

**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT  
DATE: JANUARY 2019**

<p><b>Project Number(s) and Title(s)</b> RSO3 # 45 Database Creation; Needs Assessment &amp; Screening; Psychosocial Support &amp; Reintegration into Society 00096723</p>	<p><b>Recipient Organization(s)</b> <b>RUNO(s)</b> <b>Project Focal Point:</b> UNICEF Sierra Leone Name: James Gray E-mail: <a href="mailto:jgray@unicef.org">jgray@unicef.org</a></p>
<p><b>Strategic Objective &amp; Mission Critical Action(s)</b>  SO (STEPP) No. – <b>RSO3 – Basic Services and Infrastructure</b>  MCA No – Description</p>	<p><b>Implementing Partner(s)</b>  Ministry of Health &amp; Sanitation (MOHS), Ministry of Social Welfare Gender and Children’s Affairs (MSWGCA), Sierra Leone Association of EVD Survivors (SLAES)</p>
<p><b>Location:</b>  Sierra Leone</p>	<p><b>Sub-National Coverage Area:</b>  Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono, Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Western Area Rural and Western Area Urban</p>
<p><b>Programme/Project Cost (US\$)</b> Total approved budget as per project proposal document: MPTF<sup>2</sup>: \$788,456 Agency Contribution •  Government Contribution <i>n/a</i>  Other Contributions (donors) <i>n/a</i> <b>TOTAL:</b></p>	<p><b>Programme Duration</b>  Overall Duration: 37 months Project Start Date<sup>3</sup>: 01.11.2015  Originally Projected End Date<sup>4</sup>: 30.09.2018 Actual End date<sup>5</sup>: 30.11.2018  Agency(ies) have operationally closed the programme in its(their) system Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Expected Financial Closure date<sup>6</sup>:</p>
<p><b>Programme Assessment/Review/Mid-Term Eval.</b> Evaluation Completed</p>	<p><b>Report Submitted By</b> o Name: James Gray</p>

<sup>1</sup> Refers to programmes, joint programmes and projects.

<sup>2</sup> The amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

<sup>3</sup> 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](#).

<sup>4</sup> As per approval of the original project document by the Advisory Committee.

<sup>5</sup> 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](#).

<sup>6</sup> Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

Yes  No

Evaluation Report

Yes  No

- Title: Chief of Child Protection
- Date of Submission: 11.02.2019
- Participating Organization (Lead): UNICEF
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*Signature:*

**Report Cleared By**

- Name: Rushnan Murtaza, OIC Representative
- Date of Submission: 11.02.2019
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*Signature:*

## PROJECT/PROPOSALRESULT MATRIX

<b>Project Proposal Title:</b> Database Creation, Needs Assessment and Screening; Psychosocial Support and Reintegration into Society						
<b>Strategic Objective to which the project contributed</b>	<i>Basic Services and Infrastructure</i>					
<b>MCA [ ]<sup>7</sup></b>						
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target<sup>8</sup></b>	<b>Budget</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization(s).</b>
1. Establish a comprehensive fully functional, verified and user-friendly database on EVDS	Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono, Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Western Area Rural and Western Area Urban	943	\$59,100	4,000	EVD Database (MSWGCA/SLAES)	MSWGCA/SLAES /UNICEF
2. Number of EVDS and Survivor Advocates with increased capacity in PFA, PSS (First Aid)	Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono, Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Western Area Rural and Western Area Urban	160	\$85,000	175	Monitoring reports Training reports	MSWGCA/SLAES /UNICEF
3. Number of survivors and community members provided with psychosocial counselling	Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono, Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Western Area Rural and Western Area Urban	943	\$50,000	4,000	Counseling reports Monitoring reports	MSWGCA/SLAES /UNICEF

<sup>7</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>8</sup> Assuming a ZERO Baseline

<p>4. Number of strengthened Sierra Leone Association of Ebola Survivors through capacity building in organizational management and reporting</p>	<p>Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono, Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Western Area Rural and Western Area Urban</p>	<p>1 national and 13 district offices</p>	<p>\$118,200</p>	<p>13 districts</p>	<p>Training reports</p>	<p>MSWGCA/SLAES /UNICEF</p>
<p>5. Number of communities with greater understanding and awareness of the needs of EVDs</p>	<p>Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono, Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Western Area Rural and Western Area Urban</p>	<p>107 chiefdoms</p>	<p>\$50,000</p>	<p>138 chiefdoms</p>	<p>CE reports Monitoring reports</p>	<p>MSWGCA/SLAES /UNICEF</p>
<p>6. Number of individualized survivor needs assessments conducted at community level</p>	<p>Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono, Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Western Area Rural and Western Area Urban</p>	<p>943</p>	<p>\$143,800</p>	<p>4,000</p>	<p>Reports from survivor advocates</p>	<p>MSWGCA/SLAES /UNICEF</p>

MCA [ ]						
Effect Indicators	Geographical Area	Baseline <sup>9</sup>	Target	Final Achievements	Means of verification	Responsible Organization(s)
Number of EVD survivors that feel supported, and are welcomed by communities without stigma or discrimination	Bo, Moyamba, Pujehun, Kenema, Kailahun, Kono, Bombali, Koinadugu, Tonkolili, Port Loko, Kambia, Western Area Rural and Western Area Urban	0	943	Exact number is unknown, however an increased number of survivors reported improved acceptance at community level as a result of sensitization sessions, healing and cleansing ceremonies.	KAP survey	MSWGCA/SLAES /UNICEF

<sup>9</sup> If data is not available, please explain how it will be collected.

## **FINAL PROGRAMME REPORT FORMAT**

### **EXECUTIVE SUMMARY**

Funding from Multi Partner Trust Fund (MPTF) greatly contributed to the recovery and reintegration of Ebola Virus Disease (EVD) survivors, as well as to the implementation of the Government of Sierra Leone's National Recovery Plan following the EVD epidemic in the country. In particular, funding from the MPTF supported the implementation of 'Project Shield', which was designed to reduce any resurgence of EVD through sexual transmission; 'Project Shield' was an integral part of the President's Recovery Priorities.

The following was achieved with funding from the MPTF:

- i)** The roll-out of the Comprehensive Package on Ebola Survivors (CPES) and 'Project Shield' enabled the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) to establish a national database on survivors, which can guide policy and programme design, including facilitating survivors' access to basic services;
- ii)** The capacity of the Sierra Leone Association of Ebola Survivors (SLAES) was enhanced for registration, assessment, coordination and follow up on survivor activities at the national and district level. With strengthened capacity, SLAES was able to effectively collaborate with the MSWGCA and UNICEF to carry out the verification and registration of survivors; conduct psychological first aid (PFA) and counseling for survivors on safe sex practices and the use of condoms to prevent transmission of the EVD virus through sex; and organize training for EVD survivors on PFA. Additionally, SLAES collaborated with the MSWGCA to provide livelihood support to 550 adult survivors and school materials to 1,500 child survivors in 13 districts across the country. SLAES has established functional offices in 13 districts and in Freetown coordinates EVD survivor activities; and
- iii)** Awareness raising and sensitization of more than 300 communities in 12 districts plus Freetown contributed immensely to the reduction of stigma against survivors, which also contributed greatly to the reintegration of survivors into their families and communities. More than 100,000 people were reached through the awareness raising and sensitization conducted.

### **Background and Situational Evolution**

Data collected by the Ministry of Health and Sanitation (MoHS) determined that there were 4,051 persons who contracted but survived the Ebola Virus Disease (EVD), whereas records by the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) showed that there were only 3,032 survivors. A full database containing detailed information on all the survivors did not exist, impeding delivery of services for the survivors.

EVD survivors were given access to free health and psychosocial services from 2015 to date, however many continued to have medical problems long after being declared 'Ebola free'. Additionally, many survivors faced stigma and discrimination after returning to their home communities. To help address this, mass sensitization was conducted at the national, district and community levels to help address stigma faced by Ebola survivors, and to stimulate greater acceptance and reintegration of the survivors at the community level.

Coordination of services to Ebola survivors increased their access to health care and psychosocial care at the district level through implementation of a Comprehensive Package on Ebola Survivors (CPES); 'Project Shield' was an integral part. Mainstreaming child survivor programming into the broad case management process within the MSWGCA also ensured that child survivors accessed services for their recovery and reintegration. Child protection agencies followed up on child survivors at the community level on a monthly basis, ensuring their placement into alternative care or providing them with food and non-food items, as well as ensuring their participation in recreational activities at the community level.

Registration and verification of EVD survivors made it possible to track survivors, assess and monitor

their needs and refer them to appropriate services. Some survivors also voluntarily participated in studies on EVD persistence in bodily fluids, which helped researchers better understand sexual transmission of EVD, and illuminated that the virus can still be detected in male semen up to nine months after 'Ebola free' status is medically declared.

The above study formed part of the implementation of 'Project Shield', which was funded in part with funds from the MPTF. Male survivors 15 years of age and above were provided with counselling on safe sex practices and enlisted to participate in semen testing. The project was conceptualized in five phases<sup>10</sup>. The registration and verification of the EVD database (phase two of 'Project Shield') was led by the MSWGCA with support from UNICEF. Through the project's main target (male survivors above 15 years of age), the Government database of data on Ebola survivors was updated and facilitated the delivery of the CPES.

In the context of implementation of CPES and 'Project Shield', UNICEF supported: 1) identification, verification and registration of Ebola survivors; 2) provision of psychosocial support; 3) assessment of survivor needs/mapping of services; and 4) training of survivor advocates on PFA.

### **Narrative section:**

- **Key Achievements:**

The awareness raising and sensitization programmes carried out in districts enhanced the reintegration of survivors. Community healing and cleansing ceremonies carried out by MSWGCA and NGO partners made it possible for communities to fully accept EVD survivors. At the end of cleansing ceremonies, communities prayed for survivors and offered words of apology having stigmatized and discriminated against the survivors. Survivors that had experienced being expelled from their communities due to the belief that they had brought the disease to their communities underwent a ceremonial cleansing.

The above activities had the positive effect of ensuring that all survivors were accepted back to their communities, 75 per cent of which reported feeling 'welcome'.

A total of 4,000 survivors were registered by MSWGCA and SLAES nationwide. Comprehensive information on survivors was captured in an Excel database managed by SLAES. Only 620 survivors in the Western Area were provided with serialized ID cards through the MSWGCA. Although other survivors were not provided with serialized ID Cards, referral through SLAES and CSOs made it possible for them to access medical services at the government hospitals and other health centers managed by MOHS partners. At the community level, survivors accessed various services for their healing and reintegration such as cleansing and healing services, food and non-food items, cash grants, PFA and other services.

All survivors registered and verified in the districts participated in at least in one PFA session each during the project period. This included one-to-one meetings/counselling sessions or group meetings facilitated by trained survivors with support from social workers from the MSWGCA. Additionally, male survivors 15 years and above received counseling on safe sex practices and the use of condoms. Some of these young male survivors also volunteered to participate in research to determine how long EVD remained in semen after being medically declared, 'Ebola free'.

With funding from MPTF, the capacity of SLAES to coordinate and monitor service provision to survivors, as well as to create space for peer interaction and support was strengthened. SLAES was supported to establish offices at the national level and in each district (with funding from other sources); to recruit and provide stipends to survivor volunteers to manage SLAES activities in every district; to provide training for at least 50 SLAES members on leadership, organizational management; and to conduct PFA and monitoring.

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<sup>10</sup> Phase 1: preparation, phase 2: registration of EVD, phase 3: counseling on safe sex practices; phase 4: semen testing and phase 5: vaccination.

Through SLAES, limited financial support (approximately US\$10 per day, for a two-to-three-week period) was provided to survivors trained as advocates to facilitate their outreach and field activities during the registration and verification exercise, which lasted approximately 14 to 21 days in each district. Though this support was given as stipends to cover their daily allowances, it also indirectly improved the livelihoods of survivors. At least 60 survivors received such support through MPTF funds in Tonkolili and Kono districts. At present, SLAES offices remain functional in every district and have continued to monitor and raise awareness on survivor issues at national and international levels.

Through the registration and verification exercise, as well as PFA and counselling sessions, the individual needs and challenges of 4,000 survivors were identified, and survivors were referred for services and support. The major needs included health, livelihoods and - in the case of children - access to education. A total of 550 survivors in the Western Area (Rural and Urban) were provided with livelihood support in the amount of 700,000 Leones (approximately US\$100) each from MPTF funding (other survivors had received the same support from funds provided by World Bank and other donors). In all, 1,500 EVD child survivors and orphans in 15 districts were provided with assorted school materials, including bags and books. Through the case management system child survivors were comprehensively assessed, as well as sequentially assessed and referred to various services for their recovery and reintegration, such as placement in foster families or in kinship care (for those who were orphans) and recreational play, and were provided with school materials as well as reintegration kits (including a mattress, bucket, plastic cups, plates and spoons, toothbrush and paste, clothing and slippers.)

As noted earlier, ‘Project Shield’ was intended to minimize the risk of sexual transmission of Ebola, and as such a primary target of the project were EVD male survivors above 15 years old. A total of 96 out of the 239 survivors registered in Tonkolili and Kono with MPTF support were males above 15 years. Through direct support provided to the National Aids Control Programme (NACP), these young males were trained on safe sex practices and provided counselling on semen testing.

Finally, and although not directly funded through MPTF, UNICEF provided SLAES a vehicle (through the MSWGCA) to strengthen its coordination capacity and monitoring of services provided to EVD survivors throughout the country.

- **Delays or Deviations**

Administrative changes in MSWGCA created delays in the implementation of the activities in this agreement and led to three extensions of the end date for implementation of activities. Between 2015 and 2017, MSWGCA saw the appointment of three ministers, as well as changes in programme staff. Activities in this agreement, as well as other activities (not related to this agreement) were suspended to allow for new ministers to understand the dynamics of implementation and how to position themselves to carry the project forward. Also changes in the humanitarian landscape required some changes in the design and geographical coverage. Instead of four districts which were initially targeted, the project was expanded to all 13 districts in the country. This geographical re-scoping was necessary especially for the full implementation of ‘Project Shield’, which contributed to the prevention of the spread of the EVD virus through sexual transmission.

- **Gender and Environmental Markers**

<b>No. of Beneficiaries</b>	
<b>Women</b>	1,200
<b>Girls</b>	340
<b>Men</b>	2,000
<b>Boys</b>	460
<b>Total</b>	<b>4,000</b>



- **Best Practice and Summary Evaluation**

Collaboration with the direct beneficiary group (survivors) through the survivor association, SLAES, was critical in the achievement of the results of this project. Partnership with SLAES enabled successful implementation of 'Project Shield', which contributed to the prevention of the EVD virus through sexual transmission. By partnering with SLAES, registration and verification of survivors nationwide was carried out; survivors were trained and deployed to provide peer support to one another; and service provision to survivors was coordinated, monitored and reported on. Partnership with SLAES sustained MPTF investments by creating a strong association of EVD survivors that will continue to advocate for the needs of survivors, as well as in maintain space at district level for peer support to unforeseen problems that may arise with survivors.

- **Lessons learned**

Flexibility of the MPTF support allowed for UNICEF advocacy and technical support to be adjusted in order to adapt to the inconsistencies created by the slow pace of implementation and delays caused by frequent changes in leadership at the MSWGCA. Such delays created a need for budget realignment and geographical re-scoping from four districts, which were targeted in the initial design of this project to 13 districts nationwide. The project was primarily designed to be implemented through the relevant Government line ministries, and in the case of UNICEF through the MSWGCA. As described, progress was variable and to some extent very slow. Between December 2015 and March 2016, the project seemed to be on track before slowing down mostly due to the changes in the MSWGCA leadership and subsequent shift in priorities. In such a context, more flexible funds and delivery mechanisms are needed in order to provide services to vulnerable individuals, their families and communities. This is more important in emergency and post emergency contexts such as the post Ebola context.

- **Story on the Ground**

*To be provided.*