



**UN EBOLA RESPONSE MPTF
PROJECT MONTHLY PROGRESS REPORT - VERSION 1
Period: March 2016**

Project Number and Title: #45- Ebola Survivors- Database Creation; Needs Assessment & Screening; Psychosocial Support & Reintegration into Society	PROJECT START DATE¹: 13-11-2015	AMOUNT ALLOCATED by MPTF \$ 258,940 (for WHO)	RECIPIENT ORGANIZATION WHO, UNICEF
Project ID: 00096723			
Project Focal Point: Name: Elaina Davis E-mail: davise@who.int	EXTENSION DATE: dd-mm-yyyy	FINANCIAL COMMITMENTS	
Strategic Objective (STEPP) SO _n - Description	PROJECTED END DATE: 13-11-2016	EXPENDITURES \$ 108,725	IMPLEMENTING PARTNER(S): Ministry of Health and Sanitation; Ministry of Social Welfare Gender & Children's Affairs; NGO partners
Mission Critical Action MCA _n - Description			
Location: Country or Regional	Sub-National Coverage Areas: Full list of countries and/or districts		

MONTHLY PROGRESS REPORT RESULTS MATRIX

OUTPUT INDICATORS

Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the (one month) reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
9. Number of trained health workers and community health workers in CPES and survivor screening	13 Districts in Sierra Leone	80 health workers (2 per hospital) and 150 community	0	0	0%

¹ The date project funds were first transferred.



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		health workers			
10. Number of strengthened or established survivor clinics	13 Districts in Sierra Leone	13 survivor clinics	No further clinics will be established	10 clinics (Dec 2015)	66.66% (Dec 2015 – 10 clinics in 8 of 12 districts)
EFFECT INDICATORS (if available for the reporting period)					
% of medical staff confirming the improved medical services to survivors in targeted districts	13 Districts in Sierra Leone	90%	Not measured in February		

NARRATIVE

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

WHO's support to MoHS for the implementation of the Comprehensive Programme for EVD Survivors (CPES) has made substantial progress towards the national scale-up of delivery of free health services for Survivors during the month of March.

WHO continued to support the planning of activities that will be implemented in Q2 including the training of staff at a variety of levels of the referral pathway within the mainstream health structure on survivor care and referral. Guidance tools were developed to support the planned activities of these staff.

WHO aligned its internal priorities in relation to survivors across the 3 countries in a 3 Level WHO meeting held in Guinea from 1-2 March.

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

During the month of March, WHO supported the MoHS in national scale-up of free services to survivors. Specifically, partner commitment and target facilities were confirmed in each district with the input of the District Health Management Team (DHMT) and national level Programme Implementation Unit (PIU), leading to agreement on terms of the implementation arrangements among partners, PIU and donors. This is essential in ensuring that the delivery of survivor services and future integration into the primary health service is streamlined and uniformed.

Furthermore, five sub-groups of the Survivors Technical Working Group (STWG) were convened during March under the leadership of MoHS and PIU, with the support of WHO, to finalise key CPES SOPs and policies. WHO participated in all 5 STWGs to provide key technical input and support:

1. Training and Mentorship Package: this sub group met to develop the training and supportive supervision package for clinicians including curriculum and plan for continued monthly mentorship.
2. Human Resources: this sub group met to determine the scope of work of the Survivor Advocates, Survivor



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Advocate Supervisors, Referral Coordinators, and the CPES District Transition Coordinator (see diagram in Annex 2). The job descriptions for each role were finalized.

3. **Supply Chain and Logistics:** this sub group met to discuss the logistics and supply chain for medicines, supplies, and equipment support to Hospitals and Public Health Units (PHUs). They continue to work to provide solutions to avoid stock outs of essential supplies at points of service ensuring effective delivery of free healthcare to survivors.
4. **Referral pathways:** this sub group met to define the referral pathways and procedures for survivors from PHUs to District Hospitals, and to Tertiary Hospitals/Referral Services when needed, and the counter referral system.
5. **Monitoring, Evaluation and Information Management:** this sub group met to define monitoring indicators, determine reporting pathways and discuss how communication will be facilitated through partners, government agencies and donors.

During March WHO supported the MoHS in planning for:

- Training of trainers for core clinical staff: 4 regional trainings [WHO/MOHS]
- Recruitment and hiring of Program Implementation Unit staff at MoHS
- Identify, recruitment and train Survivor Advocates and Referral Coordination staff involved in the survivor case management function
- PHU training for basic treatment of survivors and identification of red flags and referral when required

These activities will be implemented in Q2 following in person district discussions.

Furthermore, WHO supported PIU to develop communication around CPES roll out for engagement with survivors, DHMTs, partners and donors; to inform DHMTs and others of the planned rollout of CPES at national level and the specific activities required from districts regarding the design and implementation of associated district survivor plans; and to facilitate coordinated preparations for CPES roll out in the districts from April.

WHO staff working on survivors issues participated in the 3 Level WHO Meeting in Conakry, Guinea from 1-2 March along with WHO Guinea, WHO Liberia, WHO AFRO and WHO HQ. The meeting discussed and concluded that semen testing alone is not enough and that survivor care should include a strong counselling component on safe sexual practices at community and facility levels; that there is a need to focus resources in geographical areas with higher risk of resurgence and to prioritise the implementation of low cost-high impact activities; that roll out of the basic package of services to survivors must be prioritised in the three countries; and that local capacity for care of survivors should be expanded and streamlined into existing health services. It should be noted in this regard that the MPTF funding is of particular importance as resources for EVD and for survivor issues in particular are dwindling despite the high workload ahead. WHO determined that consequently it will be particularly important to focus on implementing low cost-high impact activities.

WHO survivors colleagues supported MoHS in planning and executing a workshop held on 9 March in Freetown to discuss the progress and way forward for the 5 STWG sub groups. The workshop was attended by MoHS, WHO and the other implementing partners.

Furthermore, WHO continues to provide technical support as part of the Partner's Consortium to build on the existing



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network of partner organizations currently providing varying levels of clinical services to survivors to implement CPES. By leveraging partner's existing infrastructure and knowledge, but with an increased emphasis on service delivery through the public sector and on a standardized approach, it will be possible to more rapidly scale up implementation of CPES throughout the country, in support of the MoHS agenda. The MoHS signed off the Partner's Consortium CPES Implementation Plan in March. Significant progress was made towards consolidating the documents that will guide the Consortium's work and developing training manual and presentations for upcoming trainings.

Following the three workshop with clinicians of survivor clinics, PHUs and 2nd & 3rd Level Govt. Hospitals that took place from December to February WHO has supported MoHS to develop clinical decision making support tools that will serve as job aids for community health officers (CHOs) and other HCWs. A specific working meeting was held on this topic on 22 March. These tools will support HCW decision making in the identification of red flags and referrals. The job aids will be used to train HCWs on survivor care. These clinical decision making tools will act as reference materials for all implementing partners to ensure standardization of services provided.

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))

There have been delays in the preparation of key guideline documents and plans for the national delivery of CPES resulting from the lack of agreement between the Ministry of Health and Sanitation and the Ministry of Social Welfare, Gender and Children's Affairs regarding survivor support priorities.

In reference to the indicators, MPTF should be aware that in line with MoHS priorities no further 'free-standing' survivor clinics will be built. The aim is to provide services to all survivors through the integration/streamlining of CPES into the primary healthcare system. Consequently, the number of 'free-standing' survivor clinics should decrease over time as services are integrated. It has been suggested that WHO make a formal request to MPTF to alter the indicator from 13 to 10 clinics, however, it should also be noted that success against this indicator as it current stands will infact measure lack of progress.

Additionally, a survey of % of medical staff confirming the improved medical services to survivors in targeted districts will be conducted but this is not a monthly activity. It is likely that the survey will take place during the month of July towards the end of the project. WHO will ask implementing partners supporting the hospitals and PHUs to conduct a quantitative structured questionnaire, of the opinions of the medical staff they are supporting. Before conducting the survey it will be important to determine the number of medical staff to be surveyed. MPTF should note however that other CPES monitoring data will be collected from April. It might be possible to substitute this data in relation to this indicator. This will be discussed further with MPTF.

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

No. of Beneficiaries		Environmental Markers	
Women		e.g. Medical and Bio Hazard Waste	
Girls		e.g. Chemical Pollution	
Men			
Boys			
Total			



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Additional Information (Optional)

Annex 1:

District	Implementing Partner	Type of Clinical Services	Facility/Location	# PHUs
Western Area	Kings Partnership S Leone	• Tertiary Care	Connaught Hospital	N/A
	Welbodi Partnership	• Tertiary Care	Princess Christian Maternity Hospital; Ole During Children's Hospital	N/A
	International Medical Corps	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care • Semen Testing	Lumley Hospital	10
Port Loko	Partners In Health	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care • Semen Testing	Port Loko Government Hospital	15
Kambia	Partners In Health	• Community-Based Case Management • Facility-Based Case Manager at Kambia Government Hospital + Referral to PLGH • Semen testing referrals to Port Loko	Kambia Government Hospital	3
Bombali	World Hope International	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care [in collaboration with MRC] • Semen Testing	Old Government Hospital	10
Tonkolili	World Hope International	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care [in collaboration with MSF Holland] • Semen Testing referrals to Bombali	MSF Survivor Clinic + TBD Public Facility	4
Koinadugu	Medicos Del Mundo	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care	Kabala Government Hospital	1
Kono	Partners In Health	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care; • Semen Testing	Koidu Government Hospital; Wellbody Clinic	2
Kailahun	Save the Children	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care;	Kailahun Gov Hospital/Kenema Govt Hospital	9
Kenema	GOAL	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care;	Kenema Govt Hospital	10
Bo	GOAL	• Community-Based Case Management • Comprehensive Facility-Based Primary and Secondary Care;	Bo Government Hospital	4
Pujehun	Save the Children	• Community-Based Case Management • Facility-Based Case Manager at Pujehun Government Hospital + Referral to BGH	Referrals to Bo Government Hospital	0
Moyamba	Medicos Del Mundo	• Community-Based Case Management and Secondary Care	Moyamba Government Hospital	3