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;	Strategic Objective (ST SO3 – Ensure essential s Mission Critical Action MCA06 – Access to basi	ervices	PROJECTEI DATE: 06/11/20	:	as of 8 Ju \$357, 004	4.01. The project ntation is being	PA Gov Hea Min We	PLEMENTING RTNER(S): vernment, Ministry of alth and Sanitation, nistry of Social lifare, Gender and ildren's Affairs and GOs
	Location: Sierra Leone	MONT	HLY PROGRES	Bomba	li, Kambia			
			OUTPU	U T INDI C	CATORS			
	Indicator	Geographic Area	Projected Target (as per results matrix)	results (one r	titative for the nonth) ng period	Cumulative results since project commencemen (quantitative)	-	Delivery Rate (cumulative % of projected total) as of date
	Des	scription of the g				e approved project	prop	posal
	1. Number of chiefdoms /wards with established and functional Rapid Response Teams	Bombali, Kambia	COMMUN 75 chiefdoms	Since the outbreak during the	re was no response month, no activities		VD and of ere	10.45% of allotted amount used to support the EVD event in Tonkolili

¹ The date project funds were first transferred.



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				districts.	
2. Number of community structures including VDCs trained	Bombali, Kambia	TBD after mapping community structure	Since there was no outbreak response during the month, no significant activities to report on.	While the process of VDC mapping is ongoing, Chiefdom taskforces in both the districts were engaged to mobilize community stakeholders and influencers, including village headmen and religious leaders.	
3. Number of VDCs that have developed Community Action Plans	Bombali, Kambia	100%	Since there was no outbreak response during the month, no significant activities to report on.	MPTF funds were used to support the response to the EVD event in Kambia and Tonkolili	
4. Percentage of social mobilizers and youths trained in hotspot communities on key messages and participatory approaches	Bombali, Kambia	100%	Since there was no outbreak response during the month, no significant activities to report on.	MPTF funds were used to support the response to the EVD event in Kambia and Tonkolili. Over 370 social mobilizers were deployed in the two districts to engage communities during the response.	
			WASH		
1. Number of EVD care centres/ communities provided with comprehensive WASH services	Bombali, Kambia	TBD	The rehabilitation of hand dug wells is ongoing at five water points and resources mobilized for all targeted water points.	Two community water points completed and awaiting the installation of hand pumps. Work at other water points are at diverse stages.	An estimated 24 per cent of the funding has been used to support the provision of WASH services in the quarantined communities.
2. Number of Health care facilities supported;	Bombali, Kambia	7 Health facilities	The rehabilitation of both water wells and sanitation facilities is ongoing in all targeted PHUs	Rehabilitation of water wells in two PHUs completed and just awaiting the installation of hand pumps and fencing while works are at various stages with other water wells. The improvement of sanitation facilities, specifically the construction of septic pits in four facilities, is ongoing and materials have been mobilized for the remaining facilities.	An estimated 35 per cent of the funding has been used to support the provision of WASH services in the quarantined communities



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 3. Number of schools with WASH facilities as per GoSL guidelines 4. Number of wastage management facilities constructed / installed in health and educational institutions 	Bombali, Kambia Bombali, Kambia	10 Public schools See above based on the need	The excavation of pits for the latrines and rehabilitation of water wells continued in five schools while materials for construction have been mobilized for all 10 schools targeting 2,000 children. Wastage management facilities are being implemented alongside sanitation facilities	The excavation of latrines in three schools completed and the superstructure works are at various stages. The rehabilitation of four water wells are in progress while resources have been mobilized for the outstanding works. Construction of soakaway pits and septic tanks for liquid waste management are ongoing in five health care facilities while resources are being prepositioned for the rest	An estimated 31 per cent of the funding has been used to support the provision of WASH services in the quarantined communities Incorporated in WASH in health cost
				prepositioned for the rest.	
	EFFECT	INDICATORS	(if available for the		
		N	ARRATIVE	•	

NARRATIVE

Situation Update

Sierra Leone is one of the West African countries worst affected by the Ebola virus disease. Since the onset of the outbreak in May 2014, the country has reported 8,704 confirmed cases of Ebola and 3,589 deaths, including women and children. 8,624 children that have lost one or both parents due to Ebola have been registered; and over two-thirds of those infected are in the economically active age group. On 7 November, the World Health Organization declared the end of the outbreak in Sierra Leone. Although a positive development, rigorous and continued vigilance and community based resilience is key to maintaining zero cases and ensuring that subsequent flare-ups can be easily contained if they occur.

Key Achievements

COMMUNITY ENGAGEMENT:

Following the notification of two EVD cases in Tonkolili, the standard event response SOP for social mobilization and community engagement was immediately activated. As part of the protocol, the social mobilization pillar was activated at the national level within the first 24 hrs of the event notification and an updated messaging guide and response checklist was shared with the district immediately.

In all prioritized districts, especially Tonkolili and Kambia, the key social mobilization partners were activated and basic mobilization interventions initiated on the second day of the response. UNICEF through MPTF funding supported the deployment of 250 and 121 social mobilizers in Tonkolili and Kambia respectively. In addition, 20 community stakeholders, four social mobilisers and one Ebola survivor were activated across all 11 chiefdoms in Tonkolili to strengthen community ownership and engagement. In both the districts, the social mobilization team, in close collaboration with the surveillance team raised awareness on importance of early live and death alerts, visits to health facilities for active case search and engaging communities. Extensive engagement of youth leaders was ensured to maintain the link between the communities and retain the trust and faith developed during the response. Intensified engagement was also carried out with the individuals



in quarantined homes, their close relatives and friends/communities on preventing stigma and discrimination. As a result, over 51,534 people were reached through interpersonal communication efforts during the response.

WASH:

The delayed WASH services implementation is now being fast tracked. The UNICEF WASH programme has prioritised the rehabilitation of the existing facilities to ensure their functionality. The upgrading of the improved facilities to meet the optimum requirement of the new WASH in health standards will be incrementally implemented within the 10 - 24 months although this will require additional resources as the new standards has doubled the unit costs for the rehabilitation. Some of the existing WASH facilities will require totally new infrastructure development. The programme plans to continue fast tracking the implementation and complete all infrastructure improvements before the peak of the rainy season in August 2016 Delays or Deviations

Based on epidemiological trends, the initial proposition was to utilize MPTF funds for an EVD response in Bombali and Kambia. In light of the EVD emergency, MPTF funds under the Social Mobilization component were utilized for the EVD response in Tonkolili and Kambia as the hot spot districts were shifted from Bombali and Kambia.

Since the prediction of next EVD outbreak district is difficult, it is proposed that part of the funds be utilized for strengthening social mobilization pillars across 14 districts of Sierra Leone to develop EVD preparedness plans and the balance for any event response.

Besides the delay caused by prolonged discussion on the implementation of new WASH in health guidelines, the selection and technical assessment also contributed to the delay in commencement of the actual infrastructures work. Now a clear scope of work has been defined and the work is being fast tracked.

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