UN EBOLA RESPONSE MPTF
FINAL PROGRAMME[1] NARRATIVE REPORT
DATE: 12 NOVEMBER 2018

Project Number(s) and Title(s)	**Recipient Organization(s)**
#63- Title: Positive Health, Dignity and Prevention Project 00102292	**RUNO(s):** WHO, UNAIDS **Project Focal Point:** Name: Dr Robert Musoke E-mail: musoker@who.int Name: Dr Michael Gboun E-mail: gbounm@unaids.org
Strategic Objective & Mission Critical Action(s)	**Implementing Partner(s)**
SO (STEPP) RS01 – Health, Nutrition and WASH MCA No – Description *Laying the foundation for recovery through the provision of comprehensive package of services to EVD survivors*	UNAIDS: National AIDS Control Programme Women in Crisis (WICM). Network of People Living with HIV(NETHIPS) SL Association of Ebola Survivors (SLAES) Rofutha Development Association (RODA) World Food Programme WHO: Ministry of Health and Sanitation; Ministry of Social Welfare Gender & Children's Affairs;
Location:	**Sub-National Coverage Area:**
Sierra Leone	WESTERN RURAL, WESTERN URBAN (WESTERN AREA); PORT LOKO, BOMBALI, KOINADUGU (NORTHERN PROVINCE); BO, PUJEHUN, MOYAMBA (SOUTHERN PROVINCE); KAILAHUN, KENEMA (EASTERN PROVINCE).
Programme/Project Cost (US$)	**Programme Duration**
Total approved budget as per project proposal document: $594,920 ***by Agency (if applicable)*** UNAIDS: USD 165,850 WHO: USD 429,070 Agency Contribution *n/a*	Overall Duration *(months)* Project Start Date[2] *29 September 2016* Originally Projected End Date[3] *15 July 2017*

[1] Refers to programmes, joint programmes and projects.
[2] The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online MPTF Office GATEWAY.
[3] As per approval of the original project document by the Advisory Committee.

Government Contribution *n/a* Other Contributions (donors) *n/a* **TOTAL: $594,920**	Actual End date[4] *31 December 2017* Agency(ies) have operationally closed the programme in its (their) system Yes ☐ No ☐ Expected Financial Closure date[5]: (15th July 2018)
Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Evaluation Completed ☐ Yes ☐ No Date: *dd.mm.yyyy* Evaluation Report - Attached ☐ Yes ☐ No Date: *dd.mm.yyyy*	○ Name: Matthias Percl ○ Title: Management Officer ○ Date of Submission: 13 November 2018 ○ Participating Organization (Lead): WHO ○ Email address: perclm@who.int *Signature:*
	Report Cleared By
	○ Name: Alexander Chimbaru ○ Date of Submission: 13 November 2018 ○ Participating Organization (Lead): WHO ○ Email address: chimbaru@who.int *Signature:*

[4] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see MPTF Office Closure Guidelines.

[5] Financial Closure requires the return of unspent funds and the submission of the Certified Final Financial Statement and Report.

PROJECT/PROPOSALRESULT MATRIX

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**
Description of the quantifiable indicator as set out in the approved project proposal					
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 discrimination and other barriers to social integration	500	100%
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	84%
Number of condoms distributed to mitigate sexual transmission of and other STI, HIV	All selected districts	3,000,000	50 condom dispensers erected. 72,752 condoms distributed	Partially Met	Partially achieved
Number of staff provided with stipend and trained for community and counseling sessions	Moyamba Bo Bombali Koinadugu Kailahun Kenema. Pujehun	12	24	24	200%
EFFECT INDICATORS (if available for the reporting period)					
Number of sex workers reached with Ebola/HIV prevention and harm reduction message	Western, Kenema	20,000		20,000	100%
Number of support groups members reached with integration of EVD and HIV efforts and training on stigma and discrimination	National	2 per districts		2 per districts	100%
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	1,000		1,000	100%

PROGRESS REPORT RESULTS MATRIX

OUTPUT INDICATORS

Indicator Geographic Area Projected Target

(as per results matrix) Quantitative results for the (three months) reporting period Cumulative results since project commencement (quantitative) Delivery Rate (cumulative % of projected total)

as of date 31st December 2017

Description of the quantifiable indicator as set out in the approved project proposal

Number of trained Survivor Advocates and Survivor Advocate Supervisors

- 12 Districts in Sierra Leone (no Survivors currently in Bonthe)
- 152 Survivor Advocates and 30 Survivor Advocate Supervisors
- 152 Survivor Advocates and 22 Survivor Advocate Supervisors trained
- 174 CHWs trained (Survivor Advocates and Survivor Advocate Supervisors)
- 101% Survivor Advocates
- 73% Survivor Advocate Supervisor

Number of strengthened peripheral health units

- 12 Districts in Sierra Leone
- 104 PHUs strengthened Following May, no further clinics have been established, as per plan
- 104 was target, 104 strengthened

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 Not measured to date.

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The Positive Health, Dignity and Prevention Project was one of post-Ebola equity projects to increase resilience of those who survived the Ebola outbreak and were made vulnerable. The project was coordinated and implemented through the Ministry of Health and Sanitation (MoHS), Comprehensive Programme for EVD Survivors (CPES), National Aids Control Programme (NACP), National AIDS Secretariat, Women in Crisis (WIC), Sierra Leone Association of Ebola Survivors (SLAES) and Network of HIV Positives (NETHIPS), World Food Programme and other sex work organizations.

The project has achieved significant milestones– enhanced capacity of local mentors who reached over 20,070 sex workers with Ebola/HIV prevention and harm reduction messaging with strengthened watch networks; two support groups per district were reached with integrated EVD/HIV messaging and trained on stigma and discrimination reduction; 3500 adults were provided with counseling and information to address concerns related to Ebola, HIV and sexual Reproductive Health and most vulnerable households were further supported to have dignity and safe space.

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

Background and Situational Evolution (*please provide a brief introduction to the project and the related outcomes in relation to implementation of the project (1-2 paragraphs)*)

A comprehensive programme of services for Ebola survivors (CPES) has been developed by the Government of Sierra Leone with support from partners. The programme 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 Programme which sought to mitigate residual risk of Ebola resurgence in the country. There is especially a need to provide for specialized care to EVD survivors with increased vulnerabilities, such as those living with immunodeficiency (such as PLHIV) and children, who are often marginalized in broad programme approaches.

Another critical component to CPES is the provision of counseling and support for the reduction of stigma & discrimination and the mitigation of potential sexual transmission. Initiated as Project Shield Phase 3 & 4 and later incorporated into CPES, counseling and social outreach have proven to provide strong dividends towards the sensitization and behavior change within communities, thus providing improved quality of life among EVDS to live with respect and dignity. Hence, the initiatives of the project - Positive Health, Dignity and Prevention in 4 districts.

The objectives of the project were:

1. Provide specialized diagnosis and treatment for rheumatological and neurological conditions;
2. Train 26 Sierra Leonean healthcare staff in rheumatology and neurology;
3. Provide continuous supportive counseling and peer support for EVD survivors Living with HIV, EVDS, their partners and affected population;
4. Mitigate the risk of resurgence of Ebola and spread of HIV/STI from sexual transmission to sexual partners of EVD survivors.

Narrative section:

- **Key Achievements:**
  - Please describe the achievements as they relate to the effect indicators.
  - Please describe the achievements as they relate to the output indicators

The project delivered comprehensive clinical and psychological care to EVD survivors. Through technical assistance, capacity on clinical care of clinical sequalae among EVD survivors was strengthened, particularly in the areas of Rheumatology and Otolaryngology (ENT). Over eight weeks, 26 medical officers and nurses were trained on clinical management of ENT and rheumatological complications of EVD, in addition to specialized clinics.

The project guided national efforts to promote mental health among EVD survivors. This was achieved partly through Psychological First Aid (PFA) and community engagement to reduce stigma towards survivors and their families. WHO 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 programme was implemented.

The project built partnerships and trust, and capacitated community actors to deliver on services to reduce stigma and discrimination, improved programming skills and community outreach and counselling services.

Supportive counseling is a critical component to increasing knowledge and understanding about the persistence of Ebola in bodily fluids and the ramifications of such persistence to the individual's sexual reproductive health and interactions in the community as well as HIV transmission, treatment literacy and peer support for adherence. Lessons from the HIV response also show gains in strengthening support groups, community session and couples sessions to reduce stigma and discrimination and support individuals through challenging times.

Following the investment releases so far, there is a strong positive value of the projects by most beneficiaries-Ebola survivors and PLHIV. There was better integration into their families, relief from self and community stigma, improved knowledge on prevention skills and protection of spouses. The support groups and community networks received further strengthening.

EVD survivors are faced with social challenges especially with sexual relationships in their respective communities. Most of these vulnerable populations resolve to sexual practices with sex workers within their communities. It is estimated that there are upwards to 300,000 sex workers in Sierra Leone. With growing societal concerns of potential sexual transmission of Ebola to these high-risk population groups, there is a need for targeted interventions to protect these populations and their partners.

The project has equipped and operational an additional integrated drop-in centers for vulnerable groups to access prevention, treatment and psychosocial counseling services in a hard to reach location. It also provided other harm reduction interventions to increase awareness of risk of transmission, created early warning system among highly sexually active group and promoted access condom use among sex workers, their clients and other high vulnerable people such as men-who-have-sex-with-men (MSM)

The project supported CPES to coordinate implementation of survivor care activities at the national level and in the districts. The MoHS and Ministry of Social Welfare, Gender and Children's Affairs were supported to finalize transition of responsibility from CPES to district authorities and district hospitals to ensure sustained care for EVD survivors and their families. Additionally, EVD care coordinators at district level have been integrated into management structures to ensure continuity of responsibility.

- **Delays or Deviations** – *(Please provide short justification for any delays or deviations)*

There were initial delays in the start-up of the project as Christian Aid and partners worked together towards building a strong understanding of the project and trust for programme implementation through the clarification of expectations and the approach to the execution of the project. This included compliance with programme and financial management systems and procedures and reporting. Also, fostering a collaborative front between NETHIPS and SLAES and getting them to the same table took some time to achieve but was critical for achieving greater cross-learning for impact. Budgetary negotiations including revisions to earlier versions and the related administrative processes also took some time to finalize – but was critically important for ensuring that once the project gets started, there was adequate support to ensure timely implementation.

Implementation of activities for comprehensive survivor care required collaboration between 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. A lack of delegation from the focal person for CPES during his absence led to delays in complying with deadlines for submission of reports and accountabilities.

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

No. of Beneficiaries	
Women	
Girls	
Men	
Boys	
Total	

Environmental Markers
e.g. Medical and Bio Hazard Waste
e.g. Chemical Pollution

- **Best Practice and Summary Evaluation** *(one paragraph)*

This model of partnership where partner agencies were given direct implementation support 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 and building of livelihood skills. 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.

- **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 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

- **Story on the Ground**

The programme has documented several success stories attributed to the implementation of EVD survivor care during the reporting period with support from partners. However the story of a **15 year old female 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.

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 Ebola treatment unit (ETU) to use condoms for 6 months after recovery or I abstain from sex, I choose abstinence….. This was because I had never use 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 as survivor, 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 have also taken my partner for the test.