



EBOLA RESPONSE MULTI-PARTNER TRUST FUND PROPOSAL

Proposal Title: Positive Health, Dignity and Prevention Project	Recipient UN Organization(s): UNAIDS Sierra Leone, WHO Sierra Leone
Proposal Contact: Michael Gboun UNAIDS Country Director gbounm@unaids.org +232 77 909099 Anders Nordstrom WHO Representative nordstroma@who.int +2322233773 Patricia Ongpin Strategic Information Advisor, UNAIDS ongpinp@unaids.org +232 77 909098	Implementing Partner(s) – name & type (Government, CSO, etc.): <input type="checkbox"/> Ministry of Health and Sanitation (MOHS)– Government <input type="checkbox"/> Ebola Survivors Care Consortium - CSO <input type="checkbox"/> Kings Sierra Leone Partnership - CSO <input type="checkbox"/> National AIDS Secretariat - Government <input type="checkbox"/> NETHIPS - CSO <input type="checkbox"/> SWAASL - CSO <input type="checkbox"/> National AIDS Control Programme - Government <input type="checkbox"/> SLAES - CSO
Proposal Location (country): Please select one from the following Guinea Liberia Sierra Leone Common Services	Proposal Location (provinces): National with some activities for targeted populations / locations (see matrix for details)
Project Description: <i>Sierra Leone has approximately 4000 survivors, 80 % of whom report of Joint pains, a significant cohort have developed neurological conditions, and an estimated 400 Ebola survivors are living with HIV. The complex clinical complications that EVD survivors face are compounded by the stigma and discrimination they face within their communities in addition to the potential risk of transmission through sexual contact. Mitigating these health and social problems will improve quality of lives, positive health, dignity and prevention</i>	Requested amount: 594,920 USD Other sources of funding of this proposal: Start Date: July 15, 2016 End Date: July 15, 2017 Total duration (in months): 12 months
RECOVERY STRATEGIC OBJECTIVES (RSOs) to which the proposal is contributing. For reporting purposes, each proposal could contribute to one RSO. For proposals responding to multiple RSO please select the primary RSO to which the proposal is contributing to. Health, Nutrition, and Water, Sanitation and Hygiene (WASH) Socio-Economic Revitalization Basic Services and Infrastructure Governance, Peacebuilding, and Social Cohesion	

Recipient UN Organization(s)	Management Committee Chair:
<p data-bbox="207 380 456 464"><i>Dr Michael Frank Ghoun</i> <i>Country Director</i> <i>UNAIDS</i></p> <p data-bbox="207 491 310 520"><i>Signature:</i></p> <p data-bbox="207 632 266 661"><i>Date:</i></p> <p data-bbox="207 827 435 911"><i>Dr Anders Nordstrom</i> <i>Country Representative</i> <i>WHO</i></p> <p data-bbox="207 938 310 968"><i>Signature:</i></p> <p data-bbox="207 1079 266 1108"><i>Date:</i></p> <p data-bbox="207 1304 298 1333"><i>Co- sign:</i></p> <p data-bbox="207 1360 613 1415"><i>Sunil Saigal</i> <i>UN Resident Coordinator in Sierra Leone</i></p> <p data-bbox="207 1442 310 1472"><i>Signature:</i></p> <p data-bbox="207 1554 266 1583"><i>Date:</i></p>	<p data-bbox="878 380 1068 409"><i>Dr. David Nabarro</i></p>

NARRATIVE (Max 2 Pages)

Rationale for this project:

A comprehensive programme of services for Ebola survivors (CPES) has been developed by the Government of Sierra Leone with support from partners. One key component of this programme is the provision of medical and rehabilitation services for the estimated 4,000 survivors. However, the more commonly reported chronic symptoms including joint and muscle pains as well as auditory problems are currently only addressed using basic medication which is erratically available. The Ebola survivors thus have to buy these medications and services, which they are unable to do so due to financial, logistical or health constraints. The Comprehensive Program for Ebola Survivors provides funding for survivors to access what services Ministry of Health and Sanitation (MoHS) facilities are able to offer, however, reviewing the health needs of survivors has highlighted the very limited availability of specialist services in Sierra Leone as well as the high costs of additional diagnostics and specialized treatment required. There is especially a need to provide for specialized care to the survivors with increased vulnerabilities, such as those living with immunodeficiency (such as PLHIV) and children, whom 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.

The objectives of this project are:

1. Support EVDS with specialized treatment and care
2. Provide continuous supportive counseling and peer support for EVD survivors Living with HIV, EVDS, their partners and affected population
3. Mitigate the risk of resurgence of Ebola and spread of HIV/STI from sexual transmission to sexual partners of EVD survivors

Objective One: Support EVD survivors with specialized treatment and care

Building back a better system for health requires that these extremely vulnerable populations are provided with the social security to access specialized health care and social support. Previous studies have shown that 60-80% of the Ebola survivors' complaints which can be debilitating and disabling in severe cases. A few of the survivors have presented with an array of central nervous system (CNS) symptoms, including weakness confusion, seizures, twitching amongst many others. Some have been investigated showing a positive polymerase chain reaction (PCR) in the cerebrospinal fluids. Attending to these is crucial to a survivors' life as some have ended up in death. These services would also be very helpful in building up the health system by training mid-level HCW in the provision of both rheumatological and neurological care. Predominantly, this will be on-job training that will not interfere with the day to day running of the services of the health care workers. The Ministry of Health and Sanitation already has a national training and mentorship program in which these trainings will be embedded.

Strategies to be implemented to reach the objective are:

- Facilitate the provision of rheumatological and neurological medical and diagnostic services to provide mentorship for MoHS personnel and build in country capacity in this field of

expertise. This will ensure availability of basic equipment that require minimal maintenance by the health facilities. The equipment will be procured by the Ministry of Health and Sanitation.

- Strengthen the capacity of support groups and networks of vulnerable populations to provide support for additional treatment costs i.e. procuring drugs for treatment services. This will not be not a cash transfer program to SLAES.
- Ensure individuals with increased vulnerability, such as HIV EVDS, have access to early free advance medical care and support.

Objective Two: Provide continuous supportive counseling and peer support for EVD survivors living with HIV, EVDS, their partners and affected population

With the experience from Project Shield, it has been shown that 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. This proposal will support the roll out of Project Shield in the 5 remaining districts who have yet to receive these services as well as strengthen the support group systems via lessons experiences of the HIV sector.

Strategies to be implemented to reach the objective are:

- Continue supportive counseling to EVDS, EVDS with HIV, their partners (formal and informal), and their immediate household and peers to reduce stigma and discrimination
- Provide counseling services (group or one to one) for EVDS partners and families, and to affected community members to reduce stigma and discrimination
- Engagement of community members and leaders, including traditional, religious, women and youth groups on zero stigma and discrimination campaigns
- Strengthen the capacity of support groups and networks of vulnerable populations to provide support for members and increase coping mechanisms amongst their members
- Train key CPES staff on HIV in order to address the additional vulnerabilities of EVDS who live with HIV
- Host collaborative meetings and sessions between EVD and HIV support groups to integrate the support and enhance efforts towards the reduction of stigma and discrimination

Objective Three: Mitigate the risk of resurgence of Ebola and spread of HIV/STI from sexual transmission to sexual partners of EVD survivors

EVDS 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.

Strategies to be implemented to reach the objective are:

- Provide prevention and harm reduction interventions to increase awareness of risk of transmission
- Create early warning system among highly sexually active group

- Increase condom use among sex workers, their clients and other high vulnerable people such as men-who-have-sex-with-men
- Establish community based one stop drop in centers for comprehensive and integrated services to support the mitigation of sexual transmission of HIV and EVD and the community watch networks

Coherence with existing projects:

As a part of health system recovery the Governments 10 -24 month plan includes the Key result area 3 whose priority is to ***Facilitate access and utilization to the provision of integrated free comprehensive health care for survivors***. Specialized health care for survivors is one of the activities that has been identified and prioritized as part of the Government recovery plan and strategic objective. UNCT supports the government recovery plan through overall Health system strengthening initiatives including increasing access and utilization of services, capacity building and technical support to MOHS and DHMTs. This project will specifically support the Comprehensive Programme of Ebola Survivors and Project Shield, Phase 3, both of which are ongoing efforts to support EVDS. This project will bring synergy and address needs of highly vulnerable segment of the community.

Capacity of RUNO(s) and implementing partners:

As key coordinators and contributors to the multi-sectoral response, UNAIDS and WHO will work through the expertise of its partners in the ground to implement the activities. UNAIDS and WHO will ensure great transparency throughout the implementation as well as ensure accountability and effective monitoring and evaluation of the impact of this investment.

Partners to implement this component of the project would include:

- NAS and NACP have existing systems and extensive experience implementing counseling programmes related to sexual health, behaviour change communication, couples counseling and condom promotion.
- NETHIPS, the umbrella organization for HIV support groups, has extensive experience with support groups and program delivery
- SLAES, provides a unique reach into the beneficiaries group
- SWAASL, a leading NGO working to protect vulnerable women including sex workers, has a wide network of sex workers whom can be reached for the project that they currently provide other support related to livelihood programs and HIV services
- Ebola Survivors care consortium provide service delivery in their respective districts
- Kings Sierra Leone Partnership provide specialized care
- Handicap international

Proposal management:

UNAIDS and WHO will support the Government of Sierra Leone's implementation of the project and specifically the MOHS. Coordination and collaboration will take place with NAS, NETHIPS, SLAES, Kings Sierra Leone Partnership, Handicap International, The Ebola Survivors care consortium and SWAASL and for project monitoring and evaluation the UNAIDS "situation room" model will be used to ensure value for money.

The funds will go to WHO and UNAIDS to support the MOHS in implementing the project. For local cost, Direct Financial Collaboration (DFC) will be the preferred modality. In addition to that WHO and UNAIDS will contract consultants at the request of the MOHS and also provide support to NGO partners as defined in the project document.

Risk management:

Sierra Leone is prone to emergencies, such as the 2015 floods, the 2012 cholera outbreak and the 2014 Ebola outbreak. Any further humanitarian crisis would slow the delivery or reduce the reach of the project, but would not stop the implementation altogether.

Table 5 – Risk management matrix

Risks to the achievement of SO in targeted area	Likelihood of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigating Strategy (and Person/Unit responsible)
Natural Emergencies	Medium	Low	Use existing network of partners to HIV and the Ebola Survivors Care consortium to delivery on the project. Use of Cities initiative with a community based support systems. Ensure the services are included in the health system emergency response plan

Monitoring & Evaluation:

M&E structures are currently in place within NAS, NACP and NETHIPS in order to support regular monitoring of the implementation of objectives one and three of the project. M&E structures are currently being put in within Ebola survivors care consortium which would be governed by the MOHS/MSWGCA-Program implementation unit (for survivors), in order to support regular monitoring of the implementation of objective one of project. The MOHS, working with WHO and UNAIDS will monitor the overall project implementation by strengthening and coordinating collation of routine data reporting for the project through the use of the Situation Room in UNAIDS which has already been set up to host regular updates on the progress of the project.

PROPOSAL RESULT MATRIX

Proposal Title: Positive Health, Dignity and Prevention Project					
Strategic Objective to which the Proposal is contributing	Health, Nutrition, and Water, Sanitation and Hygiene (WASH)				
Effect Indicators	Geographical Area (where proposal will directly operate)	Baseline In the exact area of operation	Target	Means of verification	Responsible Org.
Number of sex workers reached with Ebola / HIV prevention and harm reduction messaging	Western Area (Rural and Urban), Kenema	0	20,000	Programmatic information	UNAIDS
Number of support groups members reached with integration of EVD & HIV efforts and training on stigma & discrimination	National	0	2 per District	Programmatic information	UNAIDS
Number of adults provided with counseling and information to address concerns related to Ebola, HIV and SRH	3 of the Prioritized districts for Project Shield roll out (Bo, Kenema, Kailahun, Moyamba, Koinadugu)	0	1,000	Programmatic information	UNAIDS
Number of survivors who have reported improvement after treatment	National	0	80% of EVD survivors	Community Post treatment Survey	WHO
EVDS-specific treatment guidelines produced for rheumatology	National	0	1 completed guideline	Guidelines	WHO
EVDS-specific treatment guidelines produced for Neurological care	National	Basic available	1 complete guideline	Guidelines recommended	WHO
Number of hospitals equipped with basic Neurologic examination equipment	National	Connaught is basically equipped	4 regional hospitals	Supportive supervision	WHO

Output Indicators	Geographical Area	Target	Budget	Means of Verification	Responsible Org.
Number of community watch networks in place among sex workers to act as early warning system for outbreak	Western Area (Rural and Urban), Kenema	30	20,000	Signed list of participants sensitized on system	UNAIDS
Number of prevention and harm reduction outreach sessions conducted and "one stop shop" locations established for sex workers and other key populations with high risk of sexual transmission	Western Area (Rural and Urban), Kenema	50	20,000	Signed lists of participants with agendas and training materials	UNAIDS
Number of EVDS and PLHIV attending EVD/HIV collaborative efforts to integrate network efforts and reduce stigma and discrimination	National	500	32,000	Documented cases of support	UNAIDS
Number of participants in HIV TOT training session for CPES advisory staff	National	15	6,000	Signed lists of participants with agendas and training materials and	UNAIDS
Number of staff provided with stipend and trained for community counseling sessions	3 of the Prioritized districts for Project Shield roll out (Bo, Kenema, Kailahun, Moyamba, Koinadugu)	12	20,000	Documentation from counselors	UNAIDS
Number of people reached through community meetings, peer support, and couples counseling sessions		1,000	28,000		UNAIDS
Number of media outlets used for sensitization on EVDS and reduction of stigma and discrimination		15	4,000		UNAIDS
Number of condoms distributed to mitigate sexual transmission of HIV and other STI, HIV		3,000,000	13,000		UNAIDS

Percentage of Ebola survivors receiving rheumatologic consults.	National	80%	15,000	Programme service sites	data	from	WHO
Percentage of Ebola survivors with rheumatology complaints who are referred for physiotherapy consult	National	40 %	10,000	Programme service sites	data	from	WHO
Percentage of Ebola survivors with rheumatology complaints who are referred and receive treatment.	National	40%	20,000	Programme service sites	data	from	WHO
Percentage of Ebola survivors referred for neurology consult	National	80%	25,000	Programme service sites	data	from	WHO
Percentage of Ebola survivors receiving neurology consult	National	40 %	33,000	Programme service sites	data	from	WHO
Number of Ebola survivors receiving CT- scan	National	300	3,000	Programme service sites	data	from	WHO
Number Lumber puncture test performed	National	300	3,600	Programme service sites	data	from	WHO
Number of mid-level health care workers trained to identify neurological complications.	National	320	52,200	Participants list in training			WHO
<i>Staffing</i>			196,000				
<i>Data collection</i>			24,000				
<i>Equipment & Supply</i>			31,200				
<i>Indirect Cost max 7 %</i>			38,920				
Total Project Cost in USD			594,920				

Project budget by UN categories

PROJECT BUDGET		
CATEGORIES	WHO	UNAIDS
1. Staff and other personnel		
Rheumatology Consultant (1)	35,000	0
Neurology Consultant (1)	35,000	0
Training and Mentorship of 26 National Health Officers in Rheumatology and Neurology developing sustained capacity for these services made available to general population in need	126,000	0
Total Staff	196,000	0
2. Supplies, Commodities, Materials		
Procurement of basic equipment for 13 Specialised Consults in Rheumatology and Rehabilitation/Physiotherapy — These equipment include tendon hammers, Bp machines, CSF manometers and neurological charts. They will be located and managed by the designated facilities and require minimal maintenance which can be provided by the maintenance units existing in the facilities. These will be procured by the Ministry of Health and Sanitation.	31,200	0
Total supplies and construction	31,200	0
3. Equipment, Vehicles, and Furniture, incl. Depreciation	0	0
Total equipment, vehicle and furniture	0	0
4. Contractual services		
Implementation of interventions to SW, PLHIV and EVDS	0	143,000
Costs of visits for specialized care provided to service providers		
- Rheumatology/ Musculoskeletal: 4 visits / 1 per month 4 months	72,800	0
- Neurology: 6 visits/ 1 every 2 wks. x 3 months	89,000	0
Total contractual services	161,800	143,000
5. Travel (For oversight and M&E of the project)	12,000	12,000
Total travel	12,000	12,000
6. Transfers and Grants to Counterparts		
Total transfers and grants	0	0
7. General Operating and other Direct Costs		
TOTAL General Operation and Direct cost		
Sub-Total Project Costs	401,000	155,000
8. Indirect Support Costs	28,070	10,850
TOTAL	429,070	165,850
PROJECT GRAND TOTAL	594,920	