collaborate together, however negotiations proved to be successful and both parties see the advantage of collaboration and greater cross-learning for greater impact.
- Due to the devaluation of the Leone against the US dollar, budgetary revisions on items costed in Leones were needed. This required extensive negotiation with implementing partners to ensure budget and output commitments were upheld.

Best Practice and Summary Evaluation

- Although a lengthy procedure, the UNAIDS PRC process further strengthened the programme and financial accountability of the project by bringing onboard a strong national partner with capacity to provide onsite capacity building, verification and monitoring
- Integrating Ebola and HIV efforts in the post Ebola era is proving to be useful as experiences and lessons related to stigma and discrimination could be more easily shared
- Capacity building, mentorship and accompaniment takes a time but is critical for sustainability of gains and for ensuring that local partners strengthen their internal management and accountability systems which are important for their survival.
- Reporting processes through the creation of the MPTF Steering Committee and Technical committee



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supports greater accountability among all partners and close progress monitoring of the proposal

Lessons learned

- Working with new partners on short-term projects can slow onset of implementation as time is needed to be invested to ensure due diligence, trust and capacity of the partner before setting off to implementation of activities.
- Engagement with all stakeholders at the technical and steering committee level and clarifying roles and expectations can help overcome challenges and facilitate a more collaborative and supportive implementation process. Meeting with all stakeholders and implementing partners was helpful in gaining broad-based support for project implementation.
- Partner capacity building and mentoring should be factored into the project timeline as these are realities that will catch up with executing organizations anyway.

Story from the Field

- We look forward to sharing these stories in the next reporting process as implementation has started in 2017.