



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1
Period (Quarter-Year): January-March 2018**

Project Number and Title: #67 - Preparedness Joint Programme		PROJECT START DATE¹: 30-08-2017	AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i> UNFPA: \$730,275 UNICEF: \$308,963 WHO: \$1,456,773	RECIPIENT ORGANIZATION UNFPA UNICEF WHO	
Project ID: 00106850 (Gateway ID)					
Project Focal Point: Name: Matthias Percl E-mail: perclm@who.int Name: Dr. Riad Mahmud E-mail: rmahmud@unfpa.org Name: Pa Ousman Manneh E-mail: pomanneh@unicef.org		EXTENSION DATE: dd-mm-yyyy (Not Applicable)	FINANCIAL COMMITMENTS UNFPA: \$655,530		
Strategic Objective (STEPP) SO5 Prevent Outbreaks		PROJECTED END DATE: 31-08-2018	EXPENDITURES as of March 2018 UNICEF \$35,470.90 UNFPA: \$ 27,847.94 WHO: \$159,942	IMPLEMENTING PARTNER(S): UNFPA, UNICEF via Government and CSO, WHO, Ministry of Health and Sanitation	
Mission Critical Action MCA13:Multi-faceted preparedness					
Location: Sierra Leone		Sub-National Coverage Areas: Kambia, Moyamba, Bombali, Bonthe, Pujehun, Kailahun, Port Loko, Kono, Western area rural, Tonkolili, Koinadugu and Bombali			
QUARTERLY PROGRESS REPORT RESULTS MATRIX					
OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the quarterly 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>					
Number of IHR quarterly coordination	National	4	0	1	25%

¹ The date project funds were first transferred.



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meetings held					
Number of meetings held to evaluate progress of implementation of NAPHS	National	1	0	0	
Number of technical people trained in IHR	National	120	0	0	
Number of PoEs assessed for implementation of IHR	National	9	0	0	
Number of PoEs supervised	National	18	0	0	
Number of quarterly cross-border coordination meetings held	National	24	0	8	33%
Revised IDSR strategy	National	1	0	0	
Number of printed IDSR/IHR material	National	5000	0	0	
Number of HWs trained in IDSR	National	455	0	0	
Number of clinicians trained in clinicians role in IDSR	National	100	0	0	
Number of quarterly surveillance review meetings held at national level	National	4	1	3	



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Number of health facilities with IDSR data assessed by national level	National	200	0	0	
Proportion of CBS reports verified	National	80%	72%		
Number of health facilities supervised by national level in a year	National	400	0	133	33%
Number of health facility focal persons trained in IDSR	National	1300	0	0	
Number of local leaders sensitized	National	1750	0	0	
Proportion of alerts responded to	National	90%	87%		
Adapted EBS guidelines	National	1	0	0	
EBS training package developed	National	1	0	0	
Number of EBS material printed	National	1500	0	0	
Number of health workers trained in EBS	National	1400	0	0	
Number of MW Investigators trained	District	28	Results due in Q2		
Number of CHWs trained	Community	600	Results due in Q2		



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Number of M & E Officers trained	District	28	Results due in Q2		
Number of EmONC Facilities benefiting from mentorship programme'	District	120 CHW	Results due in Q2 and Q3		
Number of facilities monitored	District	14	Results due in Q2 and Q3		
Number of district level MDSR supportive supervision visits conducted	District	14	Results due in Q2 and Q3		
Number of communities with enhanced maternal deaths notification	Community	70	Results due in Q2 and Q3		
IEC materials developed	National	1	Results due in Q2		
Number of IEC materials printed and disseminated	District	5,000	Results due in Q2 and Q3		
Number of EmONC OJT training for HCWs	District	120	40	40	
Number of Communities that benefited from PMTCT and HIV services	Community	30	Results due in Q2 and Q3		
National and district preparedness plans reviewed and updated	National	15 plans	0	15	100%



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Number of PCs and WCs oriented on preparedness plans	National	218	0	149	68%
Updated message guide for specific outbreak	National	1 updated messaging guide	Validated message guide available and ready to print	Validated message guide available and ready to print	In progress- will be complete upon printing
Number of outbreaks supported as per IARR SOP	District	At least 2	0		0
Number of community radio networks integrating positive behaviours in existing health and education radio dramas.	National	46 radio channels	46	46	100%
Number of IEC materials available	National	50000 units	0		0
Number of affected communities with intensified social mobilization	Sub-district	10 Chiefdoms	0		0

EFFECT INDICATORS (if available for the reporting period)

Not applicable					
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NARRATIVE

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

The Presidential, Parliamentary and Councilor elections held on March 7 and March 31 affected the implementation of the project:

- Generally, national counterparts from the MOHS at various levels were not engaged during the campaign period.
- Specifically for UNICEF, for Western Area Urban and Western Area Rural, ward councilors from the 69 wards were not engaged as the elections were approaching. After the elections, the newly elected councilors, who will



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serve for the next five years, will be engaged during the second quarter of 2018.

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

WHO:

Promoting the implementation of IHR (2005) including border components

With financial support from MPTF, cross border surveillance has been strengthened with cross border coordination meetings conducted in 4 out of the 7 border districts including Kambia, Koinadugu, Kailahun and Pujehun, with their counterparts from Guinea and Liberia. The meetings availed an opportunity for joint planning, implementation and supervision of cross border surveillance activities as well as information sharing.

Strengthening real-time surveillance for priority public health diseases, conditions and events

Two quarterly disease surveillance review meetings were conducted at national level with participation of staff from the National Disease Surveillance Programme, Central Public Health Reference Lab (CPHRL), other MoHS relevant programmes and partners including WHO. The purpose of meetings was to review progress of IDSR implementation and performance indicators at national, district and health facility levels, to identify gaps and challenges in implementation of surveillance activities, and to make recommendations for improvement.

IDSR support supervision visits were conducted by the MoHS national level in all the 14 districts and 133 selected health facilities to assess IDSR implementation and other key programmatic areas at district and health facility levels. The supervision provides an opportunity to review progress on the implementation of IDSR, to identify gaps and challenges in IDSR implementation, to support staff with on-the-job training and to develop corrective measures as appropriate. The supervision was conducted using an electronic platform which enables the transmission of the data in real-time. Feedback on the supervision findings was shared with districts, health facilities and relevant MOHS programs for corrective actions. All the districts also received funds to conduct IDSR support supervision visits to their respective health facilities.

A review on the initial implementation of eIDSR at health facility level was conducted in Port-Loko district. The purpose of the review was to identify gaps, challenges and lessons learnt so as facilitate the countrywide eIDSR roll out at health facility level. This will enable all health facilities in the country to submit surveillance report to the next level using an electronic platform, which will improve data quality and reporting rate for suspected outbreaks and other public health events among others.

Through the fund made available for emergency response and preparedness, essential Infection Prevention and Control (IPC) supplies and commodities to support the National Infection Prevention and Control Unit (NIPCU) of the MOHS were procured. The supplies and commodities procured include Personal Protective Equipment (latex gloves, heavy duty gloves, N95 respirators, and disposable aprons), alcohol-based hand rub, general waste and infectious waste bin liners, heavy duty-hospital waste bin and liquid soap for hand washing. The procured items will be deployed to the 4 regional hospitals during the response to any disease outbreak or any other public health emergency and the bulk of the commodities will be repositioned at central medical stores and will then be redistributed in the event of an outbreak or public.

Plans were finalized with MOHS for Q2 and Q3 activities. These include:



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- Workshop on the prioritization and resource mapping of the National Action Plan for Health Security (NAPHS). The activity will commence on the 23rd of April.
- Integrated Supportive Supervision Visit (ISSV) to each of the 14 District Health Management Team surveillance team and selected health facilities.
- Rollout of eIDSR to additional four districts (Western Urban, Western Rural, Kailahun, and Pujehun)

UNICEF:

Update national and district community engagement and social mobilization preparedness plans

MPTF funding for 2017/18 focused to build on the district plans earlier developed. Forty-eight personnel from across the 14 districts (including the two new districts of Karene and Falaba, but excluding Western Area Urban and Rural) underwent a two-day orientation on how to facilitate chiefdom level emergency communication planning. A total of 2,850 community and traditional leaders including paramount chiefs were engaged to develop simple chiefdom level emergency communication plans for 190 chiefdoms as per the new dispensation. Emergency hazards peculiar to each of the chiefdoms were identified as well as people to activate for social mobilization in the advent of an emergency.

Engagement of paramount chiefs and ward councillors for chiefdom/ward preparedness plans

As part of the development of the chiefdom level community engagement and social mobilization plans, advocacy meetings were conducted with paramount chiefs, traditional leaders, civil society, youth groups and women's group leaders and community based groups on hazard mitigation, preparedness and response. All the 149 paramount chiefs were engaged. In the newly established chiefdoms, regent chiefs or their representatives participated. For Western Urban and Rural, it was deemed necessary to wait till the councilor elections are done. In this way, the new councilors who will be in place for the next five years could be engaged, which presents a good opportunity to strengthen the ward development committees in these two districts.

Rapid behavioral assessments and anthropological studies in case of an outbreak

In the advent of an emergency, rapid behavioral assessments and studies are generally conducted to provide some rapid qualitative evidence on how communities could best be approached. However, during the course of this reporting period, there was no major outbreak of any kind warranting the conduction of rapid behavioral assessment.

Coordination and monitoring of response

The national and district social mobilization pillars continued to perform their coordination and supportive monitoring and supervisory roles at national level and across all the districts. At both national and district levels, the pillars meet monthly. At national level, UNICEF continues its leading role as co-chair. Following the completion of the local council elections, discussions have started with Western Area Urban and Western Area Rural for the engagement of new ward councilors.

Sustaining positive behaviour promotion using mass media

Through other sources of funding, Olman Biznes' the radio drama promoting maternal and child health issues and trust building messages were broadcasted on 46 radio stations at prime time till the end of February 2018. In collaboration with Health Education Division of MoHS, MPTF funds will be utilized for similar live interactive radio programmes for the second and third quarters of 2018.



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Preposition information, education and communication (IEC) materials on key behaviours

MPTF funds supported the validation of the emergency message guide, which consolidated messages on the possible emergency hazards (floods, cholera, fire disasters, measles, Ebola Virus Disease (EVD), social unrest, acute livelihood crisis, Lassa fever, monkey pox, yellow fever and meningitis). Printing, distribution and pre-positioning of the message guide and other multi-media materials is planned for next quarter.

Intensified social mobilization in case of response

Social mobilization actors are found in each of the districts under the leadership of the district social mobilization coordinators (DSMCs), who are responsible for coordination of communication interventions at district levels. The development of chiefdom plans mentioned earlier provided another opportunity to ensure that social mobilization actors are also identified in all the 190 chiefdoms, so that they can be mobilized in case of an emergency.

UNFPA:

Expand and sustain ANC coverage at district, sub-district and community levels

With support from UNFPA, ANC outreach services were organized by PPASL to reach communities in Koinadugu and Kailahun districts. During January to February 2018, a total of 2,001 pregnant women received quality ANC services. Two outreach teams comprising four staff each; a midwife, two nurses and a laboratory technician provided a full package of ANC services to the pregnant women. The services included: physical examination, abdominal palpation and auscultation, and laboratory tests (routine blood count, screening for HIV, HB Syphilis, Hepatitis and Malaria). In addition, anti-malarial drugs and anthelmintic tablets were also provided to the clients. The outreach services were implemented in four chiefdoms in Kailahun district and in five chiefdoms in Koinadugu district.

Strengthen and maintain family planning services at the community level

The planning process had been accomplished with the Ministry of Health and Sanitation and district medical officers to pilot family planning access through community health workers in Koinadugu and Kailahun districts. This has resulted in the finalization of programme activities under this pilot, including the capacity building of community health workers as contraceptive distributors; development of a reporting tool; design of a community-based referral scheme; supportive supervision and provision of motivation packs. Scheduled activities will be implemented in the next quarter.

Support a mentoring system from C-EmONC to B-EmONC and lower facilities

A draft guideline and tools for the EmONC mentorship programme had been developed in consultation with the Ministry of Health and Sanitation and the World Health Organization (WHO). The Ministry plans to train district level mentors from four districts: Bonthe, Pujehun, Western Area Rural and Port Loko.

Strengthening the Maternal Death Surveillance and Response (MDSR) system

The Ministry of Health and Sanitation continued various activities under the MDSR programme using their own resources. Activities include: notification of maternal death; conduction of maternal death investigation or verbal autopsy by midwife investigators; and organizing of district and hospital MDSR committee meetings. The MDSR will be further strengthened with financial and technical assistance from UNFPA in quarter two and three of 2018.



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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))

WHO
The national elections resulted in the postponement of all major activities by the ministries and government offices. As a result, WHO had to postpone a number of activities to the second quarter of 2018. These include the training of districts and hospitals IPC focal persons on IPC, the roll-out of community-based surveillance in four additional districts, the eIDSR roll-out at health facility level and the prioritization of the activities and resource mapping for the National Action Plan for Health Security (NAPHS).

UNICEF
There have been some deviations and delays. The first major activity had to do with the update and review of district communication and social mobilization plans for emergencies. Building on what was developed in 2016, these plans were also extended to chiefdoms, in order to strengthen social mobilization structures from the chiefdom to the district levels. On the second major activity, as mentioned above, engaging ward councillors within the Western Area Urban and Rural whose terms of office were expiring was delayed to after the elections, to ensure that investments are made with the new councillors who will serve for five years was necessary. Certain social mobilisation activities were postponed since the same personnel were involved in other nationwide campaigns, which were conducted in Feb, March, May/June and October and one in November.

UNFPA
There were some delays during the reporting quarter due to:

- Deferment in signing the annual work plan by the Ministry of Health and Sanitation due to reversal of the funding modality from direct payment to fund advances
- Presidential and parliamentary elections and related security issues

UNFPA had already discussed with the Ministry of Health and Sanitation to implement these scheduled activities after the elections and more specifically during the second quarter of 2018.

Gender and Environmental Markers (Please provide disaggregated data, if applicable)

No. of Beneficiaries		Environmental Markers	
Women			
Girls			
Men			
Boys			
Total			

Additional Information (Optional)