



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT  
DATE: 15 MARCH 2016**

<p align="center"><b>Project Number(s) and Title(s)</b></p> <p>Project #3-Stop Ebola Through Social Mobilization And Community Engagement In Guinea.</p> <p>Project ID : 00093105</p>	<p align="center"><b>Recipient Organization(s)</b></p> <p><b>RUNO(s)</b> United Nations Development Programme <b>Project Focal Points:</b> UNDP Name: Mr. Lionel Laurens, Country Director UNDP Guinea E-mail: <a href="mailto:lionel.laurens@undp.org">lionel.laurens@undp.org</a></p> <p>UNICEF Name: Mr. Mohamed Ayoya E-mail: <a href="mailto:mayoya@unicef.org">mayoya@unicef.org</a></p>
<p align="center"><b>Strategic Objective &amp; Mission Critical Action(s)</b></p> <p>SO 4 – Preserve Stability MCA 11 – Social Mobilization and Community Engagement</p>	<p align="center"><b>Implementing Partner(s)</b></p> <ul style="list-style-type: none"> <li>• Conseil Régional des Organisation de la Société civile (CROSC);</li> <li>• L'Association Villageoise pour le Développement Intégré de Kissidougou (AVIDEK)</li> <li>• National Coordination;</li> <li>• AGIL;</li> <li>• CENAFOD;</li> <li>• CNOSC ;</li> <li>• OCPH;</li> <li>• PLAN;</li> <li>• Civil Society;</li> </ul>
<p><b>Location:</b></p> <p>GUINEA</p>	<p><b>Sub-National Coverage Area:</b></p> <p>Conakry, Boké, Kindia, Mamou, Faranah, Kankan, Nzérékoré.</p>
<p align="center"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project proposal document: UNDP: USD 809,000 UNICEF: USD 3,139,364</p>	<p align="center"><b>Programme Duration</b></p> <p>Overall Duration 6 months Project Start Date<sup>2</sup> <b>10.12.2014</b></p> <p>Originally Projected End Date<sup>3</sup> <b>15.06.2015</b></p>

<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.

Government Contribution <i>(if applicable)</i> Other Contributions (UNMEER) \$ 66,477.24 USD <b>TOTAL:</b> USD 3,948,364
<p align="center"><b>Programme Assessment/Review/Mid-Term Eval.</b></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>

Actual End date <sup>4</sup> <b>15.06.2015</b> Agency(ies) have operationally closed the programme in its(their) system Expected Financial Closure date <sup>5</sup> : <table style="float: right;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<p align="center"><b>Report Submitted By</b></p> UNDP <ul style="list-style-type: none"> <li>○ Name: Ousmane Bocoum</li> <li>○ Title: Information Management and Reporting Officer</li> <li>○ Date of Submission: 15/03/2016</li> <li>○ Participating Organization (Lead): UNDP</li> <li>○ Email address : <a href="mailto:ousmane.bocoum@undp.org">ousmane.bocoum@undp.org</a></li> </ul> UNICEF <ul style="list-style-type: none"> <li>○ Name: Mr. Mohamed Ayoya</li> <li>○ Title: UNICEF Representative</li> <li>○ Date of Submission: 18.01.2016</li> <li>○ Participating Organization (Lead): UNICEF</li> <li>○ Email address: <a href="mailto:mayoya@unicef.org">mayoya@unicef.org</a></li> </ul>				

---

<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**

<b>Project Proposal Title:</b> Stop Ebola Through Social Mobilization And Community Engagement In Guinea.						
<b>UNDP</b>						
<b>Strategic Objective to which the project contributed</b>	<b>Strategic Objective 4: Preserve Stability</b>					
<b>MCA [ 11 ]</b>	<b>Social Mobilization and Community Engagement</b>					
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target</b>	<b>Budget</b>	<b>Final achievement</b>	<b>Means of verification</b>	<b>Responsible Organization(s).</b>
Nb of UN national volunteers trained and reaching communities along with Ebola survivors to raise awareness on Ebola	Conakry, Boké, Kindia, Mamou, Faranah, Kankan, N°Zérékoré.	20 UN National Volunteers		0 UN National Volunteers	UNDP training report	UNDP
Nb of young leaders trained on Ebola related issues		1000 Young Leaders		1600 Young leaders	Independent Monitoring	UNDP
Nb of police officers trained and who have an improved awareness of Ebola.		500 police officers		22 military Doctors and more than 5000 police officers and gendarmes.	Attendance list, mission report	UNDP, Direction Centrale du Service de Santé des Armées
Nb of police officers trained and participating in community mobilization.		150 police officers		150 police officers	Attendance list, training report	UNDP, Ministère de la Sécurité et de la Protection Civile
Community traditional palavering facilitated to discuss Ebola related issues		100 traditional palavering			Report from the National Coordination Cell	UNDP
% of travelers using local buses respecting hand washing and temperature control procedures in bus stations		100% of travelers		100% of travelers		UNDP
Community watch committees set up and functional		128 CWCs		128 CWCs	-Minutes -List of members -Activity reports -Payments	UNDP
Radio broadcasts devoted to Ebola response		National with focus on the Forest region	500 broadcasts		30 broadcasts in 30 days in three prefectures in the intervention area PDLG3	Records and Registry of radio broadcasts
<b>Effect Indicators</b>	<b>Geographical Area (where the project directly operated)</b>	<b>Baseline</b> In the exact area of operation	<b>Target</b>	<b>Final Achievements</b>	<b>Means of verification</b>	<b>Responsible Organization(s)</b>
Observable and measurable behavior change in the 24 prefectures of the 7 regions affected by Ebola.		Weak knowledge about Ebola due to rumors	At least 80% of communities/ villages in the 14 currently active prefectures and 50% of communities/ villages in the other prefectures earlier affected but no longer active.	80% of communities	Surveys, monitoring reports and updates made available at the national coordination cell	UNICEF, UNDP

Project Proposal Title: Stop Ebola Through Social Mobilization And Community Engagement In Guinea.						
UNICEF						
Strategic Objective to which the project contributed	Strategic Objective 4: Preserve Stability					
MCA [11] <sup>6</sup>	Social Mobilization and Community Engagement					
Output Indicators	Geographical Area	Target <sup>7</sup>	Budget	Final Achievements	Means of verification	Responsible Organization(s).
<i>Number of prefectural and sub-prefectural meetings with participation of communes and villages representatives, to prepare the ground for setup of the CWCs</i>	<i>24 prefectures of Boke, Kindia, Mamou, Faranah, Kankan, Nzérékore and Conakry regions affected by Ebola, with particular focus on the 14 currently active prefectures.</i>	29 prefectural and 259 sub-prefectural meetings	\$565,085.52	29 prefectures 407 sub-prefectures / municipal communes	Rapport CNOSC ; OCPH ; PLAN GUINEE	Unicef
<i>Number of Ebola affected communities who have adopted EVD response strategies, including creation and rolling out of CWCs</i>	<i>Idem</i>	2,560	\$879,021.92	2,459	CWC created	Unicef
<i>Number of community volunteers trained in Ebola-related health issues and incorporated in the CWCs</i>	<i>Idem</i>	12,800 community volunteers	\$784,841.00	17,213	Rapport CNOSC ; OCPH ; PLAN GUINEE	Unicef
<i>Number of HH reached by door-to-door sensitization and who have an improved awareness of Ebola related risks and measures to take</i>	<i>Idem</i>	742,230 HH	\$910,415.56	444,800HH	Rapport CNOSC ; OCPH ; PLAN GUINEE	Unicef
<i>Number of HH / community members who have improved access to health related infrastructures</i>	<i>Idem</i>					Unicef
<b>MCA [ ]</b>						
Effect Indicators	Geographical Area (where the project directly operated)	Baseline <sup>8</sup> In the exact area of operation	Target	Final Achievements	Means of verification	Responsible Organization(s)
<i>Only insert relevant result indicators for your proposal (source Fund Results Matrix, MPTF Office can provide)</i>						

<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

The project is a joint project between UNDP and UNICEF with the objective of enhancing community engagement in Ebola affected areas and getting community members directly involved in neighborhood sensitization and watch for behavior changes, early alert and referral of suspected Ebola cases and contacts, which has been identified as one of the most critical factors in fighting the spread of the epidemic.

#### **1. Background and Situational Evolution**

##### **UNDP**

The outbreak of Ebola hemorrhagic fever occurred in Guinea in December 2013 and was officially declared in March 2014. At June 30<sup>th</sup>, 2015, 3277 confirmed cases were recorded in different care centers and 2040 people had died. 48% confirmed deaths were recorded in the Guinée Forestière (Guinea Forest Region). In addition to the loss of human lives and the emotional and social disaster to the victims and their families, the epidemic of the Ebola Virus Disease caused a health crisis of great magnitude. It has undermined the economy and the livelihood of populations, significantly reducing investment and growth, threatening food security and limiting employment opportunities and income. All these consequences have exacerbated poverty and vulnerability of the populations.

##### **UNICEF**

The weak health system and socio-cultural practices coupled with frequent movements of people are accelerating the spread of the outbreak, including in densely populated urban cities such as Conakry, Guékédou, Nzérékoré, Macenta and Lola (Nzérékoré region), Forécariah, Dubréka, and Coyah (Kindia region), Siguiri (Kankan region). The total reported cases as of 31 March amounted to 3,492 total (3,068 confirmed, 414 probable and 10 suspected) cases.

Bringing social mobilization closer to the population and getting community members directly involved in neighbourhood sensitization and surveillance, early alert and referral of suspected Ebola cases and contacts, has been identified as one of the most critical factors in fighting the spread of the epidemic.

Through this project, UNICEF and partners will set up 2,560 Community Watch Committees (CWCs), which will be linked to both the Community Care Centres (CCCs) and community mechanisms of child protection.

From January to June 2015, on the positive side, the number of confirmed Ebola cases has continued to decline. 33 cases have been reported during 16 June – 15 July compared to 54 cases during 16 Mai – 15 June (- 39%). However, the geographical spread of the disease has not been reduced. During 4 – 24 June, 4 prefectures were active (i.e. prefectures that reported at least one confirmed Ebola case in the last 21 days): Boké (16 cases), Conakry (4), Dubreka (5), Forecariah (12). During 25 June – 15 July period, the number of active prefectures has remained at 4: Boké (8 cases), Conakry (14), Forecariah (20), Fria (1). The rise in cases in Conakry had especially worrying given its dense population and thus increased risk of transmission.

Community resistance continued to pose a significant problem to social mobilization efforts. This resistance was fueled by false rumors such as that Ebola is transmitted via vaccination and the use of thermometers. The respect of safe burial practices also remained a challenge; firstly because communities are not always notifying deaths, secondly – even when deaths are notified – communities often bury the bodies themselves because of the late arrival of burial teams. Community resistance was also observable in the tracing of contacts, i.e. people that have been in contact with a suspected, probable or confirmed Ebola cases refused to be monitored on a daily basis. This is one of the main reasons for the persistence of Ebola in Guinea. For example, the source for all of the 14 recently confirmed cases in Conakry (cf. above)

have been contacts that refused to be monitored and went underground. These developments underline the continued need – if not increase – of mobilization efforts. CWCs remain key in this regard and UNICEF- in collaboration with implementing partners - is currently strengthening their oversight to increase effectiveness.

## 2. Key Achievements

### UNDP

Social mobilization and community engagement have helped to cut the contamination chains and stop the epidemic in the Forest Guinea since March 2015. There is a change in behavior in all communities including regular washing of hands, awareness on the Ebola Virus, attendance at health facilities, working with actors in the response, etc.

Strong reluctance in urban area, the municipality of Matoto (Conakry) has gradually changed attitude through the combined action of actors on the ground. Community police has integrated into their daily routine missions to raise awareness about the disease and what to do in case of doubt, they are involved in monitoring cases within communities.

In the Forest Guinea, the response to the epidemic of Ebola through the project has achieved the following results;

- ✓ **Mobilization through religious and community leaders against Ebola:** at the height of the epidemic in November 2014, UNDP has committed all religious denominations in the fight against Ebola. After sensitization carried out in 22 districts of the city of N'Zérékoré, all faiths have gathered 3,500 people (including 2,000 women) for great against Ebola awareness campaign. This action has contributed to the involvement of religious groups in the urban commune of N'Zérékoré. In Kissidougou, one of the most affected by Ebola area, proximity awareness targeted 5 rural communes and 10 villages around the urban commune. 3,300 people are affected by door to door awareness including 1980 women.
- ✓ **Community Watch Committees (CWCs):** 128 CWCs regrouping 640 people were in place and operational in 12 towns of the prefectures of N'Zérékoré, Macenta and Lola at the time of project closure. These CWCs are equipped with 1,000 handwashing devices, soap and chlorine and largely popularized preventive measures against Ebola in the villages covered. The work of CWCs contributed significantly to community engagement against Ebola in the forest area.
- ✓ **Sanitation at the regional hospital N'Zérékoré:** In order to improve hygiene and patient reception conditions, the hospital course was arranged. 1000 m<sup>2</sup> surface were coated in paving and septic tanks made.
- ✓ **Support of community involvement:** a latrine block doors and 4 to 6 scuppers made in the urban district of Guéckedou.

### UNICEF

- ✓ UNICEF supported the creation of two new rural radio stations in Forécariah and Yomou
- ✓ UNICEF provided Radio Mano River in Lola with the equipment it needed to operate
- ✓ As well as provided technical support and hardware, UNICEF also financed the training of technicians and facilitators. The aim was enable the radio stations to become operational as quickly as possible and to broadcast messages to sensitize the population to Ebola – particularly in the most affected areas of Guinea along the border.
- ✓ UNICEF financed the supervision, monitoring and evaluation of 841 CWCs (comprised of 5,887

members) in eight prefectures: Coyah, Dubréka, Forécariah, Kissidougou, Guéckédou, Macenta, Nzérékoré and Yomou. The CWCs have contributed to the Ebola response by strengthened local communication, tracing contacts, and notifying the authorities of suspected cases of Ebola and community deaths.

- ✓ UNICEF helped develop communication plans in Dubréka and Conakry, which ensured better coordination of activities of the various organizations operating at prefectural level.

### **3. Delays or Deviations**

#### **UNDP**

Since the UN volunteer proforma cost increased and upon the government request, no UN national volunteer were recruited but instead the funds were used to strengthen the capacity of youth leaders hence the delivery rate reaching 160%. They were also involved in door-to-door sensitization.

Instead of training 500 police officers, the dispositive in place helped develop specific training modules for police, to prepare trainers from military doctors and train 10 times more police officer, starting with the most at risk: those deployed to ensure the safety of CTE and those in units of intervention and those are routinely called in case of reluctance in community.

### **4. Best Practice and Summary Evaluation**

#### **UNDP**

Thanks to the participation in the awareness, community police has experimented the implementation of the resolution of problems through dialogue and consultation enabling security forces to move towards more democratic practices and respectful of human rights.

The synergy between the various players (health personnel, religious leaders, community leaders, village watch committees, etc.) contributed to putting an end to Ebola in the Forest Guinea. The work of the Community Watch Committees was of utmost importance in the fight against the rumors, the reluctance and allowed to lead to behavior change.

Collaboration between members of the watches committees and teachers at the beginning of the 2014-2015 school year is also to be saluted.

### **5. Lessons learned**

#### **UNDP**

The behavioral change towards the EVD couldn't have happened if the community was not involved. Most of the alerts were given by the community watch committees.

#### **UNICEF**

Social mobilization efforts were key in the latest (and ongoing) National Emergency Health Campaign, which focuses on active case detection (i.e. checking people for Ebola symptoms) and on restricting people's movement in locations reporting a high number of new Ebola cases. For example Dubreka – a prefecture with several villages targeted by the Campaign -, has not reported a new case since June 20 after having reported 11 Ebola positive cases from 25 Mai to 19 June. Using the radio to transmit messages on Ebola, including on preventive measures, was key as well as the use of testimonies by community members who were successfully treated against Ebola. CWCs have played an active role in the Campaign, especially as mediators when people refused to be visited by Ebola response teams

## 6. Story on the Ground

### UNDP

The police officer intervened repeatedly in parts of Matoto to calm down reluctant populations and allow the Red Cross to do its job of transporting suspects and cleaning homes.

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

### UNICEF

No. of Beneficiaries	
Women	67431
Girls	
Men	54463
Boys	
<b>Total</b>	<b>129,675 HH</b>

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

### 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: March 15, 2016
- Email address: gobo.serge.gbappa@undp.org

*Signature:*

MPTF M&E comments:

UNDP has included USD 66,477.24 (UNMEER funding for a QIP) as UNMEER contribution to the total budget of this project. The expenses reported by UNDP will probably include expenses paid on UNMEER funding.