



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME¹ NARRATIVE REPORT
DATE: 20 JANUARY 2016**

<p align="center">Project Number(s) and Title(s)</p> <p>#16- Title: Care for persons with Ebola and Infection Control 93254 (Gateway ID)</p>	<p align="center">Recipient Organization(s)</p> <p>RUNO(s) Project Focal Point: Name: Dr. Gaye Abou Beckr E-mail: gayea@who.int</p>
<p align="center">Strategic Objective & Mission Critical Action(s)</p> <p>SO2 (STEPP) Treat MCA3 – Care for persons with Ebola and Infection Control</p>	<p align="center">Implementing Partner(s)</p> <p>National counterparts (Government, private, NGOs & others) and/or other International Organizations</p>
<p>Location:</p> <p>Guinea</p>	<p>Sub-National Coverage Area:</p> <p>Kindia, Telimele, Gaoual, Mamou and Conakry</p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project proposal document: MPTF²: 1,990,380</p> <p>TOTAL: \$1,990,380</p>	<p align="center">Programme Duration</p> <p>Overall Duration</p> <p>Project Start Date³ 19.12.2014</p> <p>Originally Projected End Date⁴ 28.02.2015</p> <p>Actual End date⁵ 31.12.2015</p> <p>Agency(ies) have operationally closed the programme in its(their) system Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Expected Financial Closure date⁶:</p>
<p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Evaluation Report - Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Date:</p>	<p align="center">Report Submitted By</p> <ul style="list-style-type: none"> ○ Name: Chris Maddock ○ Title: Chief, a.i. RM, WHE ○ Date of Submission: 27.04.2017 ○ Participating Organization (Lead): WHO ○ Email address: maddockc@who.int <p><i>Signature:</i></p>

¹ Refers to programmes, joint programmes and projects.

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

³ 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](#).

⁴ As per approval of the original project document by the Advisory Committee.

⁵ 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](#).

⁶ 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: Care for persons with Ebola and Infection						
Strategic Objective to which the project contributed						
MCA [3] ⁷						
Output Indicators	Geographical Area	Target ⁸	Budget	Final Achievements	Means of verification	Responsible Organization(s).
Number of new health care workers infected by district G	<i>Guinea</i>	0		0 (by the end of 2015)	<ul style="list-style-type: none"> – Daily and weekly country specific epi reports – indicators for response monitoring 	WHO
MCA [3]						
Effect Indicators	Geographical Area (where the project directly operated)	Baseline ⁹ In the exact area of operation	Target	Final Achievements	Means of verification	Responsible Organization(s)
IPC EXPERT	Kindia, Telimele, Gaoual, Mamou and Conakry		10	37	WHO HR database	WHO

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

⁸ Assuming a ZERO Baseline

⁹ If data is not available, please explain how it will be collected.

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The outbreak of Ebola virus disease (EVD) highlighted several gaps in the Guinean health system. People were not aware of the disease, and weren't prepared to respond to Ebola. As a result, a large number of health workers contracted EVD in the course of treating patients. WHO implemented infection prevention and control (IPC) measures in health facilities throughout Guinea, which resulted in a significant drop in the incidence of health worker infection. EVD has shown the importance of teaching IPC to future health workers, and of continuing to build the capacities of those already working in Health structures.

Background and Situational Evolution

WHO worked to improve IPC measures and to ensure that medical staff are both better trained and equipped to tackle diseases such as Ebola. Over the course of 2015, WHO trained more than 3100 people at government-run and private health facilities and hospitals in Kindia, Telimele, Gaoual, Mamou and Conakry. During the course of 2015, WHO also procured personal protective equipment (PPE) worth more than \$7 million, including 16 million pairs of gloves and 1.9 million disposable gowns. By the end of 2015, with the country starting to implement initiatives to promote the recovery of the healthcare system, WHO looked to build on IPC programs started during the Ebola outbreak to ensure that all medical workers continued to take proper standard precautions to protect themselves from infectious diseases during the course of their work.

Narrative section:

- **Key achievements:**

One of the key factors that contributed to the ending of the outbreak was the work done in the area of IPC amongst health workers. At the start of the outbreak, many health workers had insufficient equipment and training to prevent infection and they quickly became ill. In Guinea there was a total of 211 cases of Ebola among health workers, and 115 deaths. The infection of health workers and the fear of more infections had serious ramifications: it reduced the number of qualified staff available to work in medical facilities and provide care to Ebola victims, and it increased fear among the local population, making them less inclined to seek proper medical treatment in health facilities. At the same time, many people continued to seek medical care informally in their communities from local health workers who were their friends and neighbors, exacerbating the risk to both the health workers and patients.

Not only was it imperative that health workers were protected, but also that they provided the best medical care possible to improve patient survival – and to provide relief and palliative care when required. It was critical that health workers improved their understanding of the disease and adhered to best practices of IPC at all times (both during and after disease outbreaks).

To this end, WHO recruited a total of 37 IPC experts who worked at district level and who supported community care centers and hospitals in all aspects related to IPC, with training, on-the-job mentoring, and day-to-day supervision. The last reported case of a health worker becoming infected by the disease was on 23 August 2015 (according to Sitrep N° 495 of 23 August, 2015).

WHO IPC experts worked to improve the provision of quality clinical care while minimizing the risks of infecting others, including health workers. Over the course of 2015, WHO trained 3136 people at government-run and private health facilities and hospitals in Kindia, Telimele, Gaoual, Mamou and Conakry. In November 2015 alone, one of the busiest months for training activities, WHO trained about 1090 people. The MPTF funds also contributed to the purchase of 20 vehicles, which were used by ICP staff.

- **Delays or Deviations**

The project aimed to recruit ten IPC International experts, but 37 IPC International and National experts were recruited.

- **Gender and Environmental Markers**

No. of Beneficiaries	
Women	
Girls	
Men	
Boys	
Total	3136

Environmental Markers
e.g. Medical and Bio Hazard Waste
e.g. Chemical Pollution

- **Best Practice and Summary Evaluation**

A module of IPC has been introduced to the school of medicine, because many health workers were unaware of the fundamentals of IPC before the EVD outbreak.

Screening points and isolation rooms were installed in various healthcare facilities, whilst those that did not fully implement IPC procedures closed by the government until they complied with minimum standards.

- **Lessons learned**

Thanks to the training received from IPC experts, the last reported case of a health worker becoming infected by the disease was on 23 August 2015.

- **Story on the Ground**

Dr Diallo Thierno Souleymane, a doctor in Conakry, Guinea, recalls the day he received a phone call that changed his life. He had tested positive for Ebola. After surviving the disease and emerging from the Ebola treatment center, Dr Thierno was frightened to return to work and feared being stigmatized. He has since returned and advises other survivors to "have the courage to return to work and support the Ebola response."



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

- Name:
- Title: M&E -
- Date of Submission:
- Email address:

Signature: