



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

Project Number and Title: #63 - Positive Health., Dignity and prevention Project	PROJECT START DATE¹: 28 Sep 2016	AMOUNT ALLOCATED by MPTF to WHO \$USD 401,000	RECIPIENT ORGANIZATION WHO
Project ID: 00102292			
Project Focal Point: Name: PERCL, Matthias E-mail: perclm@who.int	EXTENSION DATE: 31-07-2017	FINANCIAL COMMITMENTS \$...	IMPLEMENTING PARTNER(S): Ministry of Health and Sanitation; Ministry of Social Welfare Gender & Children's Affairs; NGO partners
Strategic Objective (STEPP) SO# - Description Recovery Strategic Objectives RSO1 – Health Nutrition and WASH	PROJECTED END DATE: 31-12-2017	EXPENDITURES as of 31st December: USD 366,550 Balance (Refunded): USD 34,450	
Mission Critical Action MCA# - Description			
Location: Sierra Leone	Sub-National Coverage Areas: Full list of countries and/or districts		
Report Submitted by:	Report Cleared by:		
<input type="checkbox"/> Name: Matthias PERCL <input type="checkbox"/> Title: <input type="checkbox"/> Date of Submission <input type="checkbox"/> Participating Organization (Lead): <input type="checkbox"/> Email address	<input type="checkbox"/> Name: (Head of Agency) <input type="checkbox"/> Date of Submission <input type="checkbox"/> Participating Organization (Lead): <input type="checkbox"/> Email address		

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

¹ The date project funds were first transferred.



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<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
% of Ebola Survivors receiving rheumatologic consult	National	80%			
% of Ebola Survivors with rheumatology complaints who are referred for physiotherapy consult	National	40%			
% of Ebola Survivors with rheumatology complaints who are referred and receive treatment	National	40%			
% of Ebola Survivors referred for neurology consult	National	80%			
% of Ebola Survivors receiving neurology consult	National	40%			
% of Ebola Survivors receiving CT scan	National	300			
Number of Lumber puncture test performed	National	300			
Number of mid-level health care workers trained to identify neurological	National	320			



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complications					
EFFECT INDICATORS (if available for the reporting period)					
% of Survivor Advocates confirming the improved medical services to Survivors in targeted districts	12 Districts in Sierra Leone	100%		Not measured to date.	

PROGRAMME REPORT FORMAT

Current Situation and Trend

One of the key objectives of the EPR team is to support the MoHS Comprehensive Program for EVD Survivors (CPES) to provide ongoing care for the survivors of EVD in the country. The program was put in place to ensure that survivors of the EVD outbreak had adequate and standardized access to clinical care and implemented the now concluded National Semen Testing Program which sought to mitigate residual risk of Ebola resurgence in the country.

Since June 2017, there have been some changes in the dynamics of funding and implementation of activities pertaining to EVD survivors at district level. All Implementing Partners were funded through the same mechanism, which expired and hence the transition of responsibility to District Health Management Teams countrywide.

Narrative section

Key Achievements

- WCO supported the Project Implementation Unit on CPES to coordinate implementation of survivor care activities at the national level and in the districts. In this regard, monitoring and evaluation of project activities has been strengthened with acquisition of an M& E Officer (FTE) to document all data and follow up on field activities.
- WCO supported CPES PIU to conduct verbal autopsy on early mortality among EVD survivors in the country. To facilitate this, a questionnaire was developed, adapted, and translated into common languages (Krio, Temne and Mende). Training of interviewers was conducted in Makeni. Interviewers



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were taken through the questionnaire and were given tips on techniques and attitudes of successful interviewing.

- WHO is supporting MoHS in delivering comprehensive clinical and psychological care of EVD survivors. is ongoing. CPES has requested WHO to recruit two consultants to lead clinical care of clinical sequelae among EVD survivors, particularly in the areas of Rheumatology and Otolaryngology (ENT). A formal request in form of DFC is yet to be submitted to WHO.
- Training and deployment of 152 Survivor Care Advocates was completed in Q3 of 2016 countrywide. During this quarter, CPES has continued to follow them monthly and there are plans to assign them supervisors from District Health management Teams countrywide and from Health Implementing Partners where applicable.
- WCO continues supporting monitoring and evaluation of the survivor care program. In particular, WCO supported laboratory data analysis for the national semen testing program and presented this data to the coordination committee.

Key Achievements

- During this quarter, WHO offered technical guidance to Ministry of Health and Sanitation and Ministry of Social Welfare, Gender and Children's Affairs through CPES to conduct a stakeholders' consultative meeting on the EVD care transition process. Later in Quarter 3 of 2017, there is going to be a transition in financial and other forms of support that has previously been coming from DFID. Therefore, to ensure sustained care for EVD survivors and their families, Government of Sierra Leone has to prepare in advance to ensure that the anticipated reduction in funding does not cripple its operations.
- WHO has also supported MoHS CPES to analyse results of verbal autopsy on early mortality.
- Over the last one and a half years, MoHS and partners have carried out EVD viral persistence studies. In particular, WHO has been involved in guiding the implementation of Project Shield. This study has now been concluded and results will be presented during an international meeting in Monrovia at the end of June 2017. Implications of the findings on public health and risk communication measures will also be discussed.
- We continue to guide national efforts to promote mental health among EVD survivors. This has been achieved partly through Psychological First Aid (PFA) and community engagement to reduce stigma towards survivors and their families. WHO has supported implementation of a quantitative study to assess EVD survivors who participated in the semen assessment program (Project Shield), particularly evaluating the appropriateness of methods used and the cultural context in which the program was implemented.
- The program has documented several success stories attributed to the implementation of EVD



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survivor care during the reporting period with support from partners. However the story of a 15 year old survivor in the Bombali district who was evicted from the family home because she was suffering from TB is noteworthy. The family alleged that the girl was possessed by ‘the devil’ and could not allowed her to remain in the family house. With the support of the SA, the patient was referred to the PHU where her TB status was confirmed. With collaboration and networking, the patient has been supported with plumpy-nut and TB drugs by MSF and the PHU staff and this has resulted in a steady improvement in her condition. The patient has been accepted back into her family home with the support of the SA and CTO.

Key Achievements:

- WCO supported the Project Implementation Unit on CPES to coordinate implementation of survivor care activities at the national level and in the districts. During this quarter, the PIU embarked on the process of transiting administrative responsibilities over EVD survivor networks countrywide and all Implementing Partners that were offering clinical care in various districts handed over to the District Health Management Teams (DHMTs).
- WCO supported CPES PIU to procure items for the clinical care of EVD survivors. The items included neurology charts, patella hammers, otoscopes, tuning forks, crocodile forceps, CSF manometers, Sphygmomanometers and water syringes.
- WHO supported MoHS in delivering comprehensive clinical and psychological care of EVD survivors. CPES requested WHO to recruit two consultants to conduct capacity building on clinical care of clinical sequelae among EVD survivors, particularly in the areas of Rheumatology and Otolaryngology (ENT). These were recruited in Q3 and spent eight (8) weeks in country, training health workers on clinical management of ENT and rheumatological complications of EVD, in addition to conducting specialized clinics.
- As part of the transition of responsibility of EVD care and management, EVD survivor supervisors and coordinators in the districts have been linked to the respective DHMTs to ensure continuity of services.
- WCO supported monitoring and evaluation of the survivor care program, including analysis of data from Project Shield. These results were presented to an international meeting in Monrovia (June 2017), and resultant interim guidance on risk communication and public health implications of EVD viral persistence in semen

Key Achievements:

- Through WHO offered technical guidance to Ministry of Health and Sanitation and Ministry of Social Welfare, Gender and Children’s Affairs to finalize transition of responsibility to district authorities



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and district hospitals to ensure sustained care for EVD survivors and their families despite dwindling funding. Additionally, EVD care coordinators at district level have been integrated into management structures to ensure continuity of responsibility

- Consultants in Rheumatology and Otorhinolaryngology who were provided by WHO through MPTF funding continued with capacity building and provision of clinical care. In all, 26 Medical Officers, Community Health officers and Nurses were trained over a period of eight weeks.
- Upon completion of the international meeting on EVD viral persistence studies that was held in Monrovia in Q2, WHO continued to follow up on final recommendations and guidance on risk communication and public health implications. Although final guidance is yet to be issued, key agreed implications have been shared with CPES to facilitate planning.
- At the request of CPES, integrated activities targeting EVD survivors have been conducted in various districts combating HIV, stigma, promotion of safe sexual practices among EVD survivors and commercial sex workers who are EVD survivors as well.

Delays or Deviations – The Comprehensive Program for EVD Survivors (CPES) being a new program has been slow in aligning itself to the processes of WHO and this has led to delays in implementing some activities.

Implementation of activities for comprehensive survivor care requires and involves multiple line ministries that have not worked closely together before. This has posed challenges in coordination of efforts and has often led to delays in decision making..

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)*

The focal person for the Comprehensive Program for EVD Survivors (CPES) has been out of the country for most of this quarter, which has led to delays in complying with deadlines for submission of reports and accountabilities.

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Implementation of activities for comprehensive survivor care requires and involves multiple line ministries that have not worked closely together before. This has posed challenges in coordination of efforts and has often led to delays in decision making. However, despite initial delays, quite a lot was achieved in Q3.

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- **Best Practice and Summary Evaluation** – *(Please indicate what are the best practice guidelines adopted and the impact on the implementation process)*
- **Lessons learned** – *(Please, share a couple of lessons learned that can be beneficial for future projects)*
- **Story from the Field** – *(Please, provide one story from the field that has contributed to the success of this project)*