



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT - VERSION 1  
DATE: 27 SEPTEMBER 2017**

<b>Project Number(s) and Title(s)</b>	<b>Recipient Organization(s)</b>
#59 - Prevent new infections through delivery of integrated basic social services in Ebola torn regions in Guinea	<b>RUNO(s)</b> <b>Project Focal Point:</b> Name: <b>Marc Rubin</b> E-mail: <b>mrubin@unicef.org</b>
<b>Strategic Objective &amp; Mission Critical Action(s)</b>	<b>Implementing Partner(s)</b>
SO3 ENSURE essential services MCA 6: <i>Access to basic services</i>	National counterparts (Government, private, NGOs & others) and/or other International Organizations National Waterworks Service (SNAPE) Regional Health Department (DRS) Ministry of Youth (MJEJ)
<b>Location:</b>	<b>Sub-National Coverage Area:</b>
Country or Regional: Guinea	Full list of countries and/or districts: N'Zérékoré, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola
<b>Programme/Project Cost (US\$)</b>	<b>Programme Duration</b>
Total approved budget as per project proposal document: MPTF <sup>2</sup> : 1 000 000 US\$ • <i>by Agency (if applicable)</i> Agency Contribution • <i>by Agency (if applicable)</i>	Overall Duration <i>9 months</i> Project Start Date <sup>3</sup> <i>07/07/2016</i>  Originally Projected End Date <sup>4</sup> Actual End date <sup>5</sup> <i>30/04/2017</i>
Government Contribution : 00 <i>(if applicable)</i>	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>
Other Contributions (donors): 00 <i>(if applicable)</i>	Expected Financial Closure date <sup>6</sup> : 30 juin 2017

<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](#).

**TOTAL: 1 000 000 US\$**

**Programme Assessment/Review/Mid-Term Eval.**

Evaluation Completed

Yes  No Date: *dd.mm.yyyy*

Evaluation Report - Attached

Yes  No Date: *dd.mm.yyyy*

**Report Submitted and cleared By**

- Name: Marc Rubin
- Title: UNICEF Representative
- Date of Submission: 30 Octobre 2017
- Participating Organization (Lead): UNICEF
- Email address: [mrubin@unicef.org](mailto:mrubin@unicef.org)

*Signature:*

**Report Cleared By**

- Name: (Head of Agency)
- Date of Submission
- Participating Organization (Lead):
- Email address

*Signature:*

## PROJECT/PROPOSAL RESULT MATRIX

<b>Project Proposal Title: Integrated Delivery of Basic Social Services in Regions affected by Ebola</b>						
<b>Strategic Objective to which the project contributed</b>	<i>Prevent new infections through delivery of integrated basic social services in Ebola torn regions of Guinea</i>					
<b>MCA [ MCA6: Access to basic services ]<sup>7</sup></b>						
<b>Output Indicators</b>	<b>Geographical Area</b>	<b>Target<sup>8</sup></b>	<b>Budget</b>	<b>Final Achievements</b>	<b>Means of vérification</b>	<b>Responsible Organization(s).</b>
<i>Number of health centers/health posts with WASH installation</i>	N'Zérékoré, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola	60	250,000	47	HPM	UNICEF
<i>Number of households in affected area receiving hygienekits/soap and related services</i>	N'Zérékoré, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola	100,000	100,000	190,907	HPM	UNICEF
<i>Number of health centers/health post provided with essential medical and nutrition supplies</i>	N'Zérékoré, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola	60	200,000	60	HPM	UNICEF
<i>Number of people benefiting by UNICEF outreach community health interventions</i>	N'Zérékoré, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola	1,500,000	250,000	1,663,582	HPM	UNICEF
<b>MCA [ MCA6: Access to basic services ]</b>						
<b>Effect Indicators</b>	<b>Geographical Area (where the project directly operated)</b>	<b>Baseline<sup>9</sup></b> In the exact area of operation	<b>Target</b>	<b>Final Achèvements</b>	<b>Means of vérification</b>	<b>Responsible Organization(s)</b>
<i>Maintain access to basic social services to control Ebola Flare Ups</i>	N'Zérékoré, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou, Lola	ND	100% (coverage)	100%	Survey, MICS, HPM	UNICEF

<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.

## **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 Développement
CEAD :	Centre d'étude et d'appui au développement (National NGO)
CERF :	Central Emergency Response Fund
EVD :	Ebola Virus Disease
HPM:	Humanitarian Performance Monitoring
IOM :	International Organisation for Migration
MICS :	Multiple Indicator Cluster Surveys
MJEJ:	Ministère de la Jeunesse et Emploi des Jeunes
MPTF :	Multi-Partner Trust Fund
NGOs :	Non-Governmental Organisations
SNAPE:	Société Nationale d'Appui Aux Points d'Eaux
UNOPS :	United Nations Office for Project Services
WASH:	Water and Sanitation and Hygiene
WFP:	World Food Programme
WHO:	World Health Organization

## **FINAL PROGRAMME REPORT**

### **EXECUTIVE SUMMARY**

In early March 2016, 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 the 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 and social mobilization NGOs 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 (N'Zéérékoré, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou and Lola) that could potentially experience new flare ups. Access to water and 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.

## **Background and Situational Evolution**

On January 2016, the World Health Organization (WHO) declared the end of the EVD outbreak. However, WHO 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 in 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, particularly in the health districts with the weakest health indicators. 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.

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.

### **Narrative section:**

- **Key Achievements:**

UNICEF significantly contributed at 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 and 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, and by promoting and strengthening Ebola virus disease (EVD) protective behaviors. Within 72 hours, UNICEF set-up the Rapid Response base camp in the epidemic hot spot, Koropara in N'Zérékoré 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 such 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 "micro cerclage" in Guinea. The micro cerclage involved close monitoring in the epicentre of the affected area to limit population movements, particularly those of contacts, with humanitarian assistance for 21 days. 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 in Koropara and provided phones to UN agencies and key partners.

In the hotspots area, 190,907 people, including 93,872, women were sensitized through face-to-face communication for behavior change on hygiene, Ebola disease protection means, immunization, and birth registration. In addition, a mass communication campaign was held in local languages, reaching 1,663,582 people, including 871,536 women. 10 magazines in local languages were produced and broadcasted through rural radios, involving youth within targeted communities. UNICEF funded NGO PRIDE trained and deployed 560 youth including 101 girls, 282 women and 98 social educators from the Ministry of Youth in N'Zérékoré, Macenta, Gueckedou, Kissidougou, Kerouane, Beyla, Yomou and Lola prefectures.

During the social mobilization activities, safe hygiene practices were promoted by distributing 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 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.

- **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. UNICEF has then 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 controled very quickly, the needs were reduces. The funding was reoriented towards securing protective behavior changes through social mobilization and communication for development (C4D) activities. This explains over performing results for households in affected area receiving hygiene kits/soap and social mobilization related services.

- **Gender and Environmental Markers** *N/A*

No. of Beneficiaries	
Women	87,1536
Girls	
Men	79,1846
Boys	
<b>Total</b>	<b>1,663,382</b>

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

- **Best Practice and Summary Evaluation**

During an Ebola episode, health care attendance' rates drop dramatically due to community barriers and fears. However, 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 UNICEF strategies. This good score 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 in stock management and distribution. All individual visiting health facilities benefitted from hygiene kits (soap, buckets, and chlorine C). This strategy helped building trust between the communities and the health system. Community ceremonies (baptism, customary marriage, funeral, etc.) were also opportunities for youth, social educators and 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 result, alert cases were promptly removed from the community. Youth groups were involved in the micro cerclage, ensuring the security of staff along with a modest police team. They also supported restrictive measures to prevent people from moving from one infected community to another.

The main bottlenecks were contact tracing, quarantine and the overall weakness of the health system. UNICEF capacity to rapidly and effectively respond to a new Ebola flare-up demonstrates its capacity for a rapid response when needed. To do so, UNICEF Guinea prepositioned a contingency stock (equipment for infection control and prevention, measles kit, cholera kit and mosquito nets) 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 is 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 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 on the Ground**



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

