



**UN EBOLA RESPONSE MPTF**  
**PROJECT MONTHLY PROGRESS REPORT - VERSION 1**  
**Period: October 2015 Award63521**

<b>Project Number and Title:</b> I1#16 SO4 - Strengthen District Level Case Finding, Case Management, Reporting, Logistics Management and Community Mobilization and Engagement	<b>PROJECT START DATE<sup>1</sup>:</b>  01-01-2014	<b>AMOUNT ALLOCATED by MPTF</b> <i>(please indicate different tranches if applicable)</i>  \$533,447.00	<b>RECIPIENT ORGANIZATION</b>  World Health Organization (WHO)
<b>Project ID:</b> 00093970			
<b>Project Focal Point:</b> Name: Rick Brennan E-mail: brennanr@who.int	<b>EXTENSION DATE:</b>	<b>FINANCIAL COMMITMENTS</b>  \$68,210.00	
<b>Strategic Objective (STEPP)</b> SO1 – Stop the outbreak SO2 – Treat the infected SO4 – Preserve stability	<b>PROJECTED END DATE:</b>  31-12-2015	<b>EXPENDITURES as of [30-Oct-2015]</b>  \$442,091.00	<b>IMPLEMENTING PARTNER(S):</b> Governments of Guinea
<b>Mission Critical Action</b> MCA01 – Identifying and tracing people with Ebola MCA03 - Care for persons with Ebola and infection control MCA09 – Reliable supplies of materials and equipment MCA11 – Social mobilization and community engagement			
<b>Location:</b> Regional; Guinea	<b>Sub-National Coverage Areas:</b> All affected districts in the country (high and low caseload)		

**MONTHLY PROGRESS REPORT RESULTS MATRIX**

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

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



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<b>Under MCA I</b>					
Proportion of suspect cases investigated within 24 hours of notification	All affected districts in 3 countries	>90%	100%	99%	100%
Weekly Average of proportion of contacts monitored	All affected districts in 3 countries	>95%	99%	98%	100%
<b>Under MCA03</b>					
Number of new health care workers infected by district	All affected districts in 3 countries	0	0	37	37
<b>Under MCA09</b>					
Incidences of stock out of PPEs	All affected districts in 3 countries	0			
<b>Under MCA I I</b>					
Proportion of incidences of community resistance resolved	All affected districts in 3 countries	>90%			
<b>EFFECT INDICATORS (if available for the reporting period)</b>					

**NARRATIVE**

**Situation Update** (please describe critical changes, if any, in the situation that affect the project (1-2 paragraphs))

Six confirmed cases of Ebola virus disease (EVD) were reported in Guinea during October: one in Conakry and five in and around the village of Kondayah, in the subprefecture of Kaliah, Forecariah. Over 300 contacts remained under follow-up in Conakry and Forecariah, including 141 who were considered to be at high risk. There therefore remained a substantial near-term risk of further cases among contacts, in addition to a low medium-term risk of re-emergence of EVD as a result of re-emergence of Ebola virus that had persisted in a survivor.



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**Key Achievements**

WHO deployed 4 senior staff during October to support the social mobilization and community engagement coordination teams in Conakry, and the prefectures of Forecariah, Dubreka and Boke. WHO social mobilization and community engagement activities took place in Conakry, Forecariah, Dubreka, Fria, Coyah, Mamou, Kankan and Boke during October. All activities were done in close collaboration with the relevant district health directorate, the US CDC, and UNICEF. In addition, WHO recruited 29 community engagement assistants from target communities. There are plans to recruit a further 21 assistants to provide full nationwide geographic coverage.

WHO's social mobilization and community engagement team also provided support for a technical workshop that aimed to produce a communication plan to support the surveillance of epidemic-prone diseases in Guinea. The workshop was held in Kindia and attended by almost 70 participants from partner agencies.

In the field, WHO teams supported many key community engagement activities, including:

In **Conakry**, following the notification of 2 positive EVD cases in the week ending 22 September, WHO teams were involved in "mini-cerclage" in Ratoma and Dixinn. "Mini-cerclage" is an operation during which community movement is limited in a delimited area, and active case-finding within the community is intensified through the involvement of WHO-supported Community Surveillance Volunteers.

In **Dubreka**, the WHO social mobilization and community engagement team supported the training of 66 community workers on community-based surveillance. The team also worked closely with key community actors such as leaders of Islamic league of Dubreka, the Secretary General of the Prefecture of Dubreka, and the representative of the prefecture's private health clinics. The main objective of these meetings is to obtain a commitment from the relevant community stakeholders to support aspects of the EVD response related to community surveillance, such as the reporting of community deaths, acceptance of safe burial practices, and acceptance of swabbing for laboratory testing. The WHO social mobilization and community engagement team was also involved in the preparation of a door-to-door sensitization activity.

In **Boke**, WHO's social mobilization and community engagement team supported the DPS in its interaction with community groups such as traditional healers and women in the sub prefecture of Kamsar. The team also supported the DPS to train 500 community surveillance volunteers and 50 supervisors.

In **Forecariah**, following the notification of 4 confirmed cases of EVD in the subprefecture of Kalia, Forecariah, WHO's social mobilization and community engagement team convened a series of community dialogues to examine factors that led to disease transmission. The Team worked closely with groups such as motorbike taxi drivers and road and marine transporters union in order to design a training program designed to minimize the risk of further transmission.

In **Fria, Coyah, Mamou and Kankan** WHO teams supported the planning of key social mobilization and community engagement activities aimed at reinforcing community involvement in the EVD.

**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))

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

<b>No. of Beneficiaries</b>		<b>Environmental Markers</b>	
<b>Women</b>		e.g. Medical and Bio Hazard Waste	



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<b>Girls</b>			<i>e.g. Chemical Pollution</i>	
<b>Men</b>				
<b>Boys</b>				
<b>Total</b>				
<b>Additional Information</b> ( <i>Optional</i> )				