



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1
Period (Quarter-Year): Q1-3**

Project Number and Title: #63 Positive Health., Dignity and prevention Project	PROJECT START DATE¹: 28 Sep 2016	AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i>	RECIPIENT ORGANIZATION UNAIDS
Project ID: 00102292		\$165,850	
Project Focal Point: Name: Dr Michael Gboun E-mail: gbounm@unaids.org	EXTENSION DATE: 31 st December 2017	FINANCIAL COMMITMENTS \$165,850	
Strategic Objective (STEPP) RS01 – Health, Nutrition and WASH	PROJECTED END DATE:	EXPENDITURES as of [September 2017]	IMPLEMENTING PARTNER(S):
Mission Critical Action MCAAn - Description	15 July 2017	\$110,000	National Aids Control Programme (NACP) Christian AID Women in Crisis (WICM). Network of People Living with HIV(NETHIPS) SL Association of Ebola Survivor’s (SLAES)
Location: Sierra Leone	Sub-National Coverage Areas: Western Rural, Western Urban (Western Area) Port Loko, Bombali, Koinadugu (Northern Province) Bo, Pujehun, Moyamba (Southern Province) Kailahun, Kenema (Eastern province).		

¹ The date project funds were first transferred.



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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 community watch networks in place among sex workers as early system warnings	Western Area	30	Community watch networks comprised 30 mentors x 3 locations	90	100%
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 I Western Rural II	50	30 outreach sessions per location, completed and sex workers engaged. One stop shop established and in use	50	100%
Number of EVDs and PLHIV attending EVDHIV collaborative... to integrate network efforts and reduce stigma and discrimination	National	500	500 PLHIV & EVDs anti-stigma ambassadors attended EVD/HIV district and national collaborative meetings to integrate network efforts and reduce stigma and	500	100%



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			discrimination and other barriers to social integration		
Number of Participants in HIV TOT training sessions for CPES supervisory staff	Pujehun Moyamba Bo Koinadugu Kailahun Kenema.	15	15	15	100%
Number of media outlets used for sensitization on EVDS and section of stigma and discrimination	Bo Kailahun Kenema Koinadugu Moyamba, Pujehun	15	Activities not started (NACP) 6 Media Outlets engaged (NETHIP/SLAS)	Partially Met Not started for NACP (6 outlets) Ongoing for NETHIPS/SLAES (8 outlets)	80%
Number of people reached through community meetings, peers and couples counseling sessions	All selected districts	1,000	82 community meetings held. 3500 individuals engaged	840	80
Number of condoms distributed to mitigate sexual transmission of and other STI, HIV		3,000,000	50 condom dispensers erected. 72752 condoms distributed	Partially Met	Partially achieved
Number of staff provided with stipend and trained for community and counseling	Moyamba Bo Bombali Koinadugu Kailahun Kenema.	12	24	24	200%



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sessions	Pujehun				
EFFECT INDICATORS (if available for the reporting period)					
Number of sex workers reached with Ebola/HIV prevention and harm reduction message	Western, Kenema	Baseline= 0	Target: 20,000	20,000	Met
Number of support groups members reached with integration of EVD and HIV efforts and training on stigma and discrimination	National	0	2 per districts	2 per districts	met
Number of adults provided with counselling and information to address concerns related to Ebola, HIV and SRH	3 of the prioritized districts-Bo, Kenema, Kailuhum. Moyamba and Kainadugu	0	1000	1000	met
Additional Information <i>(Optional)</i>					

EXECUTIVE SUMMARY

The Positive Health, Dignity and Prevention Project is being implemented through National Aids Control Programme (NACP), Women in Crisis (WIC), Sierra Leone Association of Ebola Survivors (SLAES) and Network of HIV Positives (NETHIPS). The project has achieved significant milestones since January 2017 – enhanced capacity of local mentors who reached over 20070 sex workers with Ebola/HIV prevention and harm reduction messaging with strengthened watch networks; two support groups per district reached with integrated EVD/HIV messaging and training on stigma and discrimination reduction; 3500 adults provided with counseling and information to address concerns related to Ebola, HIV and sexual Reproductive Health. The overall impact is that a strong foundation has been laid for the sustained engagement among key actors in the fight against the re-emergence of Ebola and the spread of



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HIV as well as strengthened local level mechanisms for addressing stigma and discrimination against sex workers, people living with HIV and Ebola survivors.

This model of partnership where partner agencies are supported for direct implementation without the burden of managing administrative financial requirements of the project has been a best practice. This has been an impactful project for the project beneficiaries and the implementing agencies, greatly enhancing coordination and support for sex workers, Ebola survivors and people living with HIV. It is evident that the gains made through this project will strengthen earlier investments to promote the wellbeing of people living with HIV and Ebola survivors and reducing stigma and discrimination and promoting rights.

Current Situation and Trend

Positive Health, Dignity and Prevention project aligns with post-ebola efforts that seek to reinforce engagements towards enhancing the health and dignity of survivors as well as prevent resurgence of the Ebola virus and the spread of HIV/STIs among survivors and their partners or communities. It provides an opportunity for various partners who work with Ebola survivors and PLHIV to engage in a collaborative way that broadens and sustains the support systems for their target participants. The project presents a good example of how to build on gains made during an emergency response (the Ebola response) and to maintain zero new infections in the country. Over the last months of project implementation, significant progress has been made by partner agencies who have demonstrated good commitment to implement project activities amidst existing challenges of terrain and reach.

Key Achievements:

Partner engagement and due diligence – including compliance with administrative and financial management systems and procedures was ensured all through the implementation of activities. Below is a summary of outputs achieved through the implementing partners;

Women in Crisis (WIC) have completed all their meetings to create the Watch Networks (three training sessions for the mentors completed which led to the formation of the Watch Networks); the One-Stop Shop has been set up and equipped and is now functional (serving CSWs for counselling and other support); reached 20,070 CSWs through 90 mentors who carried out 30 outreach sessions. WIC is now doing the data inputting for the 20070 CSWs that they have reached through this project.

National Aids Control Programme (NACP) has completed the eighty-two (82) community entry sensitization meetings in 82 communities, reaching a total of 3500 people with counselling services and information on HIV and AIDS prevention and control. A total of 43 Counsellors have been trained in three sessions to address issues of stigma and support Ebola survivors. These are reaching out and providing counselling services to people living with HIV as well as Ebola survivors. Fifty (50) dispensers procured and distributed throughout the operational districts. A total of 72752 condoms have been dispensed through these dispensers so far. It is important to note that the 3 million condoms targeted for distribution cannot be achieved as condoms are currently out of stock in the country. Fifteen CPES supervisors trained who are now closely monitoring and supporting Ebola survivors in the target district except Tonkolili.

NETHIPS/SLAES have completed training for fifteen (15) peer motivators who are working with their peers in



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the target communities. Collaborative meetings between stakeholders (NETHIPS and SLAES) in seven districts are now taking place and both bodies hope to continue these meetings beyond the life of the project. One hundred and ten (110) stakeholders have participated in the collaborative meetings, where discussion on how to work in a concerted way to address issues of stigma and discrimination against their constituencies have been discussed. It has emerged from the meetings that it would be important for both organizations to continue these meetings at the district level and extend to districts that are not part of this project. Twenty-eight (28) Support Groups have been represented in the collaborative meetings so far aimed at building a broader front to fight stigma and discrimination in target districts.

Best Practice and Summary Evaluation

- Getting partners' buy-in and trust takes some time to achieve but has proved critical for ensuring quality and timely execution of activities – every clear about its roles and responsibilities and how much resources are available to them.
- 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.
- CASL as an executing organization is learning along with its new partners (Women in Crisis, SLAES) on the Positive Health, Dignity and Prevention Project and CASL will use this as an opportunity for future partnerships on similar or related work in the future.

Lessons learned.

- Community psychosocial counselling improved use of services by target participants in targeted communities.
- Career transition and vocational skill development programmes are necessary for sex workers beyond prevention services – a critical consideration to be made for future interventions.
- Integrated services through the one stop shops give opportunities for sex workers to benefit from multiple services during one visit
- Collaboration of different vulnerable communities have improved access to prevention services and increased coping mechanisms
- Direct disbursement of funds by the executing agency as guided by UNAIDS predisposed to lack of ownership of project activities by IPs
- When the required resources to support effective engagement with beneficiaries are available, implementation can be fast-tracked. The incentives provided by WIC helped significantly in achieving the target – reaching 20,000 CSWs.
- The demand for condoms has grown as beneficiaries received counseling. The participants demanded condom supplies but WIC was not able to provide as they did not have in stock. It would be good that partners dealing with CSW have access to stocks to respond to demands after



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counseling sessions.

- That it is important to consider alternative engagement support for some of the beneficiaries who demonstrated willingness to go back to school or to skills training. WIC was not able to respond girls who wanted to go back to institutions to learn skills due to lack of resources.
- Integrating interventions was helpful to reach the girls. WIC leveraged its earlier work with CSWs through Global Fund to quickly reach the target number of girls.
- To scale up stigma reduction, there is need to build capacity of HIV support groups on circulating information on HIV and status checking. Also, collaboration has enhanced interaction and scaled up requests for HIV tests.
- Close collaboration with SLAES improved access to the EVD Survivors – some of whom are living with HIV.
- Involvement of peers in counselling facilitated openness in the discussion of issues related to survivorship and HIV prevention/management.
- Very low knowledge about HIV prevention, treatment, care and support among EVD survivors, their households and CPES Supervisors inhibit HIV testing and increased stigma.
- Household, individual and couples counselling sessions significantly reduce stigma and facilitates access to HIV prevention, care and support services and EVD support services.
- Working with new partners on short-term projects can slow onset of implementation as time is vested to ensure due diligence, trust and capacity of the partner before setting off to implementation of activities.

Human Interest Stories



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EVD Couples session - NACP

A 27-year old male survivor in Pujehun District revealed how he benefited from the couples sessions that had been held in his community so far, during the implementation. He has been challenged since he survived Ebola on the use of condom, he said *'when I was given the option at the ETU to use condoms for 6 months after recovery or I abstain from sex, I choose abstinence.... This was because I had never used condom in my life and I always thought condoms had some substance in it that causes some strange conditions on someone...like STIs and even infertility... and thought it could even slip into a woman's vagina and cause severe bleeding'*.

As a result of the couples' sessions, He now appreciates condoms and can negotiate their use comfortably with his sex partner. *'Initially when we had the 1st meeting, I thought it was impossible, but when my colleagues shared their experiences, I then became curious to know, tried it and found it was good.....I also thought with survivorship, I should not be bothered about HIV ... I have learnt a lot about HIV and I now know that everyone is at risk... I have taken the bold step to go for an HIV test and I have also taken my partner for the test'*

Ebola Survivor



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TESTIMONY OF PRINCESS KOROMA - ANTI-STIGMA AMBASSADOR IN MAKENI - NETHIPS/SLAES

I have lived as a commercial sex worker before the onset of the Ebola Virus Diseases. I used it as my main source of livelihood. I was stigmatized as a result of my way of life. Stigma and discrimination was not new to me. My first experience with stigma and discrimination was as a commercial sex worker.

When the Ebola virus disease broke out in Makeni in July 2014, I was among those affected. I was first quarantined, later admitted for treatment and after I recovered I was discharged.

I am part of the NETHIPS/SLAES collaboration as an anti-stigma ambassador in Bombali District. I attended 4 anti-stigma meetings sponsored by Christian Aid and one sustainability planning meeting organized by peer motivators and anti-stigma ambassadors in Bombali District

During these collaborative meetings I came to learn that we can work amicably with persons living with HIV & AIDS to fight stigma. I have suffered from stigma at different points of my life - as a commercial sex worker and then as an EVD survivor. Now through this collaboration, I have now joined the fight against stigma.

These collaborative meetings have also helped me to live above stigma. Initially, I was discouraged and had low self-esteem because of the way other people looked at me. Through the collaboration I received counseling and now live above stigma.

In terms of livelihood, I received a heavy package from the president post-Ebola recovery plan initiative. Because I never had any training on sustaining livelihood, I wasted close to 2 million Leones foolishly. Through the NETHIPS/SLAES Collaboration I came to learn techniques on how to improve my livelihood strategy. I came to discover that complete dependency on handouts was not helping me and would not help me in future. I need to acquire skills that will enable me become self-reliant. Now I can boldly say that I can sustain myself and will sensitize family and friends to become part of the collaboration and be encouraged to learn skills in order to obtain self-dependency.



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