

Final Report

Prepared for The Isle of Man Government



Project title: Sierra Leone Community Based Health & Ebola Recovery Programme

Project Code: MYG034.15

Grant Period: July 2015 – June 2018

No-cost extension Period: July – December 2018

Total Grant Amount: £273,667

Summary of aims and objectives

The persistent lack of basic health and hygiene infrastructure, and awareness of health awareness in Sierra Leone accounts for an average life expectancy of 50-years, one of lowest in the world, and maternal and child mortality rates t among the highest worldwide. In addition, infectious diseases such as malaria remain the leading cause of death in the country. An outbreak of Ebola Virus Disease, exacerbated by poor hygiene practices, had a devastating impact on the country, killing 3,956 people and changing the landscape of health needs not just Sierra Leone, but the whole of West Africa.

In response to this, the Community Based Health Programme (CBHP) implemented by the Sierra Leone Red Cross Society (SLRCS) with technical and managerial support from the British Red Cross (BRC) focused its activities on five main objectives:

- > **Objective 1:** Reduce vulnerability to communicable diseases (Malaria and HIV)
- > **Objective 2:** Increase the capacity of the SLRCS to respond to health emergencies
- > **Objective 3:** Improve the practice of and access to reproductive, maternal and child health with emphasis on young women and men
- > **Objective 4:** Improve the access to and use of safe water supply and sanitary facilities in target communities and schools
- > **Objective 5:** Increase the capacity of SLRCS (HQ and branches) to deliver quality health programmes

The CBHP reached out to 582 communities across Sierra Leone, directly benefiting more than 385,000 vulnerable people, and involving more than 5,200 volunteers across the 13 SLRCS operational districts. The objectives of the programme were met by creating positive impact in the communities, particularly in bringing about positive behavioural change through education and training around the different objectives. The following points were highlighted as the major successes of the programme:

- > Results from the peripheral Health Units in the operational communities revealed that there is an increase in the immunization coverage of children under five and pregnant women
- > The disease burden was reduced, volunteers are trained to address public health emergencies as they occur
- > Income generating activities were established and are functional
- > Mothers and Fathers clubs formed and back yard garden clubs (for mothers) established

- > Increased attendance of Children under five and mothers using maternal and child health services
- > Increase in the use of sanitation facilities by target communities
- > Red Cross Committees are present in the villages and most of them are linked to the Income generating activities to ensure sustainability

The broad objectives remained the same but the activities to reach those objectives have changed. Indeed, the SLRCS reviewed all their activities and created a new Plan of Action for 2018, which resulted in cancelling some existing activities (that were set-out in the original grant proposal submitted in 2015) and adding some new activities. For example, Ebola awareness activities were not a key activity for 2018 as other health issues became more of a concern, such as teenage pregnancies and an increase in HIV transmission. Although, both increases have been linked and are considered to be partially due to the Ebola outbreak, as schools were closed and health messaging was solely focused on Ebola. As such, the training volunteers and raising awareness of communicable diseases became one of the main areas of focus within the Plan of Action for 2018 whereas the activities for objective two were dropped in that year.

Project activities

Objective one

- > **The capacity of target population to reduce vulnerability to communicable diseases (Malaria, HIV) is increased**

Year 1 - July 2015 to June 2016

In its first year, CBHP activities under objective 1 consisted in condom distributions and awareness raising events that reached 10,282 people. Moreover, 134 home care visits were organised to People living with HIV (PLHIV). As per the plan of action, peer to peer support group meetings were organised. Recommended next steps defined by a monitoring visit included introducing income generating activities for PLHIV to the programme in the long-term.

Year 2 - July 2016 to June 2017

As reported at the time, activities were not carried out, due to the issue of fund disbursement, hence they were rescheduled to quarter three and four of 2017. However, it was recommended that Malaria prevention was to be included in the programme as it is one of the leading causes of death in under-five year olds.

Year 3 – July 2017 to June 2018

A revised plan of action was agreed to commence at start of 2018 this required a No-cost extension to the end of 2018

The recommendations identified in the evaluations from year 1 and year 2 were included in the plan of action thus activities relating to malaria prevention and the provision of care for PLHIV were carried out.

Indeed, the CBHP provided in kind support and care to 215 people living with HIV and AIDS (PLHIVs) in the form of Income Generating Activities (60 PLHIVs) to improve their economic status. In addition, nutritional support was given to the beneficiaries to augment their diet and increase their drug compliance.

As planned, all 14 operational areas met the target of the formation of one Youth Peer Educators (YPE) club in their branches. Each club has 25 members. In the third quarter of 2017 YPE meetings took place in all 14 branches where the issues discussed included roles and responsibilities of YPEs, coping with adolescent peer pressure, and supporting PLHIVs. One challenge encountered was the reduced attendance at meetings due to ongoing examinations and tests in some schools. However, in quarter four 2017, meetings were conducted in eight of the branches, but attendance was higher as a result of the end of school exams. Issues discussed included plans for quarter four of 2017 activities, especially World AIDS Day celebrations. As for activities relating to sexual and reproductive health care, 2,250 female condoms and another 21,032 male condoms were purchased and distributed to 42 kiosks. Of these, 15,345 were distributed to mainly youths (15-35 years old), hence contributing to the increased awareness of schools and communities on communicable diseases (HIV/AIDS).

No-cost extension - July to December 2018

During the two last quarters of 2018, the SLRCS focussed on activities relating to Malaria prevention. Indeed, volunteer leaders intensified the education of community members on the importance of bed net use. As a result, community members are now more aware on how to prevent mosquito bites using bed nets and how that reduces the transmission of malaria. The bed-net education was successful as seen by the increase in their usage, for example out of 5,600 households visited 70% reported using bed nets. Of the houses that didn't use nets, the most common reason was due to wear and tear. For households that did not have nets, they reported lack of availability and general wear and tear as the main reasons.

SLRCS will continue to monitor and work to improve the situation through monthly coordination meetings at branch level. Also, community level sensitization on replacement of worn out/expired nets has been initiated. Furthermore, the government has launched a nationwide clean up exercise initiative every first Saturday of every month that has been embraced in all the target CBHP communities and resulted in the clearing of mosquito breeding sites, hence further preventing the spread of mosquito borne diseases.

Vulnerable groups such as PLHIVs and women have increased their incoming generating capacity through cash support. As a result, these groups especially PLHIV are able to regularly acquire good nutrition and seek medical care when the needs arise.

Moreover, as result of the work carried out in schools and priority communities, the demand for condoms has increased among young people (as reported by youths manning the condom outlets). Additionally, more girls that are sexually active are now using family planning pills to prevent unwanted pregnancies. However, the youth peer educators are also emphasizing on abstinence as the best preventive measure for HIV, Sexually transmitted infections and teenage pregnancies.

Objective two

> The preparedness of SLRCS to respond to community health emergencies is increased

Year 1 - July 2015 to June 2016

SLRCS focussed on training volunteers to conduct awareness raising activities on how to prevent and control Ebola, reaching an estimated 9,675 people. Furthermore, volunteers were trained in epidemic control, Psycho-Social Support, contact tracing and social mobilization.

Year 2 - July 2016 to June 2017

Activities were not carried out due to the late release of funds, delayed to later in 2017, as reported at the time.

Year 3 – July 2017 to June 2018

A revised plan of action was agreed to commence at start of 2018 this required a No-cost extension to the end of 2018



Woman who attended workshops on exclusive breastfeeding, accompanied by a CBHP trained SLRCS volunteer (August 2018)

The aim of developing an integrated Management of Information System on epidemic-prone communicable diseases surveillance, 70 participants were trained in the reporting period on First Aid and Disaster management for communities. This directly contributed to communities' preparedness to respond to first aid emergencies. However, this falls well below the target of 250 participants.

No-cost extension - July to December 2018

Not Applicable

Objective three

> Target communities have improved practice of and access to reproductive, maternal and child health with emphasis on young women and men

Year 1: July 2015 to June 2016

In its first year, the CBHP saw many of the activities under objective two unfold. Indeed, as reported in the end of year report, activities such as home visits to pregnant and lactating women, the

organisation of community meetings and events around breastfeeding and immunization, the training of Youth Peer Educators to conduct sessions on safe sexual conduct and the establishment of the mother's club were all carried out successfully.

Year 2 - July 2016 to June 2017

Despite the unavailability of funds, over 6,500 people attended the national immunization day event organized by the Ministry of Health and Sanitation in April 2017. The event was supported by 280 volunteers from each of the 14 SLRCS branches. The aim of this activity was to eradicate the polio virus and vitamin A deficiency in children under five. The role of the volunteers was to inform and raise awareness of the households about the interventions through various ways of social mobilisation such as meetings, use of skits, as well as engaging with community leaders and mothers' and fathers' clubs to support the campaign.

Year 3 – July 2017 to June 2018

A revised plan of action was agreed to commence at start of 2018 this required a No-cost extension to the end of 2018

The government through the Ministry of Health and Sanitation conducted National Immunization Days to increase the immunization coverage for polio and measles for children 0-15 months, which had been reduced during the Ebola virus disease. As such, the CBHP Community Volunteers supported the District Health Management Teams in their respective branches in three rounds of National immunization days from 23rd November to 25th November 2017. Additionally, the volunteers provided the following services: Social Mobilization, inking of the children's fingers, tallying, crowd control, transportation of medical consumables. This contributed to output the training and support of target communities on child health.

SLRCS further collaborated with the Ministry of Health to organise community sensitisation sessions on safe motherhood. As part of this activity, safe pregnancy packs containing soap, powder etc were distributed to pregnant women.

No-cost extension - July to December 2018

Community sensitisation on child health and nutrition was organised in all 14 operational areas exceeding the target by 100%. These activities aimed to educate mothers and child minders on the importance of good nutrition for children and demonstration on how to prepare locally available foods for children with the aim of reducing malnutrition and anaemia in children under 5 years.

Due to the routine house to house visits by volunteers to sensitize household members about Sexual and Reproductive Health, many of the pregnant women and lactating mothers are attending clinics more frequently than before. As a result, immunization completion rate of children under five has increased.

Objective four

> Target communities and schools have improved access to and use of safe water supply and sanitary facilities

Year 1 - July 2015 to June 2016

In the first year of the programme, activities under the fourth objective focussed on the establishment of Water and Sanitation communities, the reconstruction and rehabilitation of wells and latrines to reduce the propagation of water-borne diseases.

Year 2 - July 2016 to June 2017

Due to the extended rainy period at the end of 2016 and the delays in the release of funds at the start of 2017, the construction of latrines and the rehabilitation of wells had been postponed and rescheduled for the last quarter of 2017 and early 2018 as well as the construction of tippy taps.



Year 3 – July 2017 to June 2018

A revised plan of action was agreed to commence at start of 2018 this required a No-cost extension to the end of 2018

6,000 water purification tablets were distributed to members in villages and the volunteer coaches demonstrated the use of the tablets including water safety and hand washing.

Thirteen latrines were constructed in six schools during the reporting period. This has improved on sanitation by reducing open defaecation in nearby bushes. Each latrine was accompanied by handwashing facilities such as a Veronica bucket fitted with a tap.

Participatory Hygiene and Sanitation Transformation (PHAST) training was conducted for 92 Water, Sanitation and Hygiene (WASH) committee members to improve on their hygiene, sanitation including environmental sanitation. These volunteers are now implementing PHAST in their communities using PHAST toolkits provided. This will improve the environmental sanitation in their communities.



PHAST volunteers at training course in Kono

Child Hygiene and Sanitation Training (CHAST) were also conducted for 260 students and 56 teachers in all CBHP operational areas using the CHAST manual (developed by UNICEF); a range of WASH topics were included on the training including sanitation and hand washing.

No-cost extension - July to December 2018

The completed latrines and wells which have been handed over to the beneficiary communities will make access to safe water and improved hygiene possible for them and thereby reduce the risk associated with unsafe and poor sanitary facilities. In the long term, cases recorded on water borne diseases such as diarrhoea, cholera, typhoid and worm infections which are common health problems in most of the rural communities will reduce.

Objective five

> The capacity of SLRCS (HQ and branches) to deliver quality health programmes is increased

Year 1 - July 2015 to June 2016

Social mobilization efforts resulted in 53 referrals to health care clinics of suspected cases of TB, Malaria, Lassa fever and Ebola. A Community Events based surveillance system (CEBS) was rolled out in three districts as part of the Ebola recovery efforts. Although CEBS is managed by the Sierra Leone Disaster Management Programme, it involves volunteers from SLRCS in communities where CBHP is operational and is supervised at the field level by CBHP Field Health Officers.

Year 2 - July 2016 to June 2017

Field Health Officers and coaches in the 14 operational branches conducted visits to targeted communities to coach staff and volunteers to help improve their skills in both activity implementation and best practice around data collection, to ensure monitoring data is accurate and recorded consistently across locations. It was challenging to train mothers and fathers clubs in gender and diversity promotion (including prevention of Sexual and gender based Violence) due to peak farming season when it was difficult to get their full cooperation and attendance. The training therefore was postponed to November 2017, after the peak farming period.

Year 3 – July 2017 to June 2018

A revised plan of action was agreed to commence at start of 2018 this required a No-cost extension to the end of 2018

Monitoring tools of the programme were revised with support of BRC to address some of the issues that were highlighted in the evaluation, end line and survey to improve on the monitoring by both Staff and Volunteers. A new monitoring and evaluation plan was developed and implemented, leading to much clearer tabulation of activities in relation to targets. In addition, the CBHP Coordinator, Health Services Field Manager, Director of Programmes and Operations, and the Head of Research conducted a total of five monitoring visits (exceeding the target of two) during the reporting period. This is progress towards greater accountability on the part of SLRCS.

No-cost extension - July to December 2018

The availability of monitoring tools in all branches has made it possible to collect and report on monitoring data for measuring programme progress. Additionally, the excel database created in order to input the information gathered from trainings was completed and will help to streamline the management of training data across branches and ensure easy aggregation for reporting purposes.

The purpose of the database is to ensure greater effectiveness in training delivery and increase the quality of the trainings themselves.

Timeframe

Firstly, the SLRCS produced budgets and plans for 2017 later than expected. Once BRC and other partners reviewed them, they were found to be unsuitable and so could not be approved. In addition, SLRCS had been unable to submit reports reconciling 2016 funds until late in Quarter one. BRC were proactive and responded to SLRCS by providing extensive support to their finance function and ultimately sent a finance delegate to work closely with their finance team at SLRCS HQ. The approval of SLRCS 2017 plans and budgets eventually took place in Quarter two 2017, which led to a delay in BRC sending additional funds to SLRCS in 2017.

However, despite this positive progress, the SLRCS underwent substantial governance and structural changes that had significant consequences on the National Society's capacity to implement the programme. Indeed, the Secretary General left the organisation and over 12 members of senior staff were let go within the SLRCS as part of a broader restructuring. All remaining SLRCS staff in office were in contracts no longer than three months until the end of March 2018, pending finalisation of the restructuring process. In addition, the President and Board reached the end of their term in office and stood down, with re-election of the new governance board postponed until after the national Presidential elections in March. In the absence of an official Secretary General, Governing Board and senior staff, an interim Steering Committee made up of multiple Red Cross Movement figures was set up to stabilise the SLRCS and reassess its current structure - the outgoing Board of SLRCS formally handed over their mandate to the Steering Committee in February 2018. Ongoing governance changes continue to affect the pace of programme implementation and speed of reports returning from the field and reaching Sierra Leone Head Quarters.

As mentioned above, the Sierra Leone Presidential Election on 7th March 2018, which unexpectedly ran until April, further impeded the programme progress. Indeed, given Sierra Leone's history of pre- and post-election violence, SLRCS anticipated similar unrest and planned accordingly. The threat to staff safety and restricted access to beneficiaries meant BRC and SLRCS devised contingency plans to ensure activities could continue during this period as much as possible. The prolonged election affected the pace of construction works as many personnel were absent, instead busy with election campaign activities, while some community-based activities were paused until the elections had ended. Thankfully the country remained stable despite the election and relative calmness returned to Sierra Leone shortly afterwards but nonetheless hindered the pace of overall programme implementation for 2018.

The delays stated above led to BRC requesting a no-cost extension for the implementation of programme activities and the spending of the grant. The original timeframe of the programme was for it to run from July 2015 to July 2018, with the approval of the extension the programme ran until the end of 2018, and enabled to SLRCS and the BRC to complete the revised plan of action with new activities as expected.

Replication

Through implementation of the CBHP SLRCS has been able to learn how to increase effectiveness and efficiency in health programming by replicating good practices that were successful and avoiding the activities that have failed. For example working with community structures such as Mothers and Fathers club and the WASH committees has proven to be effective. SLRCS will continue working with these community structures in future projects to improve community participation, ownership and sustainability.

Furthermore, the learning from the mid-term evaluation (July 2018) and baseline study (conducted in February 2017) was reported and shared internally, with the Emergencies and Technical team and West Central Africa Region and externally, with SLRCS (CBHP team and new Director of Programmes) and Finnish Red Cross, SLRCS and the HQ Health Adviser, so as to ensure sustainability and accuracy of future community based programming, especially in terms of the implementation of health activities.

The learning regarding the development of the SLRCS' capacity to deliver quality health programming will particularly be useful as one of BRC's core mandates is to develop the capacity of National Societies to have ownership over programme implementation and have to ability to effectively deliver aid to affected populations.

Beneficiaries

In year 1 of the project, the total number of direct beneficiaries reached by the CBHP programme was **44,697** and the project reached **90,521** people indirectly.

In year 2 of the project, the total number of direct recipients reached by the CBHP programme was **385,655** and the project reached **557,000** people indirectly.

In the final year of the project (including the no-cost extension), the total number of direct beneficiaries reached by the CBHP programme was **61,828** and the project reached **77,280** people indirectly.

Note: In 2018 SLRCS was encouraged by the BRC in-country team to reduce number of operational communities that SLRCS were serving to seven community per branch (district) hence beneficiary figures was affected as stated above in 2018.

Community involvement

The use of community services and members for the implementation of its activities was a key component of the CBHP. To apply such a community and volunteer led approach the following mechanisms were put into place:

- > Home visits by community volunteers on a monthly basis at the least

- > Community meetings were held monthly within the communities in order to share information on the programme developments as well as for community members to share their concerns and hence inform programme implementation
- > Peer education, particularly youth peer education, activities were implemented especially in terms of reaching objective one (the capacity of target population to reduce vulnerability to communicable diseases (Malaria, HIV) is increased)
- > Capacity building of community volunteers was emphasised through trainings and workshops
- > Involvement of volunteers in running awareness raising events, using a range of communication media and mechanisms, such as for the National Immunisation days.
- > Health campaigns involving community volunteers (in co-ordination with partners, particularly the Ministry of Health and Sanitation were organised
- > Community action groups, such as support groups for people with HIV and TB, Mothers clubs, Fathers Clubs, Health and WASH Committees were established across the targeted districts
- > Involvement of mother's clubs in food security and livelihood and nutritional interventions, such as distributions and/or social mobilization for distribution of seeds and tools for backyard gardens; income-generating activities, nutritional support for people living with HIV, orphans and other children made vulnerable by HIV; and home-based care kits
- > Involvement of trained community volunteers in community-based surveillance and support to contingency planning for epidemic control

Liaison with relevant authorities

Sierra Leone is a country with one of the highest maternal and child mortality rates in the world. Moreover, the Ebola outbreak in 2014, which claimed nearly 4,000 lives including health workers, had a serious impact on the availability and quality of health services and threatened to cripple the health sector.

Hence, by way of complementing the government efforts in improving the health status in Sierra Leone, the SLRCS, in collaboration with BRC and the Finnish Red Cross, redesigned the community based health programme (CBHP 2016 – 2018) taking into consideration key public health risk in Sierra Leone, quality assurance requirements and operational capacity of the national society.

As such the CBHP programme of 2016- 2018 focused on prevention and control of communicable diseases, reproductive, maternal and child health, expanding WASH construction, and strengthening the management structure at branch level.

At the community level the SLRCS improved hygiene and sanitation practices through its network of volunteers in the operational communities through door to door messaging to prevent the spread of communicable diseases in the communities.

Throughout the project the SLRCS maintained close coordination with key relevant authorities at national, district and community level. The national society attended monthly coordination meetings organized by the Ministry of Health & Sanitation at the national level and the District Health Management Teams meetings at the district level. The SLRCS' work with the Ministry of Health can be seen by the participation of the national society in government run awareness events such as Immunization days and HIV awareness events. The Field Health Officers and Branch Managers attended monthly coordination meetings organized by the district councils for development partners operating in the respective districts. Such meetings strengthen collaboration and coordination among development partners and the relevant ministries, prevents duplication of efforts all while ensuring that implementing partners comply with national standards developed for health programmes in the country. At the community level quarterly meetings were held with local authorities to solicit their support and cooperation in programme implementation.

Sustainability

The overarching aim of the CBHP is that over time, the mantle of responsibility will be transferred to the community itself. The criteria to measure this impact was established beforehand and of these, the CBHP successfully met the following:

- > 80% immunization coverage of Children under five years old and pregnant women
- > The five objectives (Communicable Disease Prevention (Malaria and HIV focus); Maternal and New-born Health, WASH, Epidemic Preparedness and response, and Organisational Development) have been established; behaviour changed and improved health through monitoring forms and observations.
- > Disease burden has reduced, volunteers can address public health emergencies that occur
- > Income Generating Activities established and functional
- > Mothers and Fathers club formed and back yard garden club (for mothers) established
- > Increased utilization of health facilities by target communities
- > Increased attendance of under five children & mothers using Maternal and Child Health services
- > Increase use of sanitation facilities by targeted communities
- > Red Cross Committee present in the village and linked to the Income Generating Activities to ensure sustainability
- > Successful integration of trained volunteers, who have the ability to engage with the different stake holders, in the community programme

Prior to 2016, CBHP had not exited from a community. The team developed an exit plan with the relevant stakeholders to officially hand over the relevant activities to the community. This plan was executed in phases and completed with continuous follow up and supervision by field staff.

Monitoring and Evaluation

The Sierra Leone CBHP midterm review was undertaken in July 2018. The review was intended to enable findings and recommendations to be taken into consideration for the implementation of the remaining period of the project. The review revealed that the WASH components of the CBHP were on track for completion, and with generally good technical results. However, the health components had not experienced the same level of progress, especially with concerns to public health impact.

An endline review is planned for October 2019. The final evaluation will be a complete process consisting of an endline Survey; Focus Group Discussions with beneficiaries, at district level; and Key Informants Interviews, at HQ, regional and district level. This final evaluation of the CBHP will provide invaluable information on the overall impact of the activities and the possible ways of replicating the project in the future in similar contexts.

In addition to the midterm and endline reviews, the monitoring of the programme was owned by SLRCS through the writing and dissemination of quarterly reports looking into the development of ongoing activities in the field and the overall progress against objectives. Again, this greatly contributed to empowering the National Society to develop their skills in programme implementation and design, hence working towards the realisation of objective five.

Millennium development goals

- > **MDG1:** Eradicate extreme poverty and hunger through reducing malnutrition among children under five, vulnerable mothers and PLHIV
- > **MDG4:** Reduce child mortality by increasing breastfeeding, immunisations, improving nutrition and sanitation
- > **MDG5:** Improve maternal health by supporting access to obstetric services, promoting family planning, immunising women and improving food security.
- > **MDG6:** Combat HIV/ADS, malaria and other diseases through awareness raising and improving sanitation, home based care for PLHIVS, distribution of condoms and mosquito nets

Expenditure report (GPB)

There had been more expenditure allocated to the original set of activities than had been forecast when the revised plan of action and no-cost extension request was made. This reduced the budget available for those revised activities in 2018 from £89,212 to £76,967. Overall there is a small underspend of £1,023.

Year one, year two and July to December of year three

Budget Item	Year 1 Budget	Year 1 Expenditure	Year 1 Underspend	Year 2 Budget (inc. Year 1 underspend)	Year 2 Expenditure	Year 2 Underspend	Year 3 Budget	Year 3 Expenditure (July - December 2017)	Year 3 Balance
Capital Costs	600		600	1,200		1,200	750	5,610	- 3,660
Salaries	4,125	4,125	-	4,125	2,250	1,875	4,125	3,750	2,250
Administration	2,907	2,907	-	2,907	502	2,405	2,757	2,812	2,350
Monitoring	5,105	3,149	1,956	7,060	359	6,701	5,105	9,851	1,955
Immunisation Activity	1,580	1,580	-	1,580		1,580	1,580	1,610	1,550
Clean Water Activity	16,703	16,703	-	16,703		16,703	16,703	14,071	19,335
Medical Supplies	14,234	14,234	-	14,234		14,234	14,234	12,022	16,446
Breastfeeding Promo	691	691	-	691		691	691	2,320	- 938
Youth Peer Education	3,328	3,328	-	3,328	3,328	-	3,328	641	2,687
Community & Volunteer Training	11,648	8,699	2,949	14,596		14,596	11,648	25,108	1,136
Community Group Support	16,563	16,562	1	16,563	58	16,505	16,563	20,138	12,930
Commemoration Days	3,909	3,909	-	3,909		3,909	3,909	3,249	4,569
Ebola Awareness	3,877	3,877	-	3,877		3,877	3,876	3,468	4,285
Pregnancy Education	563	349	214	776		776	563	-	1,339
Food Security/ IGA	5,391		5,391	10,781		10,781	5,391	5,439	10,733
TOTAL	91,224	80,113	11,111	102,330	6,497	95,833	91,223	110,089	76,967

Year three (January to June 2018) and no-cost extension (July to December 2018)

Revised Activities for 2018	Proposed Budget	Expenditure	Variance
Train 168 YPE and Link teachers on HIV & malaria in 14 branches	6,665	6,665	-
Conduct Youth Peer meetings quarterly in 14 branches	2,145	2,273	- 127
Conduct drama performances in schools and communities to create awareness on World AIDS and Malaria days	1,679	1,679	-
Conduct Youth Peer Sessions on HIV/AIDS, teenage pregnancy, substance abuse, diseases of public health importance	3,358	3,358	-
Organise for drama performances by YPEs to take place in villages	1,679	1,679	-
Refresher Training for 280 volunteers on HIV and Malaria	12,974	12,858	115
Print/Buy and distribute HIV and Malaria IEC tools for coaches and volunteers to use when conducting sensitisation	4,008	4,338	- 330
Volunteers conduct monthly sensitisation on HIV/Malaria, through house to house visits or group sessions using IEC material and performing small dramas	4,637	4,637	-
Conduct radio discussion on Malaria in 14 branches during World Malaria Day celebrations	3,486	3,264	222
Conduct quarterly meeting of PLHIV in 7 branches	73	830	-
Support 75 PLHIVs/care givers with funds to undertake income generation activities	2,332	2,332	-
Support Mothers/Fathers Clubs with seeds and tools in 14 branches for backyard gardens	1,119	1,119	-
Facilitate Mothers/Fathers Clubs to set up bank accounts and provide funds for IGA	4,018	2,238	1,779
Conduct joint community sensitisation sessions with MOHS on safe motherhood during clinic days and community public gatherings in 14 branches	2,562	2,121	440
Support community groups (MC) with start up funds to set up emergency fund for newborn and emergency obstetric care (EnOC) referrals, including for teenage EmOC	1,119	933	187
Radio discussion on maternal health for Maternal health day	622	482	140
Train 280 volunteers on SRH as part of CBHFA modules and BCC) across 14 branches	19,760	11,511	8,249
Conduct quarterly community sensitisation on warning signs during pregnancy and with newborns and the importance of breastfeeding in 14 branches	2,350	2,350	-
Conduct radio show for World Breastfeeding week in all branches	1,368	1,023	345
One day Orientation on CLTS methodology with SLRCS staff and volunteers in collaboration with MOHS	3,198	3,315	- 117
Reproduce & distribute promotion materials for sanitation and hand washing in 14 branches	1,215	1,787	- 572
Provide handwashing facilities and materials in schools and communities in 14 branches	4,974	3,691	1,283
Conduct training for branch staff on use of excel database system for training data	3,873	1,462	2,411
TOTAL	89,212	75,944	11,613
	Year 3 Balance	Year 3 + NCE expenditure	Underspend
	76,967	75,944	1,023

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