



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

Project Number and Title: Psychosocial and economic recovery support for EVD survivors and affected communities.	PROJECT START DATE¹: 21/ 03 /2016 Note: Project was officially launched in June 2016	AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i> \$.1 500 000 Funding received on 19th April 2016.	RECIPIENT ORGANIZATION PNUD
Project ID: 00099263 (Gateway ID)	EXTENSION DATE: dd-mm-yyyy	FINANCIAL COMMITMENTS \$ 486 747	
Project Focal Point: Oscar LLorente Name: Marc Wajnszok E-mail: marc.wajnszok@undp.org	PROJECTED END DATE: 21-03 2017	EXPENDITURES as of 30 September 2016 \$ 246 261	IMPLEMENTING PARTNER(S): Ministry of Social Action, Woman and Child Protection (MASPFE)Guinean Red Cross and International Federation of Red Cross. (CRG/IFRC)
Strategic Objective (STEPP) SOn - RSO 2 – Socio – Economic Revitalization	Mission Critical Action MCAAn – This project targets most EVD affected prefectures in Guinea, and as part of a larger scale program that aims to provide at the national level a comprehensive package for survivors and their communities.		
Location: Guinée Country or Regional	Sub-National Coverage Areas: Result 1 Psychosocial support through community healing dialogue: Macenta , Guékédou, Nzérékoré et Kérouané Result 2 Cured self-support capacity: Macenta , Guékédou, Nzérékoré et Kérouané Result 3 Fight against anti-stigmatization: Macenta, Guékédou, Nzérékoré et Kérouané Result 4 Socio-economic community strengthening: Component 1 Socio-economic development programs identified within communities affected by Ébola: Macenta , Guékédou, Nzérékoré et Kérouané Component 2 Other socio-economic support activities in favour of Ebola survivors: Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Siguiri, Kankan, Kissidougou, Beyla, Lola and Yomou. Component 3 Improving skills for frontline ebola workers (red cross volunteers participating into Safe and Dignified Burials (SDB)): Macenta , Guékédou, Nzérékoré et Kérouané Result 5 Capacity building activities on the Ministry of Social Action, Children and Women Protection: Macenta , Guékédou, Nzérékoré et Kérouané		

¹ The date project funds were first transferred.



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

QUARTERLY PROGRESS REPORT RESULTS MATRIX

OUTPUT INDICATORS

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



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

<p>Résultat 1</p> <p><i>Nb of community healing sessions animated</i></p> <p><i>(Note 1: Community healing dialogue sessions is the tool used to provide psychosocial support. This tool allows survivors and communities recovering from stress created by the Ebola outbreak)</i></p>	<p>Nzerekore, Macenta, Guekedou, Kerouane,</p>	<p>400 community healing dialogue (CHD) sessions benefiting survivors living in 20 sub-prefectures.</p> <p><i>(Note 2: This indicator is calculated as follows: 40 community healing dialogue groups set up in 20 sub-prefectures. Each group will do 10 sessions of CHD.)</i></p> <p>40 beneficiaries are in need of adequate follow up.</p> <p><i>(Note 3: This indicator means the number of beneficiaries identified in need of adequate follow up or referral after CHD done by Red Cross volunteers)</i></p>	<p>46 community healing dialogue sessions conducted from August to September 2016 in 20 sub-prefectures.</p> <p>05 people identified in need of adequate follow up support from August to September 2016.</p>	<p>74 community healing dialogue sessions conducted up to September 2016</p> <p>05 people identified in need of adequate follow up support up to September 2016.</p>	<p>18,5 %</p> <p>12,5%</p>
<p>Result 2:</p> <p><i>Nb of cured (survivors) followed and sensitized</i></p>	<p>Nzerekore, Macenta, Guekedou, Kerouane,</p>	<p>447 cured people benefiting from adequate follow up</p>	<p>0</p> <p><i>(Note 4: Activities and results have been modified to be in alignment with the SACEINT strategy and better measure the impact of</i></p>	<p>0</p>	



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

			<i>the programme. See further details in Annex 1.)</i>		
Result 3: <i>% of the population sensitized about EVD survivor's situation to decrease stigmatization</i>	Nzerekore, Macenta, Guekedou, Kerouane,	80% of target groups according to the results of the baseline. <i>(Note 5: Target groups are individuals belonging to the communities affected by the Ebola outbreak. Baseline will be implemented through a representative sample targeting individuals, survivors, community leaders).</i>	0 <i>(Note 6: Baseline is pending to be finalized.)</i> 20 radio anti-stigmatization emissions have been broadcasted in the target areas.	0	0
Result 4: <i>Number of community economic projects implemented</i>	Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Siguiri, Kankan, Kissidougou, Beyla, Lola	At least 20 projects implemented	0 <i>(Note 7: 20 projects targeting survivor's socio-economic development in selected areas have been identified and operationalized .)</i>	0	0



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

<p><i># of Red Cross Volunteers trained</i></p> <p><i>(Note 8: Red Cross volunteers benefiting from trainings aiming to improve personal skills to enhance a better socio-economic insertion into the community)</i></p> <p><i>Number of project financed and implemented through the civil society platform</i></p>	<p>and Yomou</p>	<p>450 volunteers</p> <p>10-15 projects.</p>	<p>0</p> <p>0</p> <p><i>(Note 9: Tools for the baseline have been developed. Baseline will start on October 2016)</i></p> <p>0</p> <p><i>(Note 10: 8 projects targeting survivor's socio-economic development done by civil society platforms have been identified to be funded and implemented)</i></p>	<p>0</p> <p>0</p>	<p>0</p>
<p>Result 5:</p> <p><i># of prefectural ministry branches supported (rehabilitation, trainings, support to running costs)</i></p>	<p>Nzerekore, Macenta, Guekedou, Kerouane,</p>	<p>4 prefectural ministry branches supported</p>	<p>4 prefectural ministry branches supported.</p> <p><i>(Note 11: Ministry of Social Action has recruited</i></p>	<p>4 prefectural ministry branches supported.</p> <p><i>(Note 12: Ministry of Social Action has recruited and deployed 60 social workers in the</i></p>	<p>100%</p>



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

			and deployed 60 social workers in the targeted areas. Ministry of Social Action was equipped with adequate material.)	targeted areas. Ministry of Social Action was equipped with adequate material.)		
EFFECT INDICATORS (if available for the reporting period)						
Result 1 and 2. Psychosocial conditions of the EVD survivors (or affected communities) improved	Nzerekore, Macenta, Guekedou, Kerouane,	2% of the total population found with serious traumatic conditions after the baseline is done. <i>(Note 13: Total survivor's population estimated to calculate 2% is around 2 000 surveys. Baseline will be done to at least to 2 000 people)</i>	N/A <i>(Note 14: Survivors baseline is ongoing. Activity will be finished in October 2016)</i>	N/A	N/A	
Result 3 and 4. <i>Socio-economic support.</i> % of EVD Survivors improving their socio-economic living condition through de-stigmatization and	Nzerekore, Macenta, Guekedou, Kerouane, Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue,	20% of the targeted population improves the coverage of the daily needs. Targeted population is identified through baseline and/or based on statistics available.	N/A <i>(Note 16: Data collected from</i>	N/A	N/A	



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

better economic opportunities	Faranah, Koroumussa, Siguiri, Kankan, Kissidougou, Beyla, Lola and Youmou	<i>(Note 15: Data collected from baseline according to a representative sample of beneficiaries participating into anti-stigmatization and socio-economic support activities.)</i>	<i>baseline according to a representative sample of beneficiaries participating into socio-economic and ant stigmatization activities.)</i>		
Result 5 Improved monitoring system.	Nzerekore, Macenta, Guekedou, Kerouane	100 % of the monthly reports received on time by the Ministry at central level.	100% of monthly reports received from Nzerekore, Macenta, Guedkedou and Kerouané by the Ministry of Social Action <i>(Note 17: Social workers deployed by the Ministry of Social Action must send to the Ministry regular reports about vulnerabilities and achievements of the programme following the monitoring tools developed)</i>	N/A	N/A

Key Achievements

Key achievements of the program for the reported period going from August 2016 to September 2017 are:

Result 1:

- Psychosocial support activities have increased 37% compared to the previous report. A total of 46 community healing dialogue sessions have been held benefiting 634 people in the targeted areas.



UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016

- Red Cross volunteers identified 5 people in need of special follow up and counseling because of psychosocial trauma.

Result 2:

- Discussions among PNUD and National Agency of Sanitary Surveillance (ANSS) (ex-NERC) were engaged to align project activities with the national strategy approved by the Government. The SACEINT approach focus on strengthening epidemiological control around survivors, families and communities around survivors establishing adequate mechanisms to enhance access to effective and efficient health care services.
- A gap on CTEPIs functioning is identified. Both institutions agreed on the importance of ensuring CTEPIs are equipped with adequate health staff to accomplish health tasks described into the SACEINT strategy for the follow up of the cured. 272 health staff have been recruited and deployed by the ANSS in 34 prefectures to attend cured medical needs. (Annex 2)

Result 3:

- Ant stigmatization awareness messages have been designed by the IFRC and broadcasted through local radios into the targeted areas (further details are provided on the chapter related to the anti-stigmatization activities)..

Result 4:

- Socio-economic activities planned in Forest Guinea are on progress. A collaboration agreement was signed with the Nzerekore Government to implement 20 projects for a total amount of 3 062 639 200 GNF (346 251 USD).
- A national tender has been launched to enhance civil society to support socio-economic survivor's initiatives and socio-economic development projects. A total of 21 proposals has been received at the UNDP office from which 9 proposals have been submitted to the Steering Committee for approval. Administrative proceedings will be formalized in October to operationalize the projects with the organizations selected.
- Baseline survey to identify red cross volunteers training needs is ongoing. First results will come out in October 2016.

Result 5:

- Ministry of Social Action has organized three workshops to officially launch the deployment of social workers (60 people) at the prefectures targeted by the program in Forest Guinea (see Annex 3).
- Material and equipment have been purchased to strengthen operational capacities of the Ministry of Social Action. This material will allow the Ministry of Social Action better perform its role in the targeted areas. Social workers have received equipment to better collect and analyze data from the field (see Annex 4).
- Related to the activities of socio-economic support for Ebola survivors a national call for proposals has been published. A total of 21 proposals has been received at the UNDP office from which 9 proposals have been submitted to the Steering Committee for approval. Administrative proceedings will be formalized in October to operationalize the projects with the organizations finally selected.

Plan of action is as follows:



UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016

Result 1: Psychosocial support through community healing dialogue.

- **Training**

4 volunteers are deployed at prefectural level to set up psychosocial support activities. 66 volunteers have been identified and will be trained in 4th quarter of the year. Training will allow to boost the psychosocial support activities until the end of the year.

This training includes psychological first aid and mini mhGAP aiming to provide red cross volunteers with adequate tools to understand how to fill the gaps in mental health. This will strengthen the capacity of volunteers to provide counseling services and be able to detect mental disorders in survivors and people affected by the Ebola Virus disease (EVD)

- **Community Healing Sessions**

Second activity consisted on providing community healing dialogue sessions (CHD) in the targeted areas. For the period reported a total of **46** sessions were held. This is an increase of **37%** in the number of CHD activities delivered respected to the previous report. **634** beneficiaries from Macenta, Guékèdou, Nzerekoré (Forest Guinea) and Kérouané (Upper Guinea) have participated into the CHD.

The main objective of community Healing dialogue (CHD) is to provide psychosocial support to members of the groups affected by the EVD, especially Ebola survivors and general members of the community affected by this dialogue.

The main expected outcomes of the community Healing dialogues are:

- 1) The fight against stigma through cohesion and group dynamics
- 2) The detection of mental disorders signs for individualized counseling and the need for a referral to the support structures in mental health.

The CHD's approach is the establishment of a group of 20 to 25 who is a free speech framework based on the following principles: Confidentiality: (all that was said in the dialogue remains in the space of dialogue), participation: (everyone has the right to speak whatever their social status), Legality and Equity in gender

Cumulative data since the beginning of the project show that **1 319** people (among whom 610 women and 709 men) have participated from community healing dialogue activities.

The statistics recorded this quarter show that, despite the increased number of community healing dialogue (CHD) sessions (46 against 28 in the first quarter), the number of people participating of the activities has declined during the 3rd quarter (634 against 685 in the first quarter.). This decrease can be explained by the fact that community dialogue activities have been done during the farming period.

The main findings are related to stigmatization, mental health disorders like memory trouble and nightmares, stress due to day to day life difficulties. During these sessions 5 persons were identified as having needs to be individually followed up. One of them from Macenta is a cured from Ebola Virus Disease who suffered from memory disorders and have difficulties to do physical work. The four other cases are related to issues of stigmatization, socio economic reintegration and stress due to day today life difficulties. Ces 5 personnes identifiées seront suivies par les volontaires de la CRG qui vont les accompagner de manière individualisée sur le plan psychosocial. These 5 person identified will be followed individually by the GRC volunteers that will accompany them psychosocially



UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016

N°	Prefecture/Districts	CHD sessions targeted	CHD groups targeted	Number of CHD sessions	Number of beneficiaries	Male	Female	% Exe.
1	Gueckedou	15	CHD G 1	10	146	78	68	66%
		10	CHD G 2	0				0%
2	Macenta	15	CHD G 1	10	150	80	70	66%
		10	CHD G 2	0				0%
3	Nzérékoré	15	CHD G 1	11	160	85	75	73%
		10	CHD G 2	0				0%
4	Kéréouané	15	CHD G 1	15	178	96	82	100%
		10	CHD G 2	0				0%
	Total	100		46	634	339	295	46%

During this quarter, CHD activities were conducted by 4 GRC PSS focal points based in Guinea Forest in the urban administrative area of the different prefectures, because volunteers have not yet been deployed. With the volunteer deployment plan in their various localities CHD activities will be planned for the next quarter and the above table will be filled in accordance

Result 2: Cured self-support capacity.

The original project submitted forecasted to provide at the national level a comprehensive package for survivors and their communities. Project was developed on the basis of the key findings and recommendations of the October 2015 workshop organized by the National Coordination Cell of Ebola. At this period, activities for cured-self-support capacity were designed according to the strategy agreed by the National Ebola Response Cell (ANSS ex-NERC) in 2015.

But the situation evolved from 2015 up to day and some of the activities proposed through the project were not in alignment with the new SACEINT strategy approved by the Government. The new SACEINT strategy focus on strengthening epidemiological control around survivors, families and communities around survivors establishing mechanisms to enhance access to effective and efficient health care services. Treatment centers for epidemiological surveillance (CTEPIS) play a key role to allow cured get a better access to health care services.

The activities initially proposed by the project turned around sensitize cured population to mitigate the risk of transmission of Ebola, provide self-protection kits or facilitate access to adequate health care through the payment to the beneficiaries of travel costs.

After evaluating the pertinence and efficacy of the activities initially designed, the ANSS requested to UNDP to focus the efforts on ensuring adequate follow up and medical checkups for cured through the delivering of care services into the treatment centers (CTEPIS) countrywide.

A request has been submitted to MPTF in order to adapt the activities originally planned into the original Prodoc to the ones identified under the coverage of the new SACEINT strategy adopted by the National Agency of Health Surveillance (ANSS ex NERC) and the World Health Program during the heightened surveillance period. (see Annex 1 UNDP request to MPTF).



UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016

Changes into the project document are related to:

- Activities identified to achieve Result 2 which is entitled “cured self-support capacity”
- Indicator used to measure the achievement of the Result 2

As it was said on the lines above, the SACEINT approach is focused on strengthening epidemiological control around survivors, families and communities around survivors establishing mechanisms to enhance a better access to an effective and efficient health care services for cured.

The main objective of the activity identified and proposed by PNUD consist on

Facilitating adequate survivors’ health care by supporting the payment of health staff (272) working in 34 care centers (CTEPIs) to attend survivors needs benefiting 1026 people countrywide.

PNUD through this activity will pay salaries (1 month) for the deployment of health staff on CTEPIs to ensure medical access for cured countrywide.

Find below details of the staff recruited to run CTEPIs activities.

Health workers	Quantity
<i>Doctor</i>	<i>102</i>
<i>Nurse</i>	<i>68</i>
<i>Washer</i>	<i>34</i>
<i>Hygiene Promotion</i>	<i>34</i>
<i>Driver/Gards</i>	<i>34</i>
Total healht workers	272

272 health staff have been recruited by ANSS and took position into the CTEPIs to strengthen survivors’ care from August 2016. In addition, the activity will contribute to manage residual risks and recover health system from the consequences of the Ebola virus disease. UNDP will support these staffs until the end of the year. ANSS is committed to assume the cost of the health staff deployed into the CTEPIs who will be included into the administration payroll. For further information, you can consult NCE submitted to MPTF (Annex 1)

Result 3: Fight against stigmatization

A Communication Plan has been drafted by the CRG-IFRC and submitted to the Technical Team for review and validation. (see Annex II). Communication Plan contains the following activities:

- Raised awareness among the population about stigmatization issues through key message broadcasted on radio programs (5 key messages). The content of the key messages will be shared as well with the National Agency of Health Surveillance (ANSS) and discussions are ongoing to validate and operationalize the activity.
- 432 radios programmes about psychosocial issues will be broadcasted in Forest Guinea starting from mid-September 2016 until the end of the program.

At this stage, 20 radio program were held targeting an audience of 13 000 people. During these radio programs, we



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

registered 103 calls from auditors. The main topics discussed during these programs were Psychosocial support and crisis events, stress and accommodation, the 4 key elements of Psychological First Aid, supportive communication and issues related to stigmatization.

Regarding GRC and other first responder thanks campaigns, a commission composed of members of the CRG and IFRC was established to develop the terms of reference for the implementation of this activity.

It is envisaged the production of visibility materials such as jackets bearing the logos of UNDP and MPTFs, caps, posters, flyers or a newsletter on project activities and psychosocial support to socioeconomic survivors Ebola and first responders

- IFRC contacted the National Association of Ebola survivors to identify how to strengthen the capacities of the local associations to better support survivors' needs.

During this quarter, The PSS Delegate from IFRC and the National PSS Supervisor from Guinean Red Cross have met the Chairman of the network of associations of people cured from Ebola to determine the 8 associations which would be involved in the training and the material support from IFRC through Guinean Red Cross. Thus, 4 associations were identified in Lower Guinea and four in Forest Guinea. The leaders of these associations will be trained in the topic of advocacy and project management.

Result 4: Socio-economic strengthening

Main components of this activity are:

A. Set up of socio-economic projects in favor of communities in Forest Guinea.

Performance: 0 beneficiaries achieved/ 4,000 direct beneficiaries. *(Note: Impact of the ongoing activities will be reflected into the first quarter of 2017 once the projects will be achieved)*

A bottom-up participatory identification of community projects and priorities around small economic infrastructures, sanitation infrastructures and income generation activity has been conducted by the UNDP teams in Forest Guinea. A shortlist with a total number of 20 projects was identified and submitted to the approval of the Steering Committee. The projects submitted were approved by the Steering Committee in August 2016. In September UNDP Office signed a collaboration agreement with the Government of Nzerekore (Forest Guinea) to implement the socio-economic projects selected in the shortlist.

This projects will cover the following economic sectors:

- Support farming activities for women through trainings and supply of assets and inputs.
- Construction of public sanitation facilities.
- Improvement of warehousing stock facilities for groups of farmers.
- Support to fish farming activities.
- Enhance getting access to basic services of water, health and sanitation.

Projects selected will be implemented in the following localities that has been touched by the Ebola outbreak in Guinea:

N'Zérékoré, Samoé, Womey, Yalenzou, Yalenzou, Koropara, Macenta, Kouankan, Balizia, Bofossou, Fassankoni, Gueckédou, Ouede-Kénéma, Nongoa, Guedembou, Tekoulo, Komodou, Kérouané, Banakoro, CR de



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016**

Sibibaro et Damaro

UNDP field team is working in close collaboration with the Government of Nzerekore to implement the projects selected through developing tenders and bill of specifications for the constructions works or the equipment to be supplied. The estimated costs for the project approved turns around amount of 346 251 USD. See in Annex III minutes of the technical committee in charge to select projects to be funded.

B. Socio-economic support for civil society.

Performance: 0 beneficiaries achieved/ 2,000 direct beneficiaries. *(Note: Impact of the ongoing activities will be reflected into the first quarter of 2017 once the projects will be achieved)*

A national call for proposals was published on September 2016 to support socio-economic activities for civil society. The main aim of this activity consists on implementing relevant community projects with positive socio-economic impact by locally based civil society organizations.

PNUD office received 21 proposals for a total amount of 720 115 USD from which 8 proposals were pre-selected for funding. Selected Committee recommends to get in touch with organizations to adjust the activities proposed to the budget available for the program (240 000 USD). The expected beneficiaries for the pre-selected projects proposed turns around 15 705 people. List of projects will be sent to the Steering Committee for last review and approval.

Find below short summary of the projects pre-selected:

Project Number	Organization	Type of activity
1	Organisation de Développement Durable et Intégré de la Guinée (ODDI)	Trade (income generation activity).
2	Développement Humain Durable (DHD)	Farming activities
3	Club des Amis du Monde (CAM)	Trade (income generation activity).
4	Alliance pour la Promotion de la Gouvernance et des Initiatives Locales	Farming activities
5	Organisation Guinéenne pour le développement communautaire (OGDC)	Farming activities
6	Fondation Conde Djene Kaba pour la promotion de la santé maternelle et infantile (FCDK-PROSMI)	Farming activities
7	Comité Jeunes 'Mon avenir d'abord » - CJMAD-Guinée	Farming activities.
8	Appui aux Initiatives Communautaires pour le	Farming activities



UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016

	Développement	
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C. Improvement of skills for frontline workers (Red Cross volunteers) working during the Ebola outbreak to enhance economic reinsertion.

A meeting was held with the IFRC and the Guinean Red Cross to boost this activity. We confirmed a delay into the data collection and analysis. It was decided to accelerate the set-up of the baseline in October 2016.

To achieve this objective a set of indicators was determined jointly between UNDP, IFRC, CRG and Ministry of Social Action, to select the most vulnerable volunteers. Tools to collect data were reviewed and 3 workshops/trainings were organized to test tools among social workers and red cross volunteers.

Main objectives of the workshops held were to familiarize social workers and red cross volunteers with the project tools that has been developed to collect the data and review the design of the survey. Survey was reviewed according to the findings and recommendations given by social workers and questions were reformulated and adapted to the local context.

Among administered questionnaires, we can name the Hopkins Checklist for determining the level of anxiety and depression and the Harvard Trauma Questionnaire for determining the post-traumatic stress level among the interviewees.

The Guinean Red Cross with support from the IFRC is working on criteria for selection of the 900 volunteers who will benefit from the training offered by UNDP

Finally, Ministry of Social Action, Guinean Red Cross in collaboration with International Federation of Red Cross established a plan to end baseline survey in October 2016. It is expected we will have first data available in November 2016.

Result 5: Ministry of Social Action, Children and Women Protection (MASPFE) capacity building.

Key achievements for the reporting period are:

- Micro-evaluation of the ministry of social affairs done to assess their capacity to handle the fund. Weaknesses regarding accountancy, audit and procurement procedures have been spotted. Resources will be reoriented to strengthen their accountancy system and audit procedures; procurement will be managed directly by UNDP to support the ministry.
- 3 workshops have been held from 19 August to 02 September 2016 in Dabola, Macenta and Conakry allowing social workers deployed by the Ministry of Social Action to have a better idea of their tasks and responsibilities. Main aims of the workshops were:
 - Allow social workers to get a better understanding of the general objectives of the program and acquire a better knowledge of their roles and expected tasks to be achieved.
 - Define the Plan of Action and activities to be achieved for each zone of intervention.
 - Review the baseline survey and do a pilot test to ensure a good understanding of the data in need to be collected.
 - Strengthen collaboration work and joint planning between red cross volunteers and social workers recruited



UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016

by the Ministry of Social Action.

- Establishing reporting mechanisms and tools.
- Nationwide a total of 120 social workers have participated into the induction training. Distribution is as follows:
 - **Conakry**, 60 social workers
 - **Dabola**, 26 social workers
 - **Macenta**, 34 social workers
- 100% of social assistants working in Nzerekore, Macenta, Guekedou and Kerouane prefectures have developed and submitted to the Ministry a plan of action.
- First contacts among social workers and first contact with red cross volunteers took place to organize baseline collection data.
- Purchase of material and equipment to strengthen MASPFE capacities have been finalized and the material have been delivered to the Ministry of Social Action at the beginning of October 2016.
- Equipment supplied to the Ministry of Social Action was IT and office material for a total value of 21 081 USD.
- TOR for the recruitment of an accountant assistant is on track.

As a key impact, we would like to highlight that the Ministry (MASPFE) has taken the leadership over the project and the technical staff is fully engaged into the implementation of the program.

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))

The resurgence of the Ebola virus in Koropara (April 2016) has negatively affected the start of the project activities because of the fact that UN Agencies and local authorities were more focused on responding Ebola outbreak and avoiding the apparition of new transmission chains until June 2016

The rainy season delayed the activities' implementation due to difficulties for travelling inland and low access to some targeted areas in Forest Guinea.

In addition to that a delay in the reception of the funds and the signature of the collaboration agreements between implementing partners (Ministry of Social Action, Women and Child Protection and International Federation of Red Cross) affected negatively the start of the project activities, especially the activities related to the set-up of the baseline assessment.

At this stage, we think that the program is on delay to achieve the expected results for the following activities:

- .- Set up of the baseline.
- .- Activities related to fight against stigmatization (Component 3).
- .- Activities related to the improvement of skills among Ebola survivors to enhance a better access to labour market. (Component 4)
- .- Socio-economic support in favor of civil society (Component 4)

A request has been submitted to MPTF to change the content of the activities linked to the Result 2 and better defined



UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT N° 2
Period (3rd quarter-2016): From August to September 2016

indicators related to some activities (see further details into the NEC document Annex 4). Activities will be evaluated on the last quarter of the year to decide the pertinence to request to MPTF a non-cost extension.

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

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

Additional Information

Next steps to be accomplished for the project are:

- 1) Set up baseline and analyze the data collected.
- 2) Identify adequate trainings to improve socio-economic skills for first line workers.
- 3) Monitor socio-economic projects on going in Forest Guinea.
- 4) Monitor socio-economic activities funded to support civil society.
- 5) Follow up social workers plan of action related to survivors.
- 6) Continue to develop psychosocial support activities according to the plan established by the Guinean Red Cross in collaboration with the IFRC.
- 7) Boost ant stigmatization activities.