

Project Number and T #67 - Preparedness Join Project ID: 00106850 (Gateway ID) Project Focal Point:		PROJECT ST DATE ¹ : 30-08-201	: 17	tranches u	dicate different if applicable) NFPA: \$730,275 NICEF: \$308,963 VHO: \$1,456,773	RECIPIENT ORGANIZATION UNFPA UNICEF WHO
Name: Matthias Percl E-mail: perclm@who.int Name: Dr. Riad Mahmu E-mail: rmahmud@unfp Name: Marie-Noelle Fal E-mail: mnfall@unicef.c	d a.org l org	dd-mm-yy (Not Applica	able)		*#####################################	
Strategic Objective (ST SO5 Prevent Outbreaks Mission Critical Action MCA13:Multi-faceted pre		PROJECTED DATE: 31-08-201		1	PITURES ember 2017 \$62,653	IMPLEMENTING PARTNER(S): UNFPA, UNICEF via Government and CSO, WHO, Ministry of Health and Sanitation
Location: Sierra Leone	Sierra Leone					mbia, Moyamba, Bombali, , Kono, Western area rural,
		OUTPU	T INDIC	CATORS		
Indicator	Geographic Area	Projected Target (as per results matrix)	results quai	titative s for the rterly ng period	Cumulative results since project commencemen (quantitative)	
Description of the quantifiable indicator as set out in the approved project proposal						
Number of IHR quarterly coordination	National	4				

¹ The date project funds were first transferred.



meetings held				
Number of meetings held to evaluate progress of implementation of NAPHS	National	1		
Number of technical people trained in IHR	National	120		
Number of PoEs assessed for implementation of IHR	National	9		
Number of PoEs supervised	National	18		
Number of quarterly cross-border coordination meetings held	National	24		
Revised IDSR strategy	National	1		
Number of printed IDSR/IHR material	National	5000		
Number of HWs trained in IDSR	National	455		
Number of clinicians trained in clinicians role in IDSR	National	100		
Number of quarterly surveillance review meetings held at national level	National	4		



Number of health facilities with IDSR data assessed by national level	National	200		
Proportion of CBS reports verified	National	80%		
Number of health facilities supervised by national level in a year	National	400		
Number of health facility focal persons trained in IDSR	National	1300		
Number of local leaders sensitized	National	1750		
Proportion of alerts responded to	National	90%		
Adapted EBS guidelines	National	1		
EBS training package developed	National	1		
Number of EBS material printed	National	1500		
Number of health workers trained in EBS	National	1400		
Number of MW Investigators trained	District	28		
Number of CHWs trained	Community	600		



Number of M & E Officers trained	District	28			
Number of EmONC Facilities benefiting from mentorship programme'	District	120 CHW			
Number of facilities monitored	District	14			
Number of district level MDSR supportive supervision visits conducted	District	14			
Number of communities with enhanced maternal deaths notification	Community	70			
IEC materials developed	National	1			
Number of IEC materials printed and disseminated	District	5,000			
Number of EmONC OJT training for HCWs	District	120	40	40	
Number of Communities that benefited from PMTCT and HIV services	Community	30			
National and district preparedness plans reviewed and updated	National	15 plans			



Period (Quarter-Year): October-December 2017

Number of PCs and WCs oriented on preparedness plans	National	218			
Updated message guide for specific outbreak	National	1 updated messaging guide			
Number of outbreaks supported as per IARR SOP	District	At least 2			
Number of community radio networks integrating positive behaviours in existing health and education radio dramas.	National	46 radio channels			
Number of IEC materials available	National	50000 units			
Number of affected communities with intensified social mobilization	Sub-district	10 Chiefdoms			
EFFECT INDICATORS (if available for the reporting period)					
Not applicable					

NARRATIVE

Situation Update (please describe critical changes, if any, in the situation that affect the project (1-2 paragraphs))-

Ongoing campaigns by different political parties for the upcoming national election and change in government in 2018 may affect the pace of the implementation of the project.

Key Achievements (please use this section to highlight your key achievements for the month, using bullet points if preferred)

UNFPA:



Period (**Quarter-Year**): October-December 2017

•	Detailed implementation plan and activity wise budget for the project were prepared in consultations with Ministry of Health & Sanitation (MOHS).
•	Two Training of The Trainers (TOT) were conducted and 40 MOHS staffs were trained including: Midwives, Medical Superintendents, Matrons, District Health Sisters, Nursing Officer, Community Health Officer and State registered Nurses as facilitators on the harmonized curriculum on Emergency Obstetric and Newborn Care (EmONC). Four participants were nominated per districts from 10 districts including Western Area Rural, Kambia, Port Loko, Moyamba, Tonkolili, Koinadugu, Kono, Bonthe, Kailahun and Pujehun districts. (Please refer to annex 1 for details). The training commenced on the 13 th and was completed on the 17 th November 2017. The following interactive facilitation methods and techniques were used by the trainers for effective and successful facilitation:
	☐ Presentations /Lectures
	□ Role-plays
	Skills/ Demonstration
	□ Brainstorming□ Scenarios
	☐ Discussions
	Case studies
	□ Video show
•	A guideline for the Social Autopsy (SA) under 'Maternal Death Surveillance and Response' program has been drafted. SA will be piloted in Kambia and Moyamba districts in 2018.
UN	NICEF:
<u>Up</u>	date National and District Community engagement and social mobilization preparedness plans
•	In collaboration with the Health Education Division of the Ministry of Health and Sanitation, 14 district preparedness plans for community engagement and social mobilization have been developed. A national Ebola Virus Disease (EVD) response plan already exists with social mobilization as a key pillar and component.
<u>En</u>	gagement of Paramount chiefs and Ward Councilors (WA) for Chiefdom / Ward preparedness plans
•	As part of developing the chiefdom level social mobilization plans for the 190 chiefdoms as per the new dispensation, all the paramount chiefs and regent chiefs have been engaged. Ward Councillors as found in WA are yet to be engaged.
<u>Ra</u>	pid behavioral assessments and anthropological studies in case of an outbreak
•	Through other sources of funding, the Emergency Message Guide for local disease and environmental threats

facing Sierra Leone was validated, finalised and distributed widely amongst development partners. The document explains some 12 possible disasters including Ebola, Measles, Yellow Fever, Polio, Fire Accidents and Social

Unrest, and provides recommendations on how to prevent or minimise their spread.



Period (Quarter-Year): October-December 2017

Coordination and monitoring of response

• The Inter-Agency Rapid Response team responded through technical support during the mudslide/flooding emergency response in August 2017. Through other sources of funding, partners were well prepared with information, education and communication (IEC) messages and materials in anticipation of the floods. Community health workers (CHWs) along with other volunteers carried out daily outreach to affected communities and this helped prevent a cholera outbreak.

Sustaining positive behavior promotion using mass media

• Through other sources of funding, Olman Biznes' the radio drama promoting maternal and child health issues and trust building messages continues to be broadcasted on 46 at prime time since February 2017.

Preposition IEC materials on key behaviours

- IEC materials promoting positive healthy behaviours (handwashing, breastfeeding, sleeping inside a mosquito net, safe water, rain water harvesting) and on various hazards are available and in ready-to-print format, in case of any emergency. Materials for EVD have been prepositioned.
- The Emergency Message Guide for local disease and environmental threats facing Sierra Leone was validated, finalised and distributed widely amongst development partners. The document explains some 12 possible disasters including Ebola, Measles, Yellow Fever, Polio, Fire Accidents and Social Unrest, and provides recommendations on how to prevent or minimise their spread.

Intensified social mobilization in case of response

This activity has been supported through other sources of funding. Social Mobilisation actors are found in each of
the 14 districts under the leadership of the Health Education Division's DSMCs and WHO's Community
Engagement Officers. They meet regularly with other key players like the Inter Religious Council/ SL and
community service organisation (CSO) partners, in the monthly District Social Mobilisation Meetings to plan how
to engage communities. The development of chiefdom emergency social mobilization plans was maximized to
ensure the creation of chiefdom social mobilization committees.

WHO:

- Several related activities were implemented that set the stage for the implementation of the MPTF-funded activities. These include:
 - o IHR stakeholders meetings to review and cost the National Action Plan for Health Security (NAPHS). This meeting was organized by the IHR coordination steering group.
 - National Surveillance Review Meeting in Port Loko. All districts (DHMTs), WHO field staff and WCO (IDSR and EPI) participated. We used EPI funds which were already available with MOHS. The meeting was used to review the Q3 performance indicators and come up with action points/ recommendations.
 - o IDSR training in Western Area Urban and Western Area Rural to enhance surveillance post mudslide and flooding disaster.



Period (Quarter-Year): October-December 2017

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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)

Due to the financial closure of biennium 2016-17, WHO had to put on hold several activities. These will be implemented in the remaining quarters in 2018.

The major changes in the project are appended below with rationale:

- a) The target for 'Number of MW Investigators trained' indicator has been increased to 28 instead of originally planned 14. This increase has been made to comply with MOHS guideline to train two MW investigators from each of the 14 districts of the country.
- b) The target for the 'Number of CHWs trained' indicator has been increased to at least 600 CHWs instead of the original target to train 100 CHWs. 100 CHWs will be trained from the selected six districts having low skilled birth attendants (SBA) where the risk of maternal deaths is high. As per Demographic and Health Survey 2013, SBA coverage in Moyamba is 36.4 %, Tonkolili 37.8%, Portloko 46%, Koinadugu 33%, Kambia 40.6% and Bombali 45.4 % and CHWs of these districts will be trained.
- c) The target for the 'Number of EmONC OJT training for HCWs' indicator has been increased to 120 instead of the original plan of 30. The indicator has been rephrased as 'Number of EmONC Basic training for HCWs'. This revision has been made to roll out the new harmonized EmONC curriculum of MOHS in four selected districts. However, EmOC training in the remaining 10 districts has been accomplished from other funding. In 2017, 40 facilitators have already received the TOT and 80 HCWs will be provided with basic EmONC training.

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

No. of Beneficiarie	es
Women	35,870
Girls	
Men	
Boys	
Total	

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

Additional Information (Optional)

40 facilitators (Female 34, Male 6) received Training of Trainers (TOT) on harmonized EmONC training

Annex 1: Summary of EmONC TOT participants trained by cadre

Cadre	Number of Male	Number of	Total Number of
	Participants	Female	Participants
	_	Participants	_
		_	



Total	6	34	40
State Registered Nurse		1	1
Community Health Officer	1		1
Nursing Officer		1	1
Midwives		12	12
Deputy matron/Matrons		10	10
District Health Sister		10	10
Medical Superintendent	5		5