



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT - VERSION 1  
DATE: 07.10.15**

<b>Project Number(s) and Title(s)</b>
#36 - Stop Ebola through Social Mobilization and Community Engagement in Guinea 00095292 (Gateway ID)
<b>Strategic Objective &amp; Mission Critical Action(s)</b>
MCA 11 – Social Mobilization and Community Engagement Description
<b>Location:</b>
Guinea
<b>Programme/Project Cost (US\$)</b>
Total approved budget as per project proposal document: <b>\$999,915</b> MPTF <sup>2</sup> :
• by Agency (if applicable) Agency Contribution
• by Agency (if applicable)
Government Contribution (if applicable)
Other Contributions (donors) (if applicable)
<b>TOTAL:</b> <b>\$999,915</b>
<b>Programme Assessment/Review/Mid-Term Eval.</b>
Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date: 15 July, 2015 Program assessment
Evaluation Report - <b>Not attached</b> <input type="checkbox"/> <input type="checkbox"/>

<b>Recipient Organization(s)</b>
<b>RUNO(s): UNICEF</b> <b>Project Focal Point:</b> Name: Dr. Mohamed Ayoya E-mail: <a href="mailto:mayoya@UNICEF.org">mayoya@UNICEF.org</a>
<b>Implementing Partner(s)</b>
<ul style="list-style-type: none"> <li>National Coordination, Ministry of Youth</li> <li>NGOs: AGIL, CENAFOD, CNOSC, OCPH, Plan Guinée, Youth and Women associations</li> </ul>
<b>Sub-National Coverage Area:</b>
Conakry, Dubréka, Coyah, Forécariah, Kindia, Boffa, Boke, Fria
<b>Programme Duration</b>
Overall Duration (months) 4 Project Start Date <sup>3</sup> (dd.mm.yyyy) 01.05.2015 Originally Projected End Date <sup>4</sup> (dd.mm.yyyy) 30.08.2015 Actual End date <sup>5</sup> (dd.mm.yyyy) 30.08.2015
Agency(ies) have operationally closed the programme in its(their) system <input type="checkbox"/> No <input type="checkbox"/>
Expected Financial Closure date <sup>6</sup> : 30 April, 2016
<b>Report Submitted By</b>
<ul style="list-style-type: none"> <li>Name: Dr. Mohamed Ayoya</li> <li>Title: Representative</li> <li>Date of Submission: 07.10.2015</li> <li>Participating Organization (Lead): UNICEF</li> <li>Email address: <a href="mailto:mayoya@UNICEF.org">mayoya@UNICEF.org</a></li> </ul>
Signature:

<sup>1</sup> Refers to programmes, joint programmes and projects.

<sup>2</sup> The amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

<sup>3</sup> 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](#).

<sup>4</sup> As per approval of the original project document by the Advisory Committee.

<sup>5</sup> 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](#).

<sup>6</sup> Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

## PROJECT/PROPOSAL RESULT MATRIX

Project Proposal Title: Stop Ebola through Social Mobilization and Community Engagement in Guinea						
Strategic Objective to which the project contributed						
MCA 11 <sup>7</sup> Social Mobilization and Community Engagement						
Output Indicators	Geographical Area	Target <sup>8</sup>	Budget	Means of verification	Responsible Organization(s).	
1. 4,641 members of the 663 CWCs paid	Conakry, Forécariah, Boke, Boffa, Fria, Kindia, Coyah, Dubréka	4,641 members, 663 CWCs	\$ 556,920	SitReps	UNICEF	
2. Door to door campaigns to 450,000 households (HH)	Conakry, Forécariah, Boke, Boffa, Fria, Kindia, Coyah, Dubréka	450,000 HH	\$ 147,580	SitReps	UNICEF	
Effect Indicators	Geographical Area (where the project directly operated)	Baseline <sup>9</sup> In the exact area of operation	Target	Final Achievements	Means verification of	Responsible Organization(s)
Zero Ebola Notification: No confirmed cases	Conakry, Forécariah, Boke, Boffa, Fria, Kindia, Coyah, Dubréka	Not defined in proposal	0	New cases in August: 10	Epidemiology	National Coordination

<sup>7</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>8</sup> Assuming a ZERO Baseline

<sup>9</sup> If data is not available, please explain how it will be collected.

## EXECUTIVE SUMMARY

When this project started in April 2015, the number of new weekly Ebola cases remained alarmingly high. Indeed, as of 30 April 2015, Guinea had reported 3,162 confirmed cases of Ebola since the start of the outbreak at the end of 2013; of these, 695 cases, or 22 per cent, were in 2015.

At this time, the National Coordination for the Ebola Response identified bringing social mobilization closer to the population and getting community members directly involved as one of the most critical factors in fighting the spread of the epidemic. The Government, with support from partners, launched an acceleration plan with the aim of reaching zero cases of Ebola. Social mobilization and community engagement were identified as priority areas but remained chronically underfunded.

As a response, this project was developed to support the National Coordination's social mobilization and community engagement pillar, for which UNICEF is the lead agency. Specifically, the project aimed to strengthen interpersonal communication through door-to-door visits and increase community engagement by assuring the payments of members of the Community Watch Committees (CWCs).

The results are positive, with both the output indicators being reached. As planned, 4,641 members of 663 CWCs were paid (output indicator 1). For the second output indicator, the number of door-to-door visits exceeded the initial target: 652,258 households were visited compared to 450,000 planned (delivery rate: 145 per cent). Significant progress was also made in reaching the effect indicator "Zero Ebola Notification: No confirmed cases": indeed, in the last week of July, the number of new confirmed cases of Ebola dropped to two, and since then that number has hovered between zero and two (until the week starting 27 September when there were four confirmed cases in Forécariah).

Lessons learned include the value of mixed teams that included health staff and social mobilizers. This permitted social mobilizers to prevent, instead of reacting to, resistance directed at Ebola response teams. This also permitted the profoundly positive initiative of including Ebola survivors in sensitization activities.

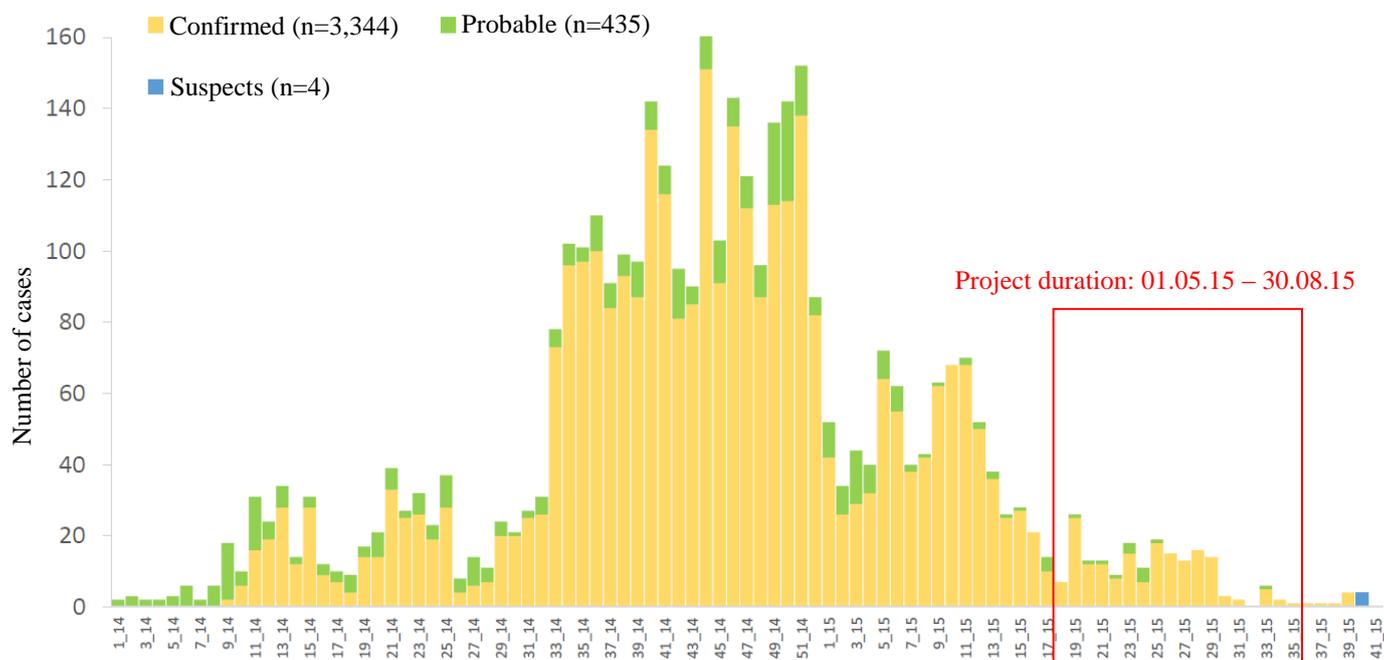
Although the number of Ebola cases continues to fall, the fight against the disease is not over. Community resistance, although reduced, continues to pose a significant challenge to social mobilization efforts. This resistance is fueled by false rumors such that Ebola is transmitted via vaccination and the use of thermometers. The issue of safe burial practices also remains a challenge as many communities don't alert the authorities as they should when people die. Community resistance is also noticeable in contact tracing – some people who have been in contact with a suspected, probable or confirmed Ebola victim refuse to be monitored. This is one of the main reasons for the persistence of Ebola in Guinea.

These developments underline the need to continue – if not increase – mobilization efforts.

## Background and the Evolution of the Ebola Outbreak in Guinea

When this project started in April 2015, the number of new weekly Ebola cases remained alarmingly high. Indeed, as of 30 April 2015, Guinea had reported 3,162 confirmed cases of Ebola since the start of the outbreak; of these, 695 cases, or 22 per cent, were in 2015. Although there were fewer cases than at the peak of the outbreak in October 2014 (see Graph 1), the geographical spread of the disease was still significant: the prefectures of Forécariah, Dubréka, Fria, Kindia, Boffa and the five communes of Conakry were all considered “active” – that is to say had reported at least one positive case in the past 42 days.

**Graph 1.** Distribution of notified cases per week (onset of symptoms), Guinea, 30.12.2014 – 05.10.2015



**Source:** Ebola Situation Report number 538, 05.10.2015: <http://guinea-ebov.github.io/sitreps.html>

In early April 2015, the Government reinforced the medical emergency in the prefectures and communes that continued to be affected by the disease. Some of the challenges identified at the time include:

- Inadequate understanding of Ebola within communities;
- Lack of experience of health workers and limited capacities for rapid response;
- High exposure to Ebola in the communities because the sick were cared for in their homes rather than at proper medical facilities and because of customary burial procedures in which corpses are washed by family members. This resulted in more deaths which in turn lead to increased panic;
- Denial, mistrust and rejection of proposed public interventions arising from a lack of understanding about the nature and spread of the disease;
- Fear of the disease in the communities, including among frontline workers;
- Close community ties and movements within and across districts leading to difficulties in tracing and follow up of contacts or suspected cases.

In order to address this situation, the Government, with support from partners, launched an acceleration plan with the aim of reaching zero cases of Ebola. Social mobilization and community engagement were identified as priority areas but remained chronically underfunded.

As a response, this project was developed to support the National Coordination’s social mobilization and community engagement pillar. Specifically, the project aimed to strengthen interpersonal communication through door-to-door visits and increase community engagement by assuring the payments of members of the Community Watch Committees (CWCs). Regarding the latter, the National Coordination decided in April 2015 to continue the CWC strategy throughout the country, with those in Ebola-affected areas remunerated and those in calm areas used as sentinels. However, funds to pay CWC members in the affected

areas were not available at the time because of a previous plan was to stop all payments at the end of April 2015. Thus, MPTF funding was crucial in this regard.

**Key Achievements:**

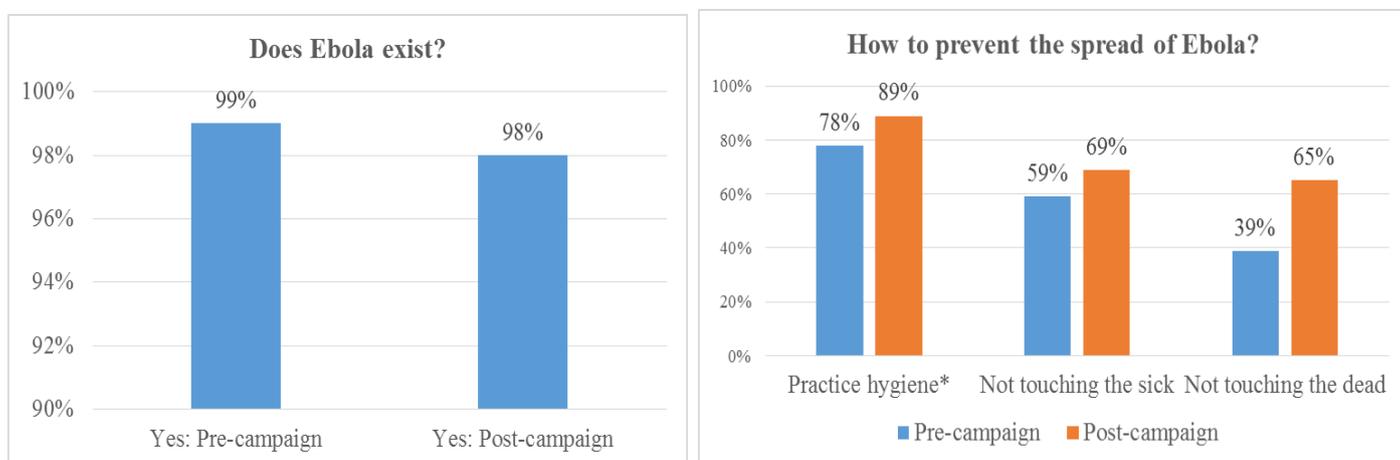
Significant progress was made in reaching the effect indicator “Zero Ebola Notification: No confirmed cases.” There were ten confirmed cases in Guinea in August, compared to 50 in July and 54 in June. However, August was also marked by the return of Ebola to Conakry, with seven out of the 10 new cases reported in the capital.

Both of the output indicators were reached. As planned, 4,641 members of 663 CWCs were paid (output indicator 1). For the second output indicator, number of door-to-door visits, the results exceeded the initial target: 652,258 households were visited compared to 450,000 planned (delivery rate: 145 per cent).

UNICEF regularly conducts small-scale surveys to measure the impact of social mobilization efforts, in particular of door-to-door visits. These surveys are conducted during National Ebola Emergency Campaigns, targeting Ebola hotspots – i.e. localities with a high number of positive cases. In all of these campaigns CWCs have paid a crucial role, especially as mediators when people refused to be visited by Ebola response teams.

Survey results are encouraging. For example, the results of the survey conducted after the campaign in Dubréka in June 2015 show that 99 per cent of respondents believed in the existence of Ebola (compared to 98 per cent before the campaign). Knowledge about the various symptoms and ways to prevent Ebola also increased. For instance, 65 per cent of respondents said that dead bodies should not be touched, compared to 39 per cent before the campaign.

**Graph 2.** Increased knowledge through sensitization: comparison of the survey results pre- vs. post-campaign in Dubréka (June 2015)



**Source:** UNICEF Guinea. \*Practice hygiene refers to measures such as hand-washing with soap or chlorine.

It is also the case that increased knowledge, as described above, may translate into behavioral change and indicators that directly measure behavioral changes are also collected regularly. One such indicator is the number of people seeking consultations at health centres. For example, during the campaign in Kolotoyah, Forécariah in July 2015, the number of inhabitants seeking consultations at the local health centre steadily increased, reaching a final coverage of 64 per cent (315 out of 496 people). Another example of behavioral change comes from the campaign in Tamaranssy, Boké in June and July 2015, during which school attendance increased from two pupils to more than 100 pupils (out of 133 enrolled). This change is most likely due to mobilization efforts aimed at reducing stigmatization against pupils from households where (suspected) Ebola cases were reported and the increased understanding of parents that Ebola is only transmittable if symptoms are present.

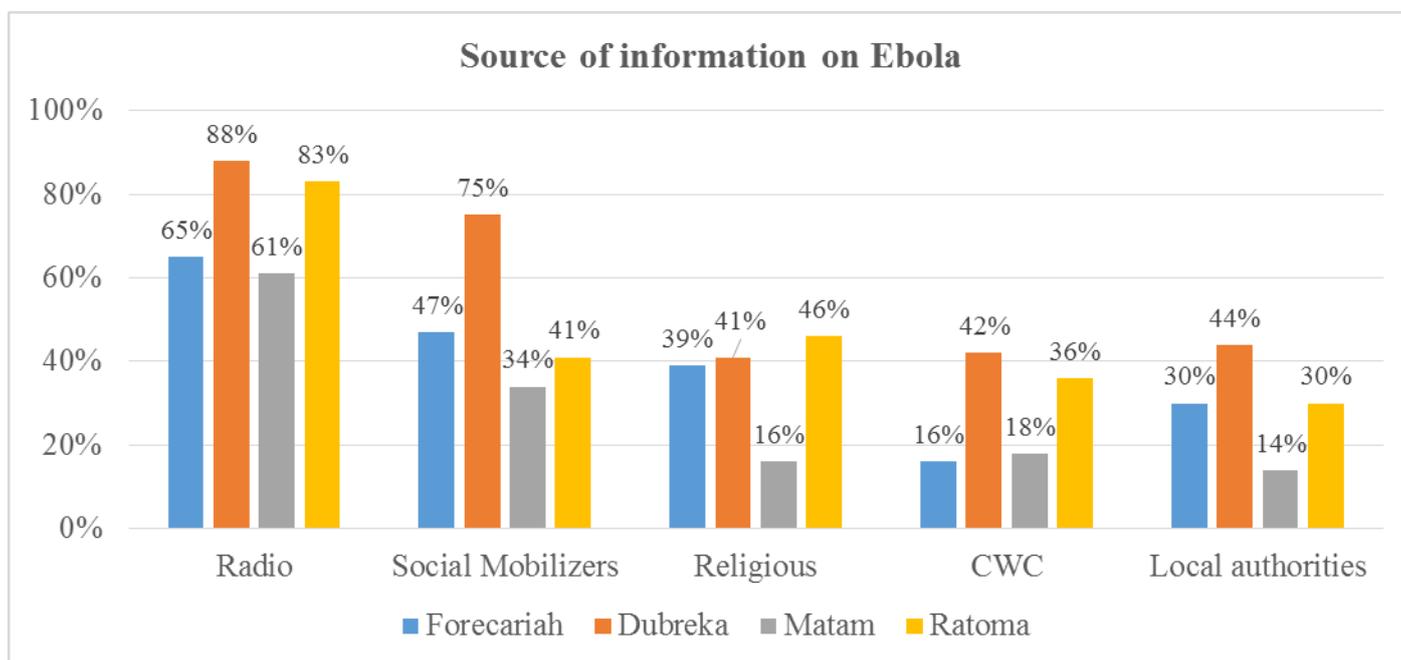
More recently, social mobilization efforts have been key in the campaigns in Conakry in July and August 2015. UNICEF supervised the social mobilization teams that visited 87 households daily in Matam and Ratoma, the two communes in Conakry where most of the new cases were reported.

In Matam, the 87 per cent of people expected to be there at the pre-arranged time were present. Moreover, more than 200 people sought a medical consultation at the special clinic set up for the duration of the campaign; and 53 people volunteered to take part in the Ebola vaccination trial.

In Ratoma, 94 per cent of people were present during week, compared to 84 per cent in week one. Social mobilizers were also key in finding two lost contacts. Both agreed to be transferred to an Ebola Treatment Centre.

One of the similarities of all surveys conducted is that respondents identified the radio as their main source of information about Ebola, confirming the relevance of UNICEF’s strategy to invest in the strengthening of rural radio networks.

**Graph 3.** Radio as the main source of information on Ebola; post-campaign survey results from Forécariah (May), Dubréka (June), Matam and Ratoma (July and August)



Source: UNICEF Guinea.

### Gender and Environmental Markers

No. of Beneficiaries	
Women	Not applicable
Girls	Not applicable
Men	Not applicable
Boys	Not applicable
Total	652,258 households <sup>10</sup>

Environmental Markers
e.g. Medical and Bio Hazard Waste
e.g. Chemical Pollution
Not applicable

### Best Practice and Summary Evaluation

With both output indicators achieved and significant improvements to the effect indicator, the overall evaluation of the project is positive. Although “zero Ebola” is not yet a reality, we are getting closer.

<sup>10</sup> The target of door-to-door visits are households.

One example of best practice from this project is the profound positive impact of including people that were successfully treated against Ebola in the door-to-door visits. Making sure that social mobilizers have a good understanding of the targeted communities is often not sufficient to convince people to respect the given advice. In several instances, associating former patients in the sensitizations was key to overcome initial community resistance. Lastly, the use of mixed teams – integrating health staff and social mobilizers – also proved to be very useful. Whereas before, social mobilization teams were often only called upon by other teams in case of high levels of community resistance, social mobilizers now have the opportunity to prevent such escalation by working hand-in-hand.

## Lessons learned

Greater Community engagement through Community Watch Committees, youth & women groups was achieved on December 2014 when pockets of community resistance were registered in many regions; this achievement has been critical to build dialogue and community participation and ownership and thus leading to the decrease of cases.

UNICEF is currently exploring how to engage former CWC members in other ways. For example, in the four prefectures of the Faranah region (Dabola, Dinguiraye, Faranah, Kissidougou), 41 Community Units have been set up. A significant number of the members of these CUs are former CWC members. Like the CWCs, CUs report on members of the community that fall ill; refer the sick to proper health centers; alert the authorities about community deaths; address community resistance and rumours about Ebola; and, more generally, contribute to restoring community trust in health services. However, the role of CUs goes beyond the current context of Ebola; they will conduct community engagement and report indicators during other outbreaks of diseases such as meningitis, measles and cholera. This is thus a first step in ensuring that structures and capacities built during the Ebola outbreak will be capitalized upon to ensure long-term positive effects.

## Stories from the Field

### From resistance leader to social mobilizer: the story of Abdoulaye Camara (UNICEF, May 2015)

Abdoulaye Camara lives in the district of Manké in the sub prefecture of Kaback in Forécariah prefecture. Following an educational talk organized by UNICEF social mobilizers at the public square of Manké on 9 May 2015, Abdoulaye wanted to share his experience as a former leader of the resistance against the Ebola response. Speaking in the local language of Soussou, he explains, "Actually I did not believe at all in the existence of this disease [Ebola]. Some said that Red Cross workers were



taking sick people and selling them; others said that people who agree to go to the treatment center would be injected and would die. That's why I told my comrades to shun all the people who came to talk to us about the disease. One day my niece, Salématou Camara, fell ill. She had the same symptoms as Ebola. Her health deteriorated and one night she began vomiting and writhing in pain. I asked my brother, who is her father, to send her to the hospital, where she tested positive for Ebola. Fortunately, she was cured after

a few weeks and released from the treatment centre. That day I realized that everything that people said was unfounded and I immediately called upon everyone to believe in the disease and to protect themselves because it exists, and is very serious. Before, it was me who was pushing my young friends to chase the response teams and the Red Cross but now I accompany all the workers engaged in this fight to end this disease that has caused so much harm."

**"I was compelled to abandon my position in the service of my community"** (UNICEF, June 2015)

Ibrahima Camara works for the Ministry of Water and Forest at Kérouané. He lives in the district of Dixinn in the sub-prefecture of Bouramaya-Tané in the prefecture of Dubréka. When he went to his native village for a short stay, he discovered that several of his relatives were Ebola victims and so decided to educate the local community about the disease. With the help of Community Watch Committees, Ibrahima conducts door-to-door visits to explain to people that Ebola is not an invented disease, but a reality. He was able to counter the false rumors being spread about Ebola and now that the local population better understands about the disease, all community members have joined in the social mobilization efforts.



**Report reviewed by** (*MPTF M&E Officer to review and sign the final programme report*)

- Name: Gobo Serge GBAPPA
- Title: –Ebola MPTF, Planning, Monitoring and Evaluation Officer
- Date of Submission: October 13, 2015
- Email address: gobo.serge.gbappa@undp.org

*Signature:*

N.B: UNICEF provided only one database for the projects # 3 and # 36 during data verification. The number of households reached probably includes households reached on project # 3