

UN EBOLA RESPONSE MPTF FINAL PROGRAMME¹ NARRATIVE REPORT - VERSION 1 **DATE: DECEMBER 2018**

Project Number(s) and Title(s)	Recipient Organization(s)				
#40 – Sierra Leone UN Medical Clinic Maintaining Essential Service Capability for U Clinic in Sierra Leone 00096306	- RUNO(s)-UNDP				
Strategic Objective & Mission Critical Action(s)	Implementing Partner(s)				
SO2: TREAT the infected MCA 4: Medical care for Responders	UNDP (on behalf of the UN)				
Location:	Sub-National Coverage Area:				
Sierra Leone	Freetown – Western Urban				
Programme/Project Cost (US\$)	Programme Duration				
Total approved budget as per project proposal document: MPTF ² : • by Agency (if applicable) Agency Contribution • by Agency (if applicable) Government Contribution (if applicable) Other Contributions (donors) (if applicable) TOTAL: \$609,900 Programme Assessment/Review/Mid-Term Eval	Originally Projected End Date ⁴ (31.12.2015) Actual End date ⁵ (31.08.2016) Agency(ies) have operationally closed the YesX No programme in its(their) system Expected Financial Closure date ⁶ : Financially Closed in ATLAS				
Evaluation Completed	Name: Samuel Palmer				
☐ Yes ☐ No Date: dd.mm.yyyy Evaluation Report - Attached ☐ Yes ☐ No Date: dd.mm.yyyy	 Title: Programme Specialist Date of Submission: 14.12.18 Participating Organization (Lead): UNDP Email address: samuel,palmer@undp.org Signature: Report Cleared By				
	Name: Samuel Doe				

¹ Refers to programmes, joint programmes and projects.

² The amount transferred to the Participating UN Organizations – see MPTF Office GATEWAY

³ The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online MPTF Office GATEWAY.

⁴ As per approval of the original project document by the Advisory Committee.

⁵ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see MPTF Office Closure Guidelines.

⁶ Financial Closure requires the return of unspent funds and the submission of the Certified Final Financial Statement and Report.

 Date of Submission: 14.12.18 Participating Organization (Lead): UNDP Email address: samuel.doe@undp.org Signature:

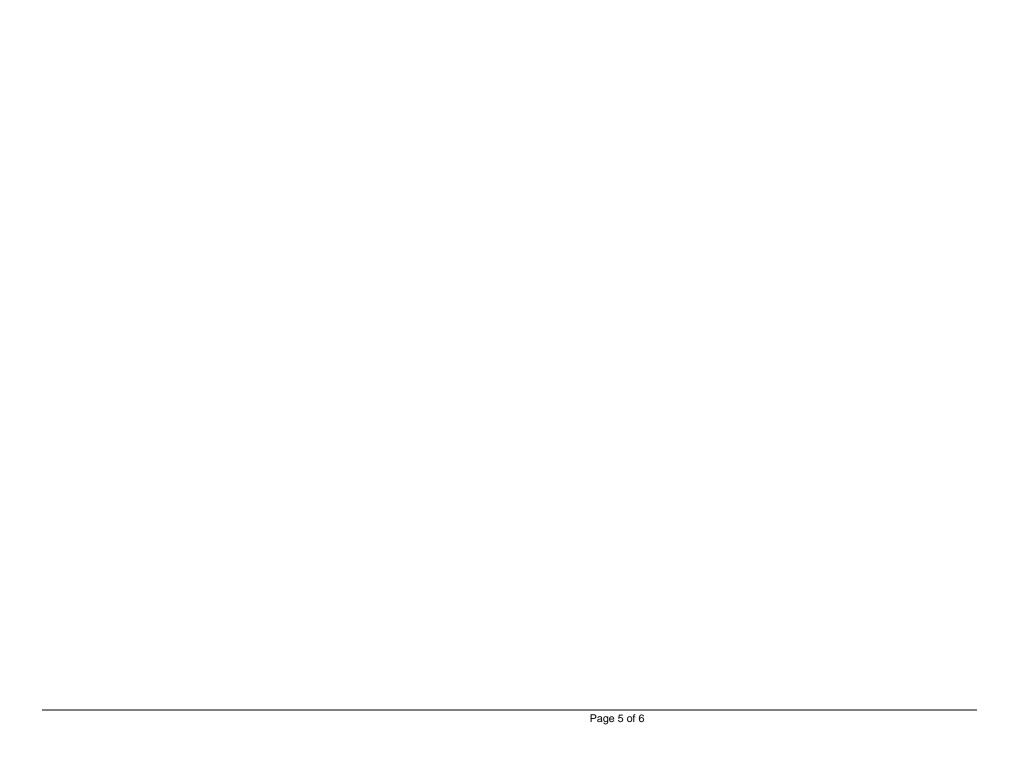
Project Proposal Title: Maintaining essential service capability for UN Medical Clinic in Sierra Leone							
Strategic Objective to which the project contributed	•	SO2 TREAT the infected MCA4: Medical Care for the Responders					
MCA [4] ⁷							
Output Indicators	Geographica 1 Area	Target ⁸	Budget	Achievements	Means of verification	Responsibl e Organizati on(s).	
# of isolation/holding units fully functioning (# in Sierra Leone # of hours per week that clinic is open for routine care # of hours per week that clinic is open for emergencies	Sierra Leone (Freetown, Western Urban)	1 – 100% 40 Hours – 100% 168 hours – 100%	Staffing, data collection, Equipment and Supplies: \$570,000 Indirect cost (7%:) \$39,900	40 hours/week 168 hours/week	KPI reports Workforce reports Clinical incident reports	UNDP (on behalf of the UN)	

 $^{^7\,\}mathrm{Project}$ can choose to contribute to all MCA or only the one relevant to its purpose. $^8\,\mathrm{Assuming}$ a ZERO Baseline

PROJECT/PROPOSALRESULT MATRI

MCA [4] Medical care for Responders						
Effective Indicators	Geographical Area (where the project directly operated)	Baseline ⁹ In the exact area of operation	Target	Final Achievements	Means of Verification	Responsable Organization(s)
Availability of non-Ebola services provided to UN personnel (with ambulance services) 2. % of cases addressed by UN Clinic within night hours	Freetown (Western Urban)	Baseline1: Medical services are available during standard working hours are from 8am to 5pm Baseline2: % of cases are addressed at night hours	24/7 medical services are available through the duration of the project. 100% of emergency after hours cases are addressed by UN Clinic	Medical services available 24/7 through the duration of the project 100% after hours cases addressed by UN Clinic	KPI reports Workforce reports Clinical incident reports	UNDP (on behalf of the UN)

⁹ If data is not available, please explain how it will be collected.



PROJECT SUMMARY

ACHIEVEMENTS, CHALLENGES, LESSON LEARNED

With local resources directed towards fighting the Ebola Virus Disease, which affected all three Mano River Countries – Sierra Leone, Guinea and Liberia, much as achieved in the implementation of the "Maintaining essential services capability for UN Medical Clinic in Sierra Leone Project.

1(one) observation unit was maintained through the project implementation and this facility continues to operate within the UN Clinic to date.

A cumulative number of 4,107 clients accessed the UN Clinic, during the period of project implementation and received high quality 24/7 medical services. The UN Clinic was fully equipped with oxygen, for cases of critical emergency.

Though the project experienced funding delays at some point, which created some concerns for staffing contract renewals, the clinic was never interrupted its operations, as the staff were really dedicated to render service at all clients that accessed the clinic.

It is worth-noting that, all consulting rooms, observation room, emergency rooms, ambulances, holding units and laboratory were equipped with sharp disposal containers, bio-hazard bags, which were collected and disposed of periodically, as per medical protocols for managing bio-medical and safe wastes, by incineration at specialized incineration units that were installed at Choithram Hospital (a private hospital situated at Hill Station in Freetown).

Medical personnel at the UN Clinic ensured suspected level 4 bio-hazard were adequately decontaminated and triple packed, prior to transportation and incineration.

Lessons learned: The EVD caught medical personnel as a very big surprise and met them ill prepared for an epidemic that they never experienced in life. The weak/fragile medical services infrastructure in Sierra Leone could not withstand the test of Ebola, but with gains made during implementation will now be built upon, to better prepare medical personnel for future shocks like the EVD.