



UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1
Period (Quarter-Year): April-June 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>	RECIPIENT ORGANIZATION
Project ID: 00106850 (Gateway ID)		UNFPA: \$730,275 UNICEF: \$308,963 WHO: \$1,456,773	UNFPA UNICEF WHO
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 WHO: 221,000 UNICEF: \$0,000 UNFPA: \$232,352	
Strategic Objective (STEPP) SO5 Prevent Outbreaks	PROJECTED END DATE:	EXPENDITURES as of June 2018	IMPLEMENTING PARTNER(S):
Mission Critical Action MCA13:Multi-faceted preparedness	31-09-2018	WHO: \$545.872 UNICEF \$211,124.85 UNFPA: \$ 497,923	WHO, Ministry of Health and Sanitation UNICEF via Government and CSO UNFPA via Ministry of Health and Sanitation and CSO (PPASL,CUAMM)
Location: Sierra Leone	Sub-National Coverage Areas: Kambia, Moyamba, Bombali, Bonthe, Pujehun, Kailahun, Port Loko, Kono, Western area rural, Tonkolili, Koinadugu and Bombali		

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 IHR quarterly coordination meetings held	National	4	1	2	50%
Number of meetings held to evaluate progress of implementation of NAPHS	National	1	0	NAPHS has been developed. The launch will be done in Q 3	
Number of technical people trained in IHR	National	120	0	Planned for Q 3	
Number of PoEs assessed for implementation of IHR	National	9	0	Assessment to be done after the trainings and data collection is commenced	
Number of PoEs supervised	National	18	0	Planned for Q 3	
Number of quarterly cross-border coordination meetings held	National	24	0	8	33%
Revised IDSR strategy	National	1	0	Planned for Q 3	
Number of printed	National	5000	0	Planned for Q 3	



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IDSR/IHR material					
Number of HWs trained in IDSR	National	455	0	Planned for Q 3	
Number of clinicians trained in clinicians role in IDSR	National	100	0	Planned for Q 3	
Number of quarterly surveillance review meetings held at national level	National	4	1	3	75%
Number of health facilities with IDSR data assessed by national level	National	200	0	130	65%
Proportion of CBS reports verified	National	80%	75%	59%	74%
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	Planned for Q 3	
Number of local leaders sensitized	National	1750	0	0	
Proportion of alerts responded to	National	90%	93%	76%	84%
Adapted EBS guidelines	National	1	0	0	
EBS training package	National	1	0	0	



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developed					
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	14	Results due in Q2	Not applicable	
Number of CHWs trained	Community	100	Results due in Q2	Not applicable	
Number of M & E Officers trained	District	28	Results due in Q2	Not applicable	
Number of EmONC Facilities benefiting from mentorship programme'	District	120 CHW	Results due in Q2 & Q3	Not applicable	
Number of facilities monitored	District	14	Results due in Q2 & Q3	Not applicable	
Number of district level MDSR supportive supervision visits conducted	District	14	Results due in Q2 & Q3	Not applicable	
Number of communities with enhanced maternal deaths notification	Community	70	Results due in Q2 & Q3	Not applicable	
IEC materials developed	National	1	Results due in Q2	Not applicable	
Number of IEC materials printed and	District	5,000	Results due in Q2 and Q3	Not applicable	



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disseminated					
Number of EmONC OJT training for HCWs	District	30	-	40	133 %
Number of Communities that benefited from PMTCT and HIV services	Community	30	Results due in Q2 and Q3	Not applicable	
National and district preparedness plans reviewed and updated	National	15 plans	0	15	100%
Number of PCs and WCs oriented on preparedness plans	National	218	75	224	103%
Updated message guide for specific outbreak	National	1 updated messaging guide	10,000 copies of the message guide printed and distributed	Message guide printed and distributed to all districts	Completed
Number of outbreaks supported as per IARR SOP	District	At least 2	1	1	50%
Number of community radio networks integrating positive behaviours in existing health and education radio dramas.	National	46 radio channels	28	46	61%
Number of IEC materials available	National	50,000 units	50,400	52,700	105%
Number of affected communities with intensified social mobilization	Sub-district	10 Chiefdoms	23	23	230%



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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))-*

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 serve for the next five years, will be engaged during the second quarter of 2018.
- After the protracted elections and the change of Government, restructuring and changes in leadership at MOHS delayed the implementation of planned activities.

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 support from WHO AFRO, the country conducted the prioritization of the National Action Plan for Health Security (NAPHS) 2018-2022 and resource mapping through a global health security stakeholder engagement process. The purpose of this exercise was to identify critical activities to be implemented in the short and mid-term period, to map available resources and to identify gaps in the implementation of the 5-year NAPHS.

WHO provided technical support in the development of frameworks and standard operating procedures (SOPs) for points of entry (PoEs) in the country which include Lungi international airport, Queen Elizabeth Quay seaport and the 7 districts that share land border with Guinea and Liberia. Once finalized, printed and disseminated, the PoEs



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framework and SOPs will enable cross-border personnel to carry out their duty in compliance with IHR (2005) requirements.

WHO in collaboration with CDC, IOM and West Africa Health Organization (WAHO), provided technical support in a regional cross-border coordination meeting to strengthen surveillance, joint planning and information sharing between the 4 Mano River Union (MRU) countries namely Sierra Leone, Guinea, Liberia and Cote d'Ivoire. The meeting brought together national experts in charge of disease surveillance, IHR (2005) and emergency response coordination in the 4 MRU countries, to explore ways for better collaboration and coordination so as to strengthen cross border surveillance in the region.

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

WHO supported the MOHS to conduct Integrated Disease Surveillance and Response (IDSR) Data Quality Assessment (DQA) visits to all the country's 14 districts and selected 130 health facilities across the country. The purpose of the DQA is to assess the quality of IDSR data submitted by the districts and health facilities in relation to data quality standards, to assess the functionality of the IDSR information system, to identify areas of potential vulnerability that affect the general credibility and usefulness of the IDSR data and, to identify and recommend corrective measures to improve the quality of IDSR data. Overall, 57% of the 130 health facilities visited attained the required data quality standard.

WHO provided technical support to the MOHS in the roll out of eIDSR at health facility level through training in 2 districts namely Western Area Urban and Western Area Rural. This brings to 3 (out of 14) the number of districts with health facilities submitting IDSR report to the next level using the electronic platform. The use of electronic reporting (eIDSR) brings significant benefits to the IDSR system which includes improving data quality, completeness and timeliness of reporting. This therefore enables early detection of and timely response to disease outbreaks and other public health emergencies should they occur.

Q3 activity plans were finalized with MOHS, these include:

- WHO-OIE IHR-PVS National Bridging Workshop, Freetown, Sierra Leone, 31 July to 2 August 2018
- IDSR Supportive Supervision visits to each of the 14 District Health Management Team surveillance team and selected health facilities.
- eIDSR roll out at health facility level in additional 3 districts (Pujehun, Kambia & Moyamba)
- Training of multisectoral teams of personnel working at PoEs on IHR (2005)
- Quarterly cross-border surveillance coordination meetings in the 7 border districts
- Training of Health workers in IDSR
- Training of clinicians on their role in IDSR
- Training of IPC focal persons in IDSR

UNICEF:

Update national and district community engagement and social mobilization preparedness plans

To further strengthen community engagement and social mobilization planning in both Western Area Urban and



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Rural, 12 personnel from across the two regions took part in a one-day orientation on facilitating the development of ward level emergency communication planning. A total of 1,175 community and traditional leaders, including Ward Councilors, were engaged in the development of simple ward level emergency communication and social mobilization plans for 75 wards. Emergency hazards specific to each of the wards were identified, as well as focal points for communication and social mobilization, such to activate community mobilization in the event of an emergency.

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

During the reporting period, all 75 newly elected Ward Councilors of Western Area Urban and Rural were engaged and participated in a one-day orientation on the identification of emergency hazards and corresponding levels of potential impact in Sierra Leone. In all, 218 Paramount Chiefs and Ward Councilors (149 and 69, respectively) were targeted for this activity, yet with the addition of six wards across both districts during the reporting period, a total of 149 Paramount Chiefs and 75 Ward Councilors were engaged – achieving 103 per cent of the total target.

Rapid behavioural assessments and anthropological studies in case of an outbreak

During the reporting period, there was no major outbreak which warranted a rapid behavioral assessment. However, a measles outbreak in Koinadugu reactivated the need for a general rapid assessment that included officials from the National Communication and Social Mobilization pillar.

Coordination and monitoring of response

The National and District Social Mobilization pillars continued to perform their coordination and supportive monitoring and supervisory roles at the national level and across all districts. At both the national and district levels, the pillars met monthly. At the national level, UNICEF continued its role as co-chair.

Sustaining positive behaviour promotion using mass media

Through collaboration between the Health Education Division of MoHS, Health for All Coalition, and 28 community radio managers across the districts, a two-month mass media plan was developed and is currently being implemented. A monitoring report conducted by Health for All Coalition showed that 97 per cent of the radio programmes were implemented per plan. Similar media plans are being developed for the period July - September and provide an opportunity for cross-sectoral positive behaviour promotion. Following the measles outbreak in Koinadugu, all District Social Mobilization Coordinators in Kambia, Kono and Bombali utilised their radio programmes on measles prevention. MPTF funds will be utilized for similar live interactive radio programmes for the July – September period in 2018.

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

MPTF funded printing and distribution of 10,000 copies of the emergency message guide to all the districts. In addition, information, education and communication (IEC) materials on cholera, measles, meningitis and lassa fever were printed and pre-positioned in all regions. Materials on measles and lassa fever are currently being used in the affected districts of Koinadugu, Kenema and Kailahun.

Intensified social mobilization in case of response

Following the measles outbreak in Koinadugu/Falaba, communication and social mobilization was intensified in 23



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chiefdoms across the two districts. Over 460 Community Health Workers (CHW) were mobilized to prevent the spread as well as prepare communities for district-wide vaccination. In addition, chiefdom level meetings targeting influential community leaders, women and youth leaders were conducted across the 23 chiefdoms for increased knowledge and understanding on preventing the spread of measles.

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 March 2018, 3109 and during April to June (to date) 3015 pregnant women received quality ANC services. Two outreach teams comprised of four staff each; a midwife, two nurses and a lab technician provided full package of ANC services to the pregnant women, which included, physical examination, abdominal palpation and auscultation, lab tests including routine blood count, screening for HIV, HB Syphilis, Hepatitis and malaria. In addition, antimalarial drugs and anthelmintic tablets were also provided to the clients. The outreach service were implemented in four chiefdoms in Kailahun district and in five chiefdoms in Koinadugu district.

Strengthen and maintain Family Planning (FP) services at community level :

Generally, the contraceptive prevalence is low in the country therefore the project aimed to reach vulnerable women/ girls and reaching the farthest first. With funds from the Ebola response multi-partner trust fund the District Health Management Teams of Kailahun and Koinadugu Districts were engaged to increase contraceptive coverage in communities of both districts through Community Health Workers (CHWs). The total number of 200 CHWs (100 from each district) were trained to promote Family planning/ contraceptive use, provide condoms and refill of oral contraceptive pills for continuing clients as well as make referrals for new clients and or dissatisfied clients. Also, data collection tools were designed and 400 booklets (200 per district) of two types of tools were printed; 200copies of the booklet for Oral Contraceptive Pills uptake and 200 of that for referrals. Each CHW was provided with pack to enhance their work at community level and non-cash motivational pack. This activity also had supportive supervision was key activity to strengthening service delivery.

EmONC Training: 40 Service Providers were trained on EmONC competency based training in Port Lokko and Kailahun Districts, 20 Participants per District. The training was from the 25 to the 30 of June in Port Loko and the Kailahun training started on the 2 July and will end on the 7 July.

PMTCT Training: 75 Service Providers were trained on the revised ANC package in three Regions – Northern, Southern and Eastern Regions. Bombali training was from the 18 to 25 June with 5 Participants each from Port Lokko, Koinadugu, Tonkolili, Kailahun and Makeni Districts. The Bo training was from the 25 to the 27 of June with 10 Participants from Bo and 5 each from Moyamba, Bonthe and Pujehun Districts. The Kenema training was from June 28 to 30 with 5 Participant from Kailahun and 10 Participants each from Kono and Kenema.

MW Investigator Training: planned activity to be completed in Q3.

M&E Training: planned activity to be completed in Q3.

CHW Training: Training of 1022 Community Health Care Workers on pregnancy danger signs, reporting of maternal deaths, exclusive breastfeeding and the essence of delivering in Health care Facilities is on-going in all fourteen



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Districts.

Status of EmOC monitoring visit by RHFP: planned activity to be completed in Q3.

Piloting Social Autopsy: TOT done in June 5, district roll out by June.

MDSR Supportive Supervision:

MOHS continued various activities under MDSR program using their own resources. Activities are: notification of maternal death, conduction of maternal death investigation or verbal autopsy by midwife investigators and organize district and hospital MDSR committee meetings. MDSR will be further strengthened with financial and technical assistance from UNFPA in quarter two and three of 2018.

ANC Adaptation / Training update: ANC adaptation workshop done.

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

Final guideline and tools for EmONC mentorship program had been developed in consultation with MOHS and WHO. MOHS has planned to train the district level mentors from five districts: Bonthe, Pujehun, Kailahun, Moyamba and Port Loko.

IEC Materials : --- 200 EmOC booklet and 260 EmOC protocol printed, order to print 250 EmON training curriculum ad 50 Facilitator guideline ,initiated and reported in Q3

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 change of Government following the presidential election that was held in quarter one of 2018, resulted in a substantial restructuring within MoHS which affected the implementation of the project activities. In addition, the delay of the MoHS in satisfying financial and technical reports for already completed activities resulted in embargo on further transfer of funds from WHO to MoHS for the implementation planned activities.

UNICEF

Some deviations and delays were experienced during April to June 2018. The plan to review and update district communication and social mobilization plans developed in 2016 was shifted to developing chiefdom communication and social mobilization plans, including for Karene and Falaba. Within the Western Area Urban and Rural, emergency communication plans were developed for the 75 wards across greater Freetown. This ensured the availability of focal points that can be mobilized to support communication and social mobilization in every chiefdom in the provinces, as well as every ward in Western Area Urban and Rural.

Radio programming was also impacted. The total number of radio programmes was reduced from 46 to 28 to ensure quality in monitoring of the programmes. However, with the promising preliminary reports from the field, this is



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expected to significantly increase in the coming quarter -- July to September 2018.

Lastly, social mobilisation and communication was intensified reaching 230 per cent of its target, as a result of the number chiefdoms being targeted through the measles campaign.

UNFPA

There were some delays during the reporting quarter due to:
Transition with new government, change in MOHS leadership ,, delay in fund transection from UNDP- MOHS account UNFPA had already discussed with MOHS to implement these scheduled activities after elections, during the trd 3rd 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)*