



**UN EBOLA RESPONSE MPTF  
ANNUAL PROJECT NARRATIVE REPORT  
Year: 2016**

<b>Project Number and Title:</b> #59 Prevent new infections through delivery of integrated basic social services in Ebola torn regions in Guinea	<b>PROJECT START DATE:</b> 01-03-2017	<b>AMOUNT ALLOCATED by MPTF</b>  \$1 000 000	<b>RECIPIENT ORGANIZATION</b>  UNICEF
<b>Project ID:</b> 00101177			
<b>Project Focal Point:</b> Name: Marc Rubin E-mail: <a href="mailto:mrubin@unicef.org">mrubin@unicef.org</a>	<b>EXTENSION DATE:</b> 30-04-2017	<b>FINANCIAL COMMITMENTS</b>  \$12 605.91	<b>IMPLEMENTING PARTNER(S):</b>  National Waterworks Service (SNAPE);
<b>Strategic Objective (STEPP)</b> SO# - Description <b>Recovery Strategic Objectives</b> RSO# - Description	<b>PROJECTED END DATE:</b>  30-04-2017	<b>EXPENDITURES as of [date]</b>  \$986 433.57	Regional Health Department (DRS) Ministry of Youth (MJEJ)
<b>Mission Critical Action</b> MCA6 #59 Prevent new Infection			
<b>Location:</b> Guinea	<b>Sub-National Coverage Areas:</b> Nzerekore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola		
<b>Report Submitted by:</b>	<b>Report Cleared by:</b>		
<ul style="list-style-type: none"> <li>○ Name: Marc Rubin</li> <li>○ Title: UNICEF Representative</li> <li>○ Date of Submission: 30 March 2017</li> <li>○ Participating Organization (Lead): UNICEF</li> <li>○ Email address: <a href="mailto:mrubin@unicef.org">mrubin@unicef.org</a></li> </ul>	<ul style="list-style-type: none"> <li>○ Name:</li> <li>○ Date of Submission</li> <li>○ Participating Organization (Lead):</li> <li>○ Email address</li> </ul>		



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<b>OUTPUT INDICATORS</b>					
<b>Indicator</b>	<b>Geographic Area</b>	<b>Projected Target (as per results matrix)</b>	<b>Quantitative results for the reporting period</b>	<b>Cumulative results since project commencement (quantitative)</b>	<b>Delivery Rate (cumulative % of projected total) as of date</b>
Number of health Centers/Health Posts with WASH installation	Nzerekore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola	60	47	47	78%
Number of households in affected area receiving hygiene Kits/soap and related services		100,000	190,907	190 907	190%
Number of health / Post provided with essential medical and nutrition supplies		60	60	60	100%
Number of people benefiting by UNICEF outreach community health interventions		1,500,000	1,663,582	1.663.582	110%
Maintain access to basic social services to control Ebola Flare Ups	Nzerekore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola	100%	100%	100%	100%



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**Abbreviations and Acronyms**

AACG	Association des Animateurs communautaires en Guinée (National NGO)
AGIL	Association pour la Promotion de la Gouvernance et des Initiatives Locales
C4D	Communication for Development
CEAD	Centre d'étude et d'appui au développement (National NGO)
EVD	Ebola Virus Disease
ICT	Information Communication Technology
IOM	International Organisation for Migration
NGOs	Non-Governmental Organisations
UNOPS	United Nations Office for Project Services
WASH	Water and Sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization



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## **EXECUTIVE SUMMARY**

In early March, three people with Ebola Virus Disease (EVD) symptoms from the same family died consecutively in Koropara, which is a sub-prefecture located 91 km from Nzérékoré with 19,035 inhabitants. This situation drew the attention of local health authorities and Red Cross who immediately started investigations that turned to be Ebola positive cases.

The country rapidly responded to the new epidemic but with limited capacities. UNICEF deployed its Rapid Response teams in support of the government-led response and in coordination with other partners. The epidemic was quickly brought under control demonstrating the critical importance of maintaining surveillance systems and rapid response capacity to quickly respond to new flare ups.

To meet the immediate needs for rapid response for March 2016 flare up, UNICEF Guinea received the precious support of CERF & MPTF. In Nzérékoré region UNICEF set up Rapid Response teams working in coordination with 47 community platforms to address any new alert. The base camp built within 72 hours housed teams from WHO, WFP, UNOPS, IOM, Red Cross, local Rural radio, social mobilization NGOs as AGIL, CEAD, AACG; gathering 200 individuals.

In Ebola-free areas, UNICEF maintained basic social services in WASH and health to capitalize on existing efforts and maintaining zero Ebola. UNICEF strove to reinforce community health interventions targeting more than 1.6 million people living in health districts (Nzerekore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola) that could potentially experience new flare ups. Access to water, hygiene services were key components in the community health strategy; 6,500 additional people benefitted with safe drinking water sustainable systems and 38,000 were trained in using and benefitted from home based water treatment kits.

## **CURRENT SITUATION AND TREND**

On January 2016, the World Health Organization (WHO) declared the end of the EVD outbreak. However, WHO in its declaration warned the world about potential flare-ups of Ebola. Indeed on March 2016 new cases were notified, bringing the total confirmed cases in Guinea to 3,358. This latest Ebola virus disease epidemic, which only ended in June 2016, has further impacted and deteriorated the country health indicators. For instance all types of consultations decreased by 58%, assisted delivery decreased by 11%, hospitalization decreased by 54%, Immunization decreased by 30% country wide. The epidemic was brought under control within less than a quarter demonstrating the critical importance of maintaining surveillance systems and rapid response capacity to quickly respond to new flare ups.

As new flare-ups are likely to occur again in the future, UNICEF Guinea needs to maintain its Rapid Response capacity ready to respond when needed, particularly in the health districts with weakest health indicators across the country. As lead agency for social mobilization and community engagement, UNICEF is always expected to bear the flag in the coordination and operationalization of all related social mobilization and community engagement activities in the event of a new flare up. In addition UNICEF also needs to maintain a response capacity for Ebola in the sectors of WASH and Child Protection.



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In addition to the EVD, the humanitarian context is also characterized by recurrent outbreak of measles, meningitis, and polio. In 2016 six polio campaigns rounds were conducted. The latest round in December 2016 registered excellent performance (90%) in 70% of districts (26 of 38 districts) compared 21% of districts (8 of 38 districts) in the previous rounds.

### **KEY ACHIEVEMENTS**

UNICEF significantly contributed into ending Ebola in Guinea and maintaining Zero Ebola, following the latest flare up in Koropara on March 2016. Capitalizing on its efforts, UNICEF has played a major role in pursuing integrated community health and WASH in health programming through community platforms, women & youth groups. Thanks to MPTF funding UNICEF contributed to put an end to the Ebola epidemic in a single quarter by implementing community based containment, promoting and strengthening Ebola virus disease (EVD) protective behaviours.

Within 72 hours UNICEF set-up the rapid response base camp in the epidemic hot spot, Koropara in Nzérékoré region. The base camp housed teams from WHO, WFP, UNOPS, IOM, Red Cross, local Rural radio, social mobilization NGOs as AGIL, CEAD, AACG; gathering 200 individuals. Logistic aspects as catering, water supply and waste management were provided by UNICEF funded partners (CEAD, AGIL, AACG and the National water agency-SNAPE). The camp aimed to proceed to the micro “containment” called in Guinea micro-cerclage. The micro-cerclage involved a closed monitoring in the epicentre of the affected area in order to limit population movements, particularly those of contacts, with humanitarian assistance for a period of 21 days. In order to ease communication and information sharing UNICEF has provided internet access with the installation of a VSAT kit thanks to Emergency.lu material and technology on the site of Koropara and provided phones to UN agencies and key partners.

In the hotspot area, 190 907 people including 93 872 women were sensitized through face-to-face communication for behaviour change on hygiene, Ebola disease protection means, immunization, and birth registration. In addition a mass communication campaign was held in local languages and reached 1.663.582 people, including 871.536 women. 10 magazines in local languages were produced and broadcasted through rural radios, involving identified youth within targeted communities. The UNICEF funded NGO, PRIDE trained and deployed 560 youth including 101 girls, 282 female volunteers, 98 social educators from the Ministry of Youth on field across Nzerekore, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola prefectures. During social mobilization activities, safe hygiene practices were promoted by the distribution of 2.700 hygiene kits in 47 health facilities. 60 health centres were provided with essential medicine and nutrition supplies. By anchoring health care facilities, 47 youth community platforms were set up and maintained for community based surveillance during nine months. Water points and their community water management committees were set up and equipped in 13 health centres providing safe drinking water to surrounding communities (6,500 additional individuals). In addition 115,006 bottles of chlorine were distributed to 38,335 household and they were trained in home based water treatment.



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### **DELAYS OR DEVIATIONS**

UNICEF equipped 47 health centres/health Posts with WASH hygiene kits and personal protection materials among which 13 benefitted from new and safe drinking water systems, meaning that UNICEF reached 78% of the targeted health care structures. The reasons for this were the need assessment results held at the beginning of the project and the imperative to adjust the project to the epidemic pattern. As the flare up was held back very quickly needs were accordingly reduce.

The funding were reoriented towards securing protective behaviour changes with social mobilisation and communication for development related activities. Therefore it explains over performing results for households in affected area receiving hygiene kits/soap and social mobilisation related services.

### **BEST PRACTICE AND SUMMARY EVALUATION**

It is worthy to note that attendance' rate increased by 5% in local health care facilities, which is an important indicator of the success of implemented UNICEF strategies. As usually during Ebola epidemic episode, attendance' rates drop dramatically due to community barriers and fears, this good score in health care attendance is linked to lessons learned capitalization of the first years of the epidemic response such as the importance of social mobilization at the community level, along with hygiene promotion, health and behaviour change interventions and coordination of actors.

To stimulate health care facilities attendance rates, hygiene Kits were stored in health facilities under youth community platforms responsibility and local authorities were also involved their stock management and distribution. All individual visiting the health facility benefitted from hygiene kits (soap, buckets, and chlorine C). This strategy helped to build trust between communities and health system. Community ceremonies (baptism, customary marriage, funeral...) were opportunities for youth and social educators along with health professional to hold awareness raising sessions with wide distribution of handwashing kits.

### **LESSONS LEARNED**

Capitalizing on Ebola epidemic response, UNICEF involved local leaders, youth and women groups as it is an evidence that they are able to speak to their communities about EVD. They encouraged their communities to avoid denial, fear and panic and report all suspected cases. Rural radios continued to play an active role in dismissing myths on Ebola. As a results alert cases were promptly removed from the community. Youth groups were involved in the micro-cerclage as they ensured security of staff along with a modest police team; therefore they supported restrictive measures to prevent people from moving from one infected community into another.

The main bottlenecks were contact tracing, quarantine, and overall weakness of the health system. The UNICEF capacity to rapidly and effectively respond to a new Ebola flare-up demonstrates that the Organization has managed to maintain a rapid response capacity ready to respond when needed. Therefore UNICEF Guinea prepositioned a contingency stock (Equipment

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for infection control and prevention, measles kit, cholera kit and mosquitos), and community platforms were set up in 584 villages and 106 communes across Guinea. This is particularly significant, especially given the strong decrease in emergency funding. Maintaining this capacity through 2017 will be extremely important but difficult in an even less favorable funding environment.

UNICEF would like to take this opportunity to express its sincere appreciation to MPTF for their generous financial contribution in support of children in Guinea. On behalf of the entire UNICEF Guinea team, we deeply thank MPTF for its key support in tackling significant risks and potentially dramatic consequences for communities in Guinea if Ebola flare-up was not controlled rapidly.

### **STORY FROM THE FIELD**



**UNICEF Guinée**  
24 mars 2016 · 🌐

Immédiatement après la notification de la résurgence d'Ebola à Koropara (préf. de N'Zérékoré), 31 staffs de l'UNICEF y ont été déployés pour apporter une réponse rapide. Entre autres mesures prises, une campagne de 'micro cerclage' de 21 jours visant à limiter les mouvements afin de rompre rapidement la chaîne de propagation de la maladie. Durant cette période, les ménages regroupant les personnes-contacts bénéficieront d'un suivi rapproché ; un accompagnement de subsistance sera fourni, ainsi que des médicaments essentiels pour soigner les affections courantes, et des kits d'hygiène. L'approvisionnement en eau du camp opérationnel a été assuré par l'UNICEF, à travers l'installation d'une adduction d'eau (photo).



👍 J'aime    💬 Commenter    ➦ Partager

👍 37    Chronologique ▾



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**Imam Elhadj Cheikhouna Sylla, Iman for 40 years, Koropora Centre, Guinea**



For text: <http://unicefguinea.tumblr.com/post/137089893647/imam-elhadj-cheikhouna-sylla-imam-for-40-years>