



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT  
DATE: 20 JANUARY 2016**

<p align="center"><b>Project Number(s) and Title(s)</b></p> <p>#16- Title: Social Mobilization 93970 (Gateway ID)</p> <hr/> <p><b>Strategic Objective &amp; Mission Critical Action(s)</b></p> <p>SO4 (STEPP) Preserve MCA11 – Social Mobilization and Community Engagement</p> <hr/> <p><b>Location:</b></p> <p>Guinea</p> <hr/> <p align="center"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project proposal document: \$570,788</p> <hr/> <p align="center"><b>TOTAL: \$570,788</b></p> <hr/> <p><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Evaluation Completed  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i>          Evaluation Report - Attached  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p align="center"><b>Recipient Organization(s)</b></p> <p><b>RUNO(s): WHO</b>  <b>Project Focal Point:</b>          Name: Dr. Gaye Abou Beckr          E-mail: <a href="mailto:gayea@who.int">gayea@who.int</a></p> <hr/> <p align="center"><b>Implementing Partner(s)</b></p> <p>National counterparts (Government, private, NGOs &amp; others) and/or other International Organizations</p> <hr/> <p><b>Sub-National Coverage Area:</b></p> <p>Country-wide</p> <hr/> <p align="center"><b>Programme Duration</b></p> <table border="0"> <tr> <td>Overall Duration</td> <td align="right">10 months</td> </tr> <tr> <td>Project Start Date<sup>2</sup></td> <td align="right">05.02.2015</td> </tr> <tr> <td>Originally Projected End Date<sup>3</sup></td> <td align="right">28.02.2015</td> </tr> <tr> <td>Actual End date<sup>4</sup></td> <td align="right">31.12.2015</td> </tr> </table> <p>Agency(ies) have operationally closed the programme in its(their) system <span style="float: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></span></p> <p>Expected Financial Closure date<sup>5</sup>:</p> <hr/> <p align="center"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>○ Name: Chris Maddock</li> <li>○ Title: Chief, a.i. RM, WHE</li> <li>○ Date of Submission: 27.04.2017</li> <li>○ Participating Organization (Lead): WHO</li> <li>○ Email address: maddockc@who.int</li> </ul> <p><i>Signature:</i></p>	Overall Duration	10 months	Project Start Date <sup>2</sup>	05.02.2015	Originally Projected End Date <sup>3</sup>	28.02.2015	Actual End date <sup>4</sup>	31.12.2015
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<sup>1</sup> Refers to programmes, joint programmes and projects.

<sup>2</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>3</sup> As per approval of the original project document by the Advisory Committee.

<sup>4</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>5</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: Social Mobilization						
<b>Strategic Objective to which the project contributed</b>						
<b>MCA [11 ]<sup>6</sup></b>						
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target<sup>7</sup></b>	<b>Budget</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization(s).</b>
Proportion of incidences of community resistance resolved	<i>Guinea</i>	>90%		95%	Minutes of coordination meetings	WHO
<b>MCA [ 11 ]</b>						
<b>Effect Indicators</b>	<b>Geographical Area (where the project directly operated)</b>	<b>Baseline<sup>8</sup> In the exact area of operation</b>	<b>Target</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization(s)</b>
Social Mobilization Experts	<i>All Country</i>		3	10	WHO HR database	WHO

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<sup>6</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>7</sup> Assuming a ZERO Baseline

<sup>8</sup> If data is not available, please explain how it will be collected.

## FINAL PROGRAMME REPORT FORMAT

### EXECUTIVE SUMMARY

At the height of Ebola, response teams were faced by the reluctance of some communities to participate in the response. The introduction to the response of social mobilization teams played a crucial role in developing communication strategies with previously resistance communities, enabling responders to better understand the concerns of communities and to work with them to adapt to their requirements. Multi-partner teams helped to develop:

- Community engagement
- Acceptance of response teams
- Awareness campaigns
- Guide for social mobilizers

Teams also actively participated and facilitated in the micro-cerclage campaign in hotspots. (Micro-cerclage was a system that used various incentives to encourage affected communities to participate in enhanced disease surveillance. Trainings and workshops took place during the project period to refine messages to be delivered to communities in order to get their support for social mobilization activities.

#### **Background and situational evolution**

The outbreak of Ebola virus disease (EVD) in Guinea was declared over on 29 December 2015. One of the key factors that contributed to ending the outbreak was the work done to engage communities, to help them understand the causes of the outbreak and how to protect themselves and seek treatment. This process involved intensive social mobilization and community engagement activities, harnessing the efforts of thousands of individuals and tens of organizations across the country. Social mobilization work by WHO focused on engaging with communities in a number of key areas including the need for safe and dignified burials, and the need for community participation in the identification of potential cases of Ebola and the tracing of potential contacts. Over the longer term, it is hoped that the work done within communities in the context of Ebola will help ensure they continue to take precautions to protect themselves from Ebola, and work with teams who continue to regularly survey communities to identify potential disease outbreaks.

#### **Narrative section:**

- **Key Achievements:**

Following

a dramatic drop in case incidence and a reduction in the geographical area affected by transmission, WHO played an instrumental role in reshaping the social mobilization strategy from one of community sensitization to one of community engagement. Working with US Centers for Disease Control and UNICEF, WHO supported the Communication Sub Committee at the National Coordination Cell for the Ebola Response in Guinea to develop the overall concept and vision for the community engagement plan, as well as identifying more detailed objectives and priority interventions.

#### **“Mini-Cerclage” Campaigns**

Part of the community engagement strategy involved “mini-cerclage” campaigns in Ebola hot spots - rather than the previous mass sensitization campaigns. Main hotspots during this period were in Conakry (Ratoma, Matam and Dixinn communes) and Forecariah. During these “mini-cerclage” campaigns, community movement was limited within a specific area within which teams intensified their search for the sick. WHO’s social mobilization team played an important role in developing specific campaign messages as well as a guide for the social mobilizers involved. WHO teams, which included social anthropologists, also played a key role in building support for these “mini-cerclage” campaigns, in gaining the trust of communities to convince them of the importance of adopting safe burial practices (i.e. not washing the dead and alerting the proper

authorities) as well as being involved in door-to-door case finding. WHO worked with many local groups in these communities as part of the trust-building process, including traditional leaders and healers, members of youth and women’s groups, religious leaders and representatives from schools and the transport sector.

### Community Dialogues

WHO community engagement teams organized a series of community dialogues to help communities understand the causes of new cases of Ebola.

### New Academic Year Campaign

In advance of schools reopening for the new academic year on 9 November 2015, the social mobilization team supported a school hand washing project to reinforce the importance of following proper hygiene protocols and staying “alert” to the dangers of Ebola.

### Training

Numerous training sessions were conducted during the last six months of 2015, many relating to community surveillance and community engagement. While these were done in the context of the Ebola outbreak, it is hoped that they will also have a longer-term impact of improving community resilience to future disease outbreaks. Some of the highlights include:

- A workshop in July 2015 for 200 members of the security forces on community engagement. The training provided them with the skills to support contact tracing, and how to sensitize colleagues, their families and members of the general public about the disease.
- WHO’s social mobilization and community engagement team in September supported the training of more than 600 community workers and supervisors in community-based surveillance. In October the team organized a five-day workshop for 29 newly recruited social mobilization and community engagement staff based at sub-prefectural and community level. The team also organized a three-day workshop for focal points based in prefectures no longer affected by Ebola.
- WHO’s social mobilization and community engagement team in September supported the National Coordination for Ebola Response in Guinea in organizing a workshop in Kindia to develop a communication plan to support any future response to disease outbreaks (including Ebola) in the country. Approximately 70 participants from partner agencies attended.

- **Delays or Deviations**

10 International and National social mobilization experts were recruited to better respond to project needs. The initial plan was to recruit only three experts.

- **Gender and Environmental Markers**

No. of Beneficiaries	
Women	
Girls	
Men	
Boys	
<b>Total</b>	<b>999 people trained</b>

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

- **Best Practice and Summary Evaluation**

The WHO social mobilization team helped the National Coordination Cell in the development of a communication plan to support any future response to disease outbreaks (including Ebola) in the country. They also helped to implement the micro-cerclage campaign to facilitate the follow up contacts — a crucial part of the response.

- **Lessons learned**

Understanding the traditions and concerns of communities helped responders communicate more effectively with communities about the risks posed by EVD. As soon as the communities understood the key role of response teams in the fight against Ebola, the cooperation of communities became a decisive factor in the success of the response.

- **Story on the Ground**

In early June 2015, WHO along with key partners — the Ministry of Health of Guinea, US Centers for Disease Control, Red Cross Guinea and UNICEF — launched a campaign in Dubreka to look out for suspected Ebola cases. Throughout the month, teams of social mobilizers, surveillance workers and doctors went from household to household in the prefecture talking to families and encouraging them to declare any illnesses or deaths. Teams also discussed the risks that Ebola poses, and gave information on important infection-prevention measures. They were available throughout the communities to answer questions and respond to alerts.



Before the campaign started, surveillance workers were trained in social mobilization techniques and ways to identify suspect cases, and provided with key messages for the response. The national coordinator of the Ebola response, Dr Keita Sakoba, addressed the members of the surveillance campaign at the start of the training session. At the beginning of the campaign, a representative from a local women’s group addressed community members in the town of Tanene. During the community consultations, Dr Sakoba — the coordinator from Guinea’s National Ebola Response Committee — and the campaign organizers invited a representative from each of the key groups (religious leaders, youth, women, workers’ union, etc.) to speak to the community. They reinforced the key messages of the campaign — vigilance and information sharing — and encouraged the community to cooperate with the surveillance teams.

**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:*