



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

<b>Project Number and Title:</b> #67 - Preparedness Joint Programme	<b>PROJECT START DATE<sup>1</sup>:</b> 30-08-2017	<b>AMOUNT ALLOCATED by MPTF</b> <i>(please indicate different tranches if applicable)</i>  UNFPA: \$730,275 UNICEF: \$308,963 WHO: \$1,456,773	<b>RECIPIENT ORGANIZATION</b>  UNFPA  UNICEF  WHO
<b>Project ID:</b> 00106850 (Gateway ID)			
<b>Project Focal Point:</b> Name: Matthias Percl E-mail: <a href="mailto:perclm@who.int">perclm@who.int</a>  Name: Dr. Riad Mahmud E-mail: <a href="mailto:rmahmud@unfpa.org">rmahmud@unfpa.org</a>  Name: Pa Ousman Manneh E-mail: <a href="mailto:pomanneh@unicef.org">pomanneh@unicef.org</a>	<b>EXTENSION DATE:</b> 30-11-2018	<b>FINANCIAL COMMITMENTS</b>  WHO: \$92,609 UNICEF: \$0 UNFPA: \$232,352	
<b>Strategic Objective (STEPP)</b> SO5 Prevent Outbreaks	<b>PROJECTED END DATE:</b>  30-09-2018	<b>EXPENDITURES as of March 2018</b>  WHO: \$648,756 UNICEF \$308,962.98 UNFPA: \$590,880.25	<b>IMPLEMENTING PARTNER(S):</b>  WHO, Ministry of Health and Sanitation  UNICEF via Government and CSO  UNFPA via Ministry of Health and Sanitation and CSO ( PPASL,CUAMM)
<b>Mission Critical Action</b> MCA13:Multi-faceted preparedness			
<b>Location:</b> Sierra Leone	<b>Sub-National Coverage Areas:</b> Kambia, Moyamba, Bombali, Bonthe, Pujehun, Kailahun, Port Loko, Kono, Western area rural, Tonkolili, Koinadugu and Bombali		

<sup>1</sup> The date project funds were first transferred.



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**QUARTERLY PROGRESS REPORT RESULTS MATRIX**

**OUTPUT INDICATORS**

<b>Indicator</b>	<b>Geographic Area</b>	<b>Projected Target (as per results matrix)</b>	<b>Quantitative results for the quarterly reporting period</b>	<b>Cumulative results since project commencement (quantitative)</b>	<b>Delivery Rate (cumulative % of projected total) as of date</b>
<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 developed. Launch planned for October 2018	
Number of technical people trained in IHR	National	120	0	Request received from MOHS. Planned for Q 4	
Number of PoEs assessed for implementation of IHR	National	9		9	100%
Number of PoEs supervised	National	18	0	Funds provided to MOHS. Planned for Q 4	
Number of quarterly cross-border coordination meetings held	National	24	8	15	63%
Revised IDSR strategy	National	1	0	New edition IDSR guidelines to be	



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				piloted October	
Number (copies) of printed IDSR/IHR material	National	5000	4000	The remaining to be printed in Q 4	80%
Number of HWs trained in IDSR	National	455	0	Planned for Q 4	
Number of clinicians trained in clinicians role in IDSR	National	100	0	Planned for Q 4	
Number of quarterly surveillance review meetings held at national level	National	4	1	4	100%
Number of health facilities with IDSR data quality assessed by national level	National	200	0	136	68%
Proportion of CBS reports verified	National	80%	68%	62%	62%
Number of health facilities supervised by national level in a year	National	400	127	260	65%
Number of health facility focal persons trained in IDSR	National	1300	0	Request received from MOHS. Planned for Q 3	
Number of local leaders sensitized	National	1750	0	0	
Proportion of alerts responded to	National	90%	93%	76%	84%



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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	14	Results due in October	Not applicable	
Number of CHWs trained	Community	100	Results due in October	Not applicable	
Number of M & E Officers trained	District	28	Results due in October	Not applicable	
Number of EmONC Facilities benefiting from mentorship programme'	District	120 CHW	Total of 50 mentors and 56 maternity staff trained	Not applicable	
Number of facilities monitored	District	14	Results due in October	Not applicable	
Number of district level MDSR supportive supervision visits conducted	District	14	Results due in October	Not applicable	
Number of communities with enhanced maternal deaths notification	Community	70	Results due in October	Not applicable	
IEC materials developed	National	1	4	Not applicable	



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Number of IEC materials printed and disseminated	District	5,000	1,150	1,150	23%
Number of EmONC OJT training for HCWs	District	30	40	40	133%
Number of Communities that benefited from PMTCT and HIV services	Community	30	Results due in October		
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	0	224	103%
Updated message guide for specific outbreak	National	1 updated messaging guide		1	Completed
Number of outbreaks supported as per IARR SOP	District	At least 2	0	1	50%
Number of community radio networks integrating positive behaviours in existing health and education radio dramas.	National	46 radio channels	59	46	128%
Number of IEC materials available	National	50,000 units	0	52,700	105%
Number of affected communities with intensified social	Sub-district	10 Chiefdoms	0	23	230%



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mobilization					
<b>EFFECT INDICATORS (if available for the reporting period)</b>					
Not applicable					

**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. 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

After successful completion of the National Action Plan for Health Security (NAPHS) 2018-2022, the document is being professionally designed and printed. The printed plan will be launched once an appropriate date has been set.

WHO provided technical support for the cross border coordination meetings in seven border district, targeting district level authorities. This was particularly important following the importation of measles from across the border into Koinadugu district that resulted in an outbreak in May-June 2018.

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

WHO provided technical and financial support to the MOHS to conduct the first round of Integrated Disease Surveillance supportive supervision visits in all fourteen districts of the country. A total of 127 health facilities were randomly selected for this activity. The main purpose was to assess the progress of IDSR implementation at district and health facility levels, identify gaps and challenges and render support to the health facility staff through on the Job training. The findings of the supervision were always shared with MOHS and partners for corrective measures to be taken were necessary.

WHO also extended its support to MOHS in Kenema district as part of the continuation of the eIDSR roll out at health



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facility level. A total of forty DHMTs (40) members and seven hundred and thirty-eight (738) health staff have so far been trained on electronic reporting on Integrated Disease Surveillance and Response in the country. This brings the total number of districts whose health facilities are now submitting IDSR report to the next level using the electronic platform to four out of the fourteen districts in the country. Preparations are also underway to roll out to the fifth district (Bonthe). 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.

WHO provided technical and financial assistance to the Government of Sierra Leone in organizing an IHR-PVS (pathway for veterinary services) bridging workshop that brought together 90 stakeholders from health, agriculture and environment under the umbrella of the One Health platform. The main objective of the workshop was to provide an opportunity to human and animal health services to improve on formal collaboration across the sectors and build on the assessment conducted by the JEE and jointly strengthen their preparedness for, and control or, the spread of zoonotic diseases.

As part of the revitalization process of IDSR into the health system, several innovations such as the use of electronic devices to conduct supportive supervision and Data Quality Assessment have been used by national teams resulting in remarkable benefits including timely information transmission, real-time tracking of data collection teams using the GPS enabled mobile devices and reducing the time for data entry and cleaning thus speeding up analysis and report writing processes. With support from WHO, the MOHS have completed a training for 7 national team members and 56 district team members which includes district surveillance and monitoring and evaluation officers. These staff can now fully maximize the benefits from these innovations

After extension of the project, plans were finalized with MOHS for Q4 activities. These include:

- IDSR Supportive Supervision visits to each of the 14 District Health Management Team surveillance team and selected health facilities.
- Conclude the country-wide eIDSR roll out at health facility level
- Training of multisectoral teams of personnel working at PoEs on IHR (2005)
- Training of Health Workers in IDSR
- Training of clinicians on their role in IDSR
- Develop the National Surveillance Strategic plan 2018-2022
- Adapt the new edition IDSR (2018) guidelines
- Print and distribute IDSR materials
- Quarterly surveillance review meeting at national level
- Train Health Facility focal persons on e-IDSR
- e-IDSR system support and maintenance
- Print and distribute IDSR and IHR material
- Train a multi sectoral PoE personnel on IHR 2005
- Supportive supervision of PoEs
- Conduct IDSR DQA at district and health facility levels

**UNICEF:**

Update national and district community engagement and social mobilization preparedness plans

Interventions under this activity are fully completed. The social mobilization aspect of the revised national EVD



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response plan was finalized. All 14 districts (the newly created districts of Karene and Falaba excluded) developed district level social mobilization plans for emergencies. This exercise created the opportunity to build the capacity of the social mobilization pillars at the district levels. Furthermore, as part of the exercise, all districts could clearly identify hazards specific to their districts and to develop relevant communication and social mobilization actions.

Going beyond the original plan, chiefdom preparedness plans were developed for all the 149 chiefdoms, as well as ward plans for 75 wards in Western Area Urban and Rural, such that focal points for social mobilization are now available at each level.

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

Paramount chiefs, or their representatives, from all 149 chiefdoms were engaged. Following the Presidential and councilor elections, all 75 newly elected councilors of Western Area Urban and Rural received similar orientations. The district social mobilization coordinators along with other partners facilitated their engagement, as well as the development of the chiefdom- and ward-level communication and social mobilization plans.

Rapid behavioural assessments and anthropological studies in case of an outbreak

Rapid behavioral assessments and studies are generally conducted to provide some rapid qualitative evidence for how best to approach communities. However, over the course of the reporting period, there were no major outbreaks that warranted a rapid behavioral assessment.

Coordination and monitoring of response

The national and district social mobilization pillars continued to provide coordination and supportive monitoring and supervisory roles at the national level as well as across all districts. At both the national and district levels, the pillars meet monthly. At the national level, UNICEF continues its leading role as co-chair.

Sustaining positive behaviour promotion using mass media

The MPTF funding continued to support the mass media campaign on cross-sectoral preventive behaviour promotion across the country. During the reporting period, the number of community radio stations participating in the campaign increased from 28 to 59 across the country.

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

This activity was completed during the reporting period. Approximately 52,700 assorted information, education and communication (IEC) materials premised on the emergency hazards identified across the country were developed, printed and pre-positioned at the regional and district levels. This included 10,000 copies of the emergency message guide, as well as 42,700 copies of IEC materials on cholera, measles, meningitis and Lassa fever. Due to the timely pre-positioning of the materials, Koinadugu, Kenema and Kailahun made immediate use of the materials to support community engagement and social mobilization interventions during the measles and Lassa fever outbreaks in the last quarter.

Intensified social mobilization in case of response

During the reporting period, there were no major outbreaks that required intensified communication and social mobilization interventions.



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**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 – September a total of 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 services 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.

MW Investigator Training:

Planned activity completed in Q3 and reports expected beginning of Q4.

M&E Training:

Planned activity completed in Q3 and reports expected beginning of Q4.

Status of EmOC monitoring visit by RHFP:

Planned activity completed in Q3 and reports expected beginning of Q4.

**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 liquidating financial and technical reports for already completed activities resulted in further delays in the implementation planned activities.

**UNICEF:**

To strengthen mitigation efforts for flooding in Freetown, MPTF funds were utilized to support the Freetown City Council to mobilize and engage all ward councillors and communities to take preventive actions to prevent flooding. Special radio and TV programmes were broadcast to support this end. While not per the original plan, this activity was deemed necessary to mobilize communities to prevent blocking of water ways and proper disposal of refuse such to



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ensure flooding, as occurred in August 2017, did not recur.

**UNFPA**

There were some delays during the reporting quarter due to the transition with the new government.

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

No. of Beneficiaries		Environmental Markers	
Women			
Girls			
Men			
Boys			
Total			

**Additional Information** *(Optional)*