



**UN EBOLA RESPONSE MPTF  
PROJECT MONTHLY PROGRESS REPORT  
Period: October 2015**

<b>Project Number and Title:</b> # 31 - Ensuring Safe and Dignified Burials in Guinea.	<b>PROJECT START DATE:</b> July 1 <sup>st</sup> , 2015	<b>AMOUNT ALLOCATED by MPTF</b> 2,290,145 \$ (first disbursement)	<b>RECIPIENT ORGANIZATION</b>  UNDP
<b>Project ID:</b> 0000000 (Gateway ID)			
<b>Project Focal Point:</b> Name: Mr. Eloi Kouadio IV Titel: Programme Director E-mail: <a href="mailto:eloi.kouadio.iv@undp.org">eloi.kouadio.iv@undp.org</a>	<b>EXTENSION DATE:</b> n/a	<b>FINANCIAL COMMITMENTS</b>  \$1,440,570	
<b>Strategic Objective (STEPP)</b>  Strategic objective 1	<b>PROJECTED END DATE:</b> 31 <sup>st</sup> December 2015	<b>EXPENDITURES as of (30th October 2015)</b>  \$.1,832,598	<b>IMPLEMENTING PARTNER(S):</b>  IFRC-CRG
<b>Mission Critical Action</b> MCA2: Safe and dignified burials			
<b>Location:</b> Guinea	<b>Sub-National Coverage Areas:</b> <input checked="" type="checkbox"/> Strategic Objective 1 MCA2: <b>Safe and dignified burials</b>		

**MONTHLY PROGRESS REPORT RESULTS MATRIX**

**OUTPUT INDICATORS**

<b>Indicator</b>	<b>Geographic Area</b>	<b>Projected Target (as per results matrix)</b>	<b>Quantitative results for the (one month) reporting period</b>	<b>Cumulative results since project commencement (quantitative)</b>	<b>Delivery Rate (cumulative % of projected total) as of date</b>
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*Description of the quantifiable indicator as set out in the approved project proposal*

**Strategic Objective 1:** Stop the Outbreak.

**Strategic Objective to which the Proposal is contributing:** Safe and Dignified Burials.

Result 1: Output 1: To ensure adequate managing of safe and dignified burials (SDB), increasing response capacities in hotspot areas including rehabilitation of infrastructures, training health staff, capitalizing on lessons learned, sharing knowledge and focusing on building the capacities of the Guinea Red Cross Society.

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# of district with trained SDB teams	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria	-8 prefectures of Lower guinea	# of SDB teams per prefecture: Forécariah 9, Coyah 7, Kindia 7, Dubreka 5, Fria 3,	Total: 63 SDB teams	100%
# of districts with properly equipped SDB teams.	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria	-100% of existing SDB teams, i-e 63 teams of the lower guinea	Procurement of PPE (personal protection equipment took place to replenish the stocks of Guinea Red Cross	All the 63 teams that are made up of 536 volunteers are equipped with standard PPE. No new procurement was required during this period	100%
# of trainings/workshops and refreshing sessions.	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria	-As dictated by evolution of the epidemics in the 8 prefectures	- 1 refresher SDB training conducted in Coyah,  - 1 crossborder learning experience with Guinea Bissau	- 40 volunteers attended the refresher training on Hygiene promotion and the correct use of SDB equipment in Forécariah	100%
# of SDBs conducted within 24hrs of decease notification per month	Conakry, Boffa, Dubréka, Forécariah, Coyah, Kindia, Boké, Fria	100% of community deaths and deaths from Ebola Treatment Centres (ETCs)	2,918 SDBs were conducted in a period of 5 weeks period (28 Sept. -1 Nov).	Since 6 July until 1Nov, the IFRC supported Guinea RC in conducting 11,433 on a period of 17 weeks and 8,667 houses and other places were disinfected	98,6% <sup>1</sup>
<b>Result 2: Output 2:</b> Enhanced regional coordination mechanism and cross border meetings. The table below highlights the implementation of activities that took place at the regional level					

<sup>1</sup> During the reporting period, at least 7 SDBs could not be conducted due to



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Activity	When	Venue	Responsible person	Purpose of the activity
Crossborder and intercountry stroke (Liberia, Sierra Leone, Guinea) meeting held in SL on to discuss the regional community event based surveillance strategy.	October, 7-9, 2015	Liberia	- Focal points for each point for each county, plus the Deputy Regional EVD ops manager	Discuss the component of the regional strategy and contribute to the first draft <sup>2</sup>
Attend a meeting organized by the WHO with its partners on EVD. The IFRC took the opportunity to present the role of the volunteers' network on the Community based surveillance approach	5-6, October 2015	Liberia	- Deputy Regional EVD ops manager	- Clarify the role of the Red Cross on the surveillance strategy-phase III - IFRC contributed to finalizing the strategy and clarify her role
Technical support to crossborder activities in Sierra Leone	14 Oct. 2015	Freetown	- Deputy Regional EVD ops manager	Harmonize BenCom tools and approaches as part of the crossborder strategy

**EFFECT INDICATORS (if available for the reporting period)**

**NARRATIVE**

**Situation Update**

The IFRC supporting the Guinea Red Cross (GRC) operation are maintaining and reinforcing the response mechanisms to respond to the Ebola outbreak in hotspot areas following the five<sup>3</sup> pillars of intervention strategy. Special efforts are currently being deployed in the field and 69 SDB teams made up with 536 volunteers have been deployed across active prefectures, specifically in the lower Guinea (*Fria, Conakry, Dubreka, Coyah, Boffa, Boke, Forécariah, Kindia*) where Ebola still persists. As part of strengthening capacities of field operational teams, members of SDB teams in sensitive areas have received additional trainings on SDB protocols and procedures.

Addressing the needs to improving the impact and quality of implemented actions, the IFRC is working on a new “community driven biosafety approach” for the SDB Teams. This approach aims at reducing reticence among the populations in sensitive areas by giving community member a key role to play during SDB activities. This

<sup>2</sup> The 1<sup>st</sup> draft was shared with partners (WHO, CDC and MSF mainly) for input and the final draft has been submitted to Geneva for final editing, lay out and publishing

<sup>3</sup> The 5 pillars are: Safe and Dignified Burial, Case Management, Beneficiary communication and Social Mobilization, Psychosocial Support, Contact Tracing and Surveillance. In Guinea GRC refers Ebola patients to ETCs.



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approach followed a research that was piloted in hotspot areas in June-July and found to be successful.

IFRC and GRC also contribute to strengthening the Guinean Surveillance National System through the setting up of the “community event based surveillance (CEBS) approach” in cross border areas (mainly Forecariah and Boke) which share the border with Sierra Leone and Guinea Bissau respectively. The aim of this action is first to provide local communities better response tools in the event of possible Ebola new cases, and secondly, contribute to strengthening the early detection systems to rapidly detect new transmission chains and finally better identify bad practices, reticence and rumors at community level that can be a danger for the spread of the virus among the population. In this regard, a two-day joint planning workshop between Sierra Leone, Guinea and Liberia Red Cross Societies has taken place in Conakry during the last week of July to organize a joint response approach between the 3 countries.

The IFRC in Guinea is committed to double its efforts on social mobilization and community engagement in the fight against Ebola. GRC plays an important role in mobilizing communities and provoking behaviour change with regard to both individual and community point of view. The recent experiences with the use of a mobile radio unit and distribution of solar radio sets in Tanane (Prefecture of Boke) and some areas within high level of reticence have been successful in terms of improving the understanding of Ebola epidemic among the population. Looking ahead the IFRC will continue to work to engage communities and provoke changes in community behavior to avoid resurgence of the epidemic. We will maintain our engagement with other partners such as UNICEF (specifically in Community mobilization) to provoke behavior change and get down reticence to zero

### Key Achievements

The achievements highlighted in this report are linked to the existing capacities in respective prefectures as indicated in the table below:

<b>PREFECTURES</b>	<b>NUMBER OF SDB TEAMS</b>	<b>NUMBER OF SDB VOLUNTEERS</b>
<b>FORECARIAH</b>	9	92
<b>COYAH</b>	7	37
<b>KINDIA</b>	7	42
<b>DUBREKA</b>	5	21
<b>FRIA</b>	3	21
<b>BOKE</b>	8	75
<b>BOFFA</b>	2	28
<b>CONAKRY<sup>4</sup></b>	22	220
<b>Tot</b>	<b>63</b>	<b>536</b>

<sup>4</sup> Conakry has got 5 teams operating separately: Kaloum 7, Dixin 7, Matoto 5, Matam 3, Ratoma 7

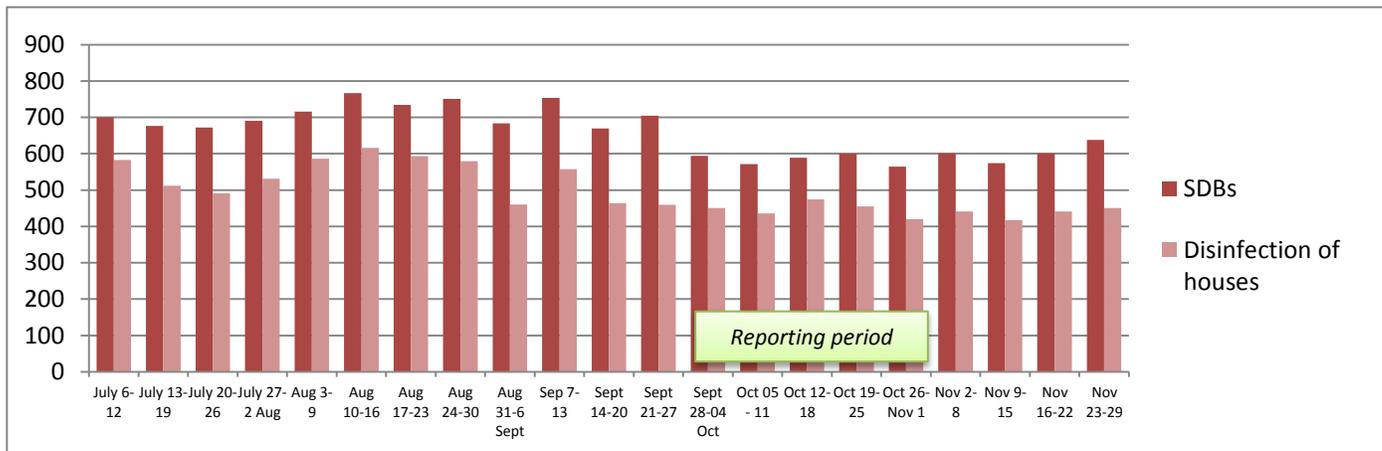
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- Each SDB team includes at least 2 Hygienist volunteers
- The 536 SDB volunteers are being supported by another team of 367 volunteers operating in crosscutting pillars namely BenCom, PSS and Surveillance

**KEY SDB RELATED FIGURES FOR THE REPORTING PERIOD**

Period	SDBs	Disinfection of houses	Swabs
Sept 28-Oct 04	594	451	595
Oct 05 - 11	571	436	574
Oct 12-18	589	474	589
Oct 19-25	600	455	599
Oct 26- Nov 1	564	420	561
	2,918	2,236	2,918

*Trend of SDBs Vs SWABS during the reporting period*



*Trend of SDBs Vs Disinfection of houses and other places during the implementation period*

<b>Average of SDBs :</b>	583,6 per week in 8 prefectures or 10,42 SDBs/day/prefecture
<b>Average of disinfection</b>	2.236 per week/week in 8 prefectures
<b>Average of Swabs</b>	2,918 per week/week in 8 prefectures

*Additional activities implemented during this period:*

- Support to **Communication** through the purchase of recharge vouchers for mobile phones and internet to allow communication between the staff and volunteers in the field



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- Support to **Relief, construction and supplies**: procurement of office supplies and equipment to run operational bases in the field
- Support to purchase of Water purification tablets, car rental fees for 67 vehicles in the operation, maintenance, fuel and repair for 79 vehicles engaged in the operation
- Support to **equipment of operational bases** and office in Conakry and other field offices,
- Support to the **payroll**: local staff, national society staff and international staff
- Support to **volunteers' per diem and accommodation** during coordination meetings and trainings
- Support to national staff **accommodation** and **per diem** during field visits

**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))*

Following the political campaigns for presidential elections in Guinea, the incidence on Red Cross activities was mainly related to the decrease of the number of SDBs conducted per week due to the weakening of the alert system. A considerable number of community deaths were not notified to the Red Cross as political activities were much more attracting people's attention and interest than any other type of social or community related activity. As a result, whereas we had an average of 702,25 SDBs per week in September, this average decreased to 583,6 or the equivalent of 16,9% reduction in October. The slowing down of humanitarian activities could also be noticed in other sectors apart from SDBs due to the same reasons.

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

<b>No. of SDB teams and hygienists volunteers disaggregated by gender</b>		<b>Environmental Markers</b>
<b>Women</b>	120	<i>Each operational base is equipped with an incinerator to burn down waste and used material including used PPEs and other medical/hygienic. This reduces risks of chemical pollution and ensures environmental protection</i>
<b>Girls</b>	N/A	
<b>Men</b>	416	
<b>Boys</b>	N/A	
<b>Total</b>	<b>536</b>	

**Additional Information** *(Optional)*