



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: 2017**

<b>Project Number and Title:</b> #64 – Title: Community Perception of Ebola Study/Survivors’ Care Project	<b>PROJECT START DATE<sup>1</sup>:</b> 30 March 2017	<b>AMOUNT ALLOCATED by MPTF</b> <i>(please indicate different tranches if applicable)</i> \$249, 952	<b>RECIPIENT ORGANIZATION</b>
<b>Project ID:</b> 0000000 (Gateway ID)			<b>IMPLEMENTING PARTNER(S):</b>  Center for Liberia’s Future, Inc
<b>Project Focal Point:</b> Name: Dr. Alex Gasasira E-mail: <a href="mailto:gasasiraa@who.int">gasasiraa@who.int</a>	<b>EXTENSION DATE:</b>	<b>FINANCIAL COMMITMENTS</b>  \$...	
<b>Strategic Objective (STEPP)</b> SO# - Description <b>Recovery Strategic Objectives</b> RSO# - Description	<b>PROJECTED END DATE:</b>  31 December 2017	<b>EXPENDITURES as of [date]</b>  \$249, 952.	
<b>Mission Critical Action</b> MCA# - Description			
<b>Location:</b> Liberia	<b>Sub-National Coverage Areas:</b> Full list of countries and/or districts: The study will be undertaken in all 15 counties in Liberia (Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, River Gee, Rivercess and Sinoe) including towns, villages, and cities- rural and urban.  Support services offered will prioritize 6 high burden counties ((Montserrado, Grand Bassa, Grand Cape Mount, Nimba, Margibi and Bong)		
<b>Report Submitted by:</b>	<b>Report Cleared by:</b>		
<ul style="list-style-type: none"> <li>○ Name: Dr. Nuha Mahmoud</li> <li>○ Title: Technical coordinator HSE</li> <li>○ Date of Submission: 09 May 2018</li> <li>○ Participating Organization (Lead):</li> <li>○ Email address: <a href="mailto:hamidn@who.int">hamidn@who.int</a></li> </ul>	<ul style="list-style-type: none"> <li>○ Name: (Head of Agency)</li> <li>○ Date of Submission</li> <li>○ Participating Organization (Lead):</li> <li>○ Email address</li> </ul>		

OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target	Quantitative results for the	Cumulative results since project	Delivery Rate (cumulative % of

<sup>1</sup> The date project funds were first transferred.



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		(as per results matrix)	reporting period	commencement (quantitative)	projected total as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
Documentation of Indigenous Knowledge on Public Health Preparedness and Ebola Recovery	All 15 counties	6 counties	6 counties	6 counties	100%
Beneficiaries from delivery of essential services	880	880	500	500	100%
Articles Published, Reports Completed, and Media Contacts Held (Radio, Town Halls, Validation Exercises, Presentations, Stakeholder Meetings)	20	20	20	20	100%
<b>EFFECT INDICATORS (if available for the reporting period)</b>					

(DELETE BEFORE SUBMISSION)

**Guidelines:**

The Annual programme narrative Report template is based on the UNDG 2003 template, which is currently under review and is in line with the [UNDG Results Based Management Handbook \(October 2011\)](#). Please, submit to the Technical Secretariat and the MPTF Office the annual narrative reports as per requirement indicated in the Ebola Response MOU at the Section IV Reporting para 2(a), which states:

*Each Recipient Organization will provide the Trust Fund Secretariat with the following statements and reports prepared in accordance with the reporting procedures applicable to the Recipient Organization concerned, as set forth in the TOR and the UN MOU. The Recipient Organizations will endeavour to harmonize their reporting formats to the extent possible:*

*(a) Annual narrative progress reports, to be provided no later than three months (31 March) after the end of the*



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
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*calendar year;*

In preparation of the Annual programme narrative report, please indicate an assessment of the current implementation status and results (the Result Based Matrix template is included). Please, outline the progress of the activities implemented, giving particular accent to the current reporting exercise period (1 Jan 2016 – 31 Dec 2016) attach any additional relevant information and photographs, assessments, evaluations and studies undertaken or published.

**Formatting Instructions:**

- The report should be between 5 and 7 pages. Please spell out all abbreviations and acronyms used in the report.
- Format the entire document using the following font: 12 point \_ Times New Roman
- The report should be submitted in one single Word and one signed PDF file.
- Annexes can be added to the report, but need to be clearly referenced, using footnotes or endnotes within the body of the narrative.
- Photographs can be also shared in High Resolution format via Drop Box or Flickr

**PROGRAMME REPORT FORMAT**

**EXECUTIVE SUMMARY**

In ½ to 1 page, summarise the key achievements of programme in terms of outcomes and outputs. Please, list the main activities implemented for the project, and describe the progress made during the current reporting period. Explain how the outcome(s) indicated in the Matrix have contributed to the project objective(s) through the Mission Critical Action (MCA) for the Response and the Recovery Strategic Objective (RSO) for Recovery



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Year: 2017**

**Current Situation and Trend** *(please provide a brief introduction to the project and the related outcomes in relation to implementation of the project (1-2 paragraphs))*

The devastating Ebola Disease Outbreak (EVD) in 2014-2016 in West Africa, Liberia became the most heavily affected country, with widespread loss of lives and devastation to society. The impact of Ebola has been pervasive and far-reaching, affecting individuals and communities psychologically, economically, and socially. The aftermath of the Ebola outbreak presents challenging times for Liberian families and communities, most especially, the nation's Ebola-affected populations, which face unparalleled needs as long-term unemployment, hunger, health complications, and homelessness.

Preliminary research findings from the Center for Liberia's Future (CFLF) on community perceptions of Ebola survivors and affected populations depict a broad spectrum of needs. Ebola survivors, orphans, and caregivers highlight an array of health, economic, psychosocial, educational and general livelihood needs. Survivors report health problems related to their eyes, muscles, and head (neurological). Manifesting the trauma that many suffered, adults report mood swings, regular nightmares, problems maintaining social relationships, while orphans are reported to be involved in physical fights with peers, high drop-out rates from school, coupled with sexual promiscuity, even low levels of involvement in criminal behaviors. Caregivers highlight that economic hardships are their number one challenge. In the education realm, orphans face the need for tuition, uniforms, transportation fare, textbooks, and stationeries.

World health Organization in collaboration with the implementing partner Center for Liberia's Future, planned the community Perception of Ebola Study/Survivors' Care Project, to address the strategic objective of ensuring essential services for Ebola affected populations: survivors, orphans, and caregivers in Liberia. Rather than taking a prescriptive approach to messaging and community engagement, as many previous Ebola response projects have done. The project consisted of three parts: 1) a perception study to understand how Liberian's perceive Ebola and the type of support survivors need to enhance their reintegration into society, 2) public outreach to share the findings, and 3) service delivery for survivors and affected populations based on needs identified through the survey.

1000 direct beneficiaries will participate in the community perception survey. 500 people will receive services based on their articulated needs.

**Narrative section** *(About 1,000 words):*

Ebola survivors, orphans, and caregivers are highly stigmatized and discriminated against and as such, engage in continued mobility to achieve anonymity. As such, when targeted beneficiaries were engaged, they were found to be mobile. Tracking them imposed hardships on staff. Some were found, but others were not located in the process. Yet still, we managed to distribute rice (the clients' most preferred supplies) to the targeted 500 beneficiaries in all the 6 targeted counties.

One of our key achievements is that we visited all 15 counties including the 6 targeted counties, the latter for service delivery.



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: 2017**

- **Key Achievements:**

*1. National Perception Survey*

One of our key achievements is that we visited all 15 counties. Secondly, CFLF also were able to complete the requisite procurement activities and to recruit and interview 880 study participants out of the targeted 1000 given that the target population is hard-to-reach, under-researched, and most importantly frequently mobile seeking anonymity due to heightened stigma and discrimination meted out at them.

Key findings from the study:

- Risk of transmission to HCWs remains high due to perceived ongoing low adherence to IPC practices.
- Orphans face isolation, exploitation, rejection and stigma in their everyday life with no systemic interventions to address these needs
- The intensity of stigma has reduced considerably since the end of the epidemic, but not systematically across the country
- Perceived widespread poverty and malnutrition among orphans and caregivers.
- One- time emergency support provided by GoL and donor partners is unsustainable.
- Many orphans have drop out from school, especially older ones who must peddle goods or get involved in illicit activities to care for their siblings.
- Orphans serve providers for caregivers' biological children and/or face threats of sexual abuse from older adults – caregivers and others.
- Trauma, evident by continuing expression of grief among orphans and some orphans broke down during interviews or others remained mute.
- Caregivers lack sustained public, familial, and psychosocial supports addressing the behavioral needs of despondent and defiant orphans.
- Preparedness level is not uniform across the country due to local dynamics and differences in cultural practices or access to health
- Should an EVD outbreak of the 2014-2015 magnitude occur, the nation is unprepared to respond efficiently and effectively (minimizing infection rates and associated casualties).

Additional achievement included training a research team of 6 people on how to conduct community perception study, conduct interviews with hard to reach populations, data analysis, report and article writing as well as making presentations to variety of different audiences in person and on the radio/TV.

## **2. Public Outreach and Education**

The final project report has been completed and validated, the staff supported the next stage of the project, sharing the findings with key stakeholders, and the general community. CFLF presented the research finding to the President and the Cabinet of the Republic of Liberia and the Senior Management teams at the Ministry of Health and the National Public Health Institute of Liberia (NPHIL). Articles have been published in the



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: 2017**

local dailies and ready for academic journals. Presentations have been made on local radio stations and to different audiences regarding the research.

The research findings on preparedness have been presented to selective audiences being cautious that it could spur unwarranted fear if presented to the general public. The final report and presentation are also provided to WHO electronically.

*3. Service Delivery for Survivors and Affected Individuals:*

The research study consists of four main focus groups including; survivors, caregivers, orphans and other community leaders (i.e. religious leaders, teachers, chief medical officers, police officers and motorcycle riders). While documenting their perceptions, experiences and health seeking behaviors, preliminary findings have uncovered a strained communal care system in which few resources are available for these populations. Urgent need exists to build an imaginative model of social service delivery to attend to the emerging needs of this special population. CFLF able to distribute rice (the clients’ most preferred supplies) to the targeted 500 beneficiaries in all the 6 targeted counties (Montserrado, Grand Bassa, Grand Cape Mount, Nimba, Margibi and Bong).

The affected individuals and support provided can be divided into two groups:

1. Orphans (as a result of Ebola) and Caregivers: most significant needs are for livelihoods
2. Survivors: have varied needs, including health needs and livelihoods needs

<b>No. of Beneficiaries (Research/Supplies)</b>	
<b>Women</b>	311
<b>Girls</b>	110
<b>Men</b>	360
<b>Boys</b>	99
<b>Total</b>	880

- **Delays or Deviations** – *(Please indicate, if applicable, any reason that may have contributed to any delays or deviation, and describe the measures adopted to move forward to achieve the expected results )*

NA

- **Best Practice and Summary Evaluation** – *(Please indicate what are the best practice guidelines adopted and the impact on the implementation process)*
- **Lessons learned** – *(Please, share a couple of lessons learned that can be beneficial for future projects)*

UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: 2017

- **Story from the Field** – *(Please, provide one story from the field that has contributed to the success of this project)*



Training of research team.