



**UN EBOLA RESPONSE MPTF  
FINAL PROGRAMME<sup>1</sup> NARRATIVE REPORT - VERSION 1  
DATE: 18/12/2017**

<p align="center"><b>Project Number(s) and Title(s)</b></p> <p>#52 Psychosocial and economic recovery support for EVD survivors and affected communities. 00099263 (Gateway ID)</p>	<p align="center"><b>Recipient Organization(s)</b></p> <p><b>RUNO(s)</b> <b>Project Focal Point: PNUD</b> Name: <b>Marc Wajnsztok</b> E-mail: <b>marc.wajnsztok@undp.org</b></p>
<p align="center"><b>Strategic Objective &amp; Mission Critical Action(s)</b></p> <p>RSO 2 – Socio – Economic Revitalization</p>	<p align="center"><b>Implementing Partner(s)</b></p> <p>Ministry of Social Action, Woman and Child Protection (MASPFE), Guinean Red Cross and International Federation of Red Cross. (CRG/IFRC)</p>
<p><b>Location:</b></p> <p>Country</p> <p>This project targets most EVD affected prefectures in Guinea, and as part of a larger scale program that aims to provide at the national level a comprehensive package for survivors and their communities.</p>	<p><b>Sub-National Coverage Area:</b></p> <p>Sub-National Coverage Areas:</p> <p><b>Result 1</b> Psychosocial support through community healing dialogue: Macenta , Guékédou, Nzérékoré et Kérouané</p> <p><b>Result 2</b> Cured self-support capacity: Countrywide</p> <p><b>Result 3</b> Fight against anti-stigmatization: Macenta, Guékédou, Nzérékoré et Kérouané</p> <p><b>Result 4</b> Socio-economic community strengthening:</p> <p>Component 1 Socio-economic development programs identified within communities affected by Ebola: Macenta , Guékédou, Nzérékoré et Kérouané</p> <p>Component 2 Other socio-economic support activities in favour of Ebola survivors: Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Siguiri, Kankan, Kissidougou, Beyla, Lola and Yomou.</p> <p>Component 3: Improving skills for frontline ebola workers (red cross volunteers participating into Safe and Dignified Burials (SDB)): Macenta , Guékédou, Nzérékoré et Kérouané</p> <p><b>Result 5</b> Capacity building activities on the Ministry of Social Action, Children and Women Protection: Countrywide</p>

<sup>1</sup> Refers to programmes, joint programmes and projects.

Programme/Project Cost (US\$)
Total approved budget as per project proposal document: MPTF <sup>2</sup> : \$.1 500 000
<ul style="list-style-type: none"> <li>• by Agency (if applicable)</li> </ul> Agency Contribution
<ul style="list-style-type: none"> <li>• by Agency (if applicable)</li> </ul>
Government Contribution (if applicable)
Other Contributions (donors) (if applicable)
<b>TOTAL:</b>
Programme Assessment/Review/Mid-Term Eval.
Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Evaluation Report - Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 19.Juin.2017 Steering Board Committee held on June 2017.

Programme Duration
Overall Duration (months) Project Start Date <sup>3</sup> : 21 Mars 2016. Funding received the 19 <sup>th</sup> April 2016)
Originally Projected End Date <sup>4</sup> (21 Mars 2017) Actual End date <sup>5</sup> : 19 December 2017
Agency(ies) have operationally closed the programme in its(their) system <b>Yes X</b> No <input type="checkbox"/> <input type="checkbox"/>
Expected Financial Closure date <sup>6</sup> : 08 January 2018
Report Submitted By
<ul style="list-style-type: none"> <li>○ Name: Oscar L Lorente</li> <li>○ Title: Technical Specialist on Post Crisis Recovery and development projects.</li> <li>○ Date of Submission: 19/12/2017</li> <li>○ Participating Organization (Lead): PNUD</li> <li>○ Email address: oscar.llorente@undp.org</li> </ul>
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Report Cleared By
<ul style="list-style-type: none"> <li>○ Name: (Head of Agency): Marc Wajnsztoł</li> <li>○ Date of Submission: 22/12/2017</li> <li>○ Participating Organization (Lead): UNDP</li> <li>○ Email address: marc.wajnsztoł@undp.org</li> </ul>
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<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](#).

## PROJECT/PROPOSAL RESULT MATRIX

Project Proposal Title: Psychosocial and economic recovery support for EVD survivors and affected communities								
Strategic Objective to which the project contributed	<i>Recovery and Economy efforts to urgently assist most affected EVD survivors in Guinea</i>							
MCA [ ] <sup>7</sup> Care for persons with Ebola and infection control.								
Output Indicators	Geographical Area			Target <sup>8</sup>	Budget (USD)	Final Achievements (see details in the narrative report)	Means of verification	Responsible Organization(s).
<b>Output 1</b> # of community healing sessions conducted	Nzerekore, Kerouane,	Macenta,	Guekedou,	<b>400</b> community healing dialogue (CHD) sessions conducted for survivors living in 20 sub-prefectures. <b>(Note 1:</b> 40 community healing dialogue groups set up in 20 sub-prefectures. Each group conducts 10 sessions of CHD.)	315 378 USD	<b>574</b> community healing dialogue sessions conducted until March 2017 Guekedou : 168 Macenta : 184 Nzerekore : 120 Kerouane : 122  Delivery Rate: <b>143 %</b>	IFRC Reports. Video reports and field visits.	IFRC
# of Individual psychosocial counseling done after community healing dialogue	Nzerekore, Kerouane,	Macenta,	Guekedou,	<b>40</b> beneficiaries need specific and close follow up. <b>(Note 2:</b> Number of beneficiaries identified in need of specific and close follow up or referral after CHD conducted by Red Cross volunteers)		<b>24</b> people identified in need of specific and close follow up support up to June 2017.  Delivery Rate: <b>60 %</b>		

<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

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Strategic Objective to which the project contributed	Recovery and Economy efforts to urgently assist most affected EVD survivors in Guinea					
MCA [ ] <sup>9</sup> Care for persons with Ebola and infection control.						
Output Indicators	Geographical Area	Target <sup>10</sup>	Budget (USD)	Final Achievements (see details in the narrative report)	Means of verification	Responsible Organization(s).
<b>Output 2</b> # of health staff delivering health care services for cured people participating into the SACEINT strategy	National countrywide	272 health staff available at CTPEIs et health centers.	44 130 USD	272 health staff recruited from 1st August 2017 to 28 February 2017. MPTF funding has covered staffing from January to February costs 2017.  Delivery Rate: <b>100 %</b>	National Agency of Sanitary Surveillance (ANSS) reports. Spot checks.	National Agency of Sanitary Surveillance (ANSS)
# of blood and fluids samples collected and analyzed on monthly basis	National countrywide	447 cured people benefiting from adequate follow up		416 cured people benefiting from adequate follow up and 883 fluids samples done.  Delivery Rate: <b>93 %</b>	National Agency of Sanitary Surveillance (ANSS)reports. Spot checks.	National Agency of Sanitary Surveillance (ANSS)
# of registered visits done by survivors to the CTPEIs	National countrywide	At least <b>1%</b> of the total survivor's population which is estimated to 12 000 people ( <b>120 medical visits</b> )		157 medical visits done by survivors to the CTPEIs. <b>1,30 %</b> of the total population of survivors.  Delivery Rate: <b>130 %</b>	National Agency of Sanitary Surveillance (ANSS)reports. Spot checks	National Agency of Sanitary Surveillance (ANSS)
# of Prefectures strengthened and ready to cover health survivors needs and manage residual risks linked to new outbreaks	National countrywide	34 prefectures initially planned have benefited from the project support.		33 prefectures over the 34 prefectures initially planned have benefited from the project support. Therefore, a total of 2 480 medical visits from 1st August 2016 to 28 February 2017 have been registered survivors  Delivery Rate: <b>97 %</b>	National Agency of Sanitary Surveillance (ANSS)reports. Spot checks	National Agency of Sanitary Surveillance (ANSS)

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<sup>10</sup> Assuming a ZERO Baseline

Project Proposal Title: Psychosocial and economic recovery support for EVD survivors and affected communities						
Strategic Objective to which the project contributed	Recovery and Economy efforts to urgently assist most affected EVD survivors in Guinea					
MCA [ ] <sup>11</sup> Care for persons with Ebola and infection control.						
Output Indicators	Geographical Area	Target <sup>12</sup>	Budget (USD)	Final Achievements (see details in the narrative report)	Means of verification	Responsible Organization(s)
<b>Output 3</b> % of the population with sensitized about EVD survivor's situation to decrease stigmatization	Nzerekore, Macenta, Guekedou, Kerouane,	<b>80%</b> of target groups according to the results of the baseline. <b>Note 3:</b> 11, 000 direct beneficiaries sensitized are expected.	45 136 USD	<b>13 000</b> people been sensitized in quarter one 2017.  Delivery Rate: <b>118 %</b>  <b>160</b> radio emissions have been broadcasted in the target areas.  <b>79</b> phone calls have been received from listeners.  <b>600</b> Psychosocial support kits distributed.  <b>5</b> anti-stigmatization messages elaborated.  <b>4</b> survivor's associations strengthened in Forest Guinea	IFRC Reports.	IFRC

Project Proposal Title: Psychosocial and economic recovery support for EVD survivors and affected communities						
Strategic Objective to which the project contributed	Recovery and Economy efforts to urgently assist most affected EVD survivors in Guinea					
MCA [ ] <sup>13</sup> Care for persons with Ebola and infection control.						
Output Indicators	Geographical Area	Target <sup>14</sup>	Budget (USD)	Final Achievements (see details in the narrative report)	Means of verification	Responsible Organization(s).
Output 4 # of community economic projects implemented	Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranahawaz, Kouroussa, Siguiri, Kankan, Kissidougou, Beyla, Lola and Yomou	At least 20 projects implemented	733 725 USD	<p><b>100%</b> of the activities related to the 20 socio-economic development programs previously identified have been fully implemented.</p> <p>23 697 people benefited from the support given by UNDP through socio-economic projects in Forest Guinea.</p> <p>24 basic community infrastructures were built in Forest Guinea (community latrines, health posts, small bridges)</p> <p>4 communities benefited from access to clean water. Built key facilities (market (1), warehouses, irrigation infrastructures (15 has) to boost local economy)</p> <p>Delivery Rate: <b>100%</b></p>	UNDP invoices, reports and field visits done by the UNDP team. Video report.	UNDP in collaboration with local ONGS and partners

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<sup>12</sup> Assuming a ZERO Baseline

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<sup>14</sup> Assuming a ZERO Baseline

# of Red Cross Volunteers trained	Forest Guinea	450 volunteers		<p><b>450</b> of training volunteer's needs have been identified.</p> <p>Delivery Rate: <b>100 %</b></p> <p><b>354</b> frontline workers trained <b>17</b> micro-projects have been developed by first line workers trained by Osez Innover and are ready to be funded</p> <p>Delivery Rate: <b>78,66 %</b></p>	UNDP invoices, reports and field visits done by the UNDP team. Video report.	UNDP in collaboration with local ONGS and partners
# of project financed and implemented through the civil society platform	Forest Guinea	10-15 projects.		<p><b>8</b> projects targeting survivor's socio-economic development have been done by civil society platforms. 100% of the activities have been implemented.</p> <p>Delivery Rate: <b>80 %</b></p>	UNDP invoices, reports and field visits done by the UNDP team. Video report	UNDP in collaboration with local ONGS and partners

Project Proposal Title: Psychosocial and economic recovery support for EVD survivors and affected communities						
Strategic Objective to which the project contributed	Recovery and Economy efforts to urgently assist most affected EVD survivors in Guinea					
MCA [ ] <sup>15</sup> Care for persons with Ebola and infection control.						
Output Indicators	Geographical Area	Target <sup>16</sup>	Budget	Final Achievements (see details in the narrative report)	Means of verification	Responsible Organization(s).
Output 4 # of prefectural ministry branches supported (rehabilitation, trainings, support to running costs)	Nzerekore, Macenta, Guekedou, Kerouane,	4 prefectural ministry branches supported.	44 000 USD	4 prefectural ministry branches supported.  Delivery Rate: <b>100 %</b>  <b>Note 4:</b> Ministry of Social Action has recruited and deployed 60 social workers in the targeted areas. Ministry of Social Action was equipped with adequate material.	UNDP invoices, reports and field visits done by the UNDP team. Video report.	UNDP in collaboration with local ONGS and partners

<sup>15</sup> Project can choose to contribute to all MCA or only the one relevant to its purpose.

<sup>16</sup> Assuming a ZERO Baseline



MCA [ ] Care for persons with Ebola and infection control.								
Effect Indicators	Geographical Area (where the project directly operated)			Baseline <sup>17</sup> In the exact area of operation	Target	Final Achievements	Means of verification	Responsible Organization(s)
Result 1 Psychosocial conditions of the EVD survivors (or affected communities) improved	Nzerekore, Kerouane,	Macenta,	Guekedou,	10%	2% of the total population found with serious traumatic conditions after the baseline is done. <b>Note 5:</b> Total survivor's population estimated to calculate 2% is around 2000 surveys. Baseline will be done to at least 2000 people.	4 456 surveys have been done countrywide. No significant number of people found with serious traumatic conditions after the baseline is done.	Surveys done on the platform Koobox	UNDP in collaboration with the Ministry of Social Action
Result 2 # of cured (survivors) being followed directly through the SACEINT strategy by health authorities.	National			1026 cured people registered. (Source of Data: National Agency of Sanitary Surveillance (ANSS)).	447 of them benefiting from regular medical follow up.	Cumulated data are: 416 cured being followed up and 883 fluids analysis done. <b>Note 6:</b> The efforts deployed by UNDP through this program has contributed decisively to reinforce the medical care provide to survivors through the setting up of the SACEINT strategy by the Ministry of Health.	SACEINT reports. Contact with survivors. Epidemiological meetings	National Agency of Sanitary Surveillance (ANSS)

<sup>17</sup> If data is not available, please explain how it will be collected.

MCA [ ] Care for persons with Ebola and infection control.						
Effect Indicators	Geographical Area (where the project directly operated)	Baseline <sup>18</sup> In the exact area of operation	Target	Final Achievements	Means of verification	Responsible Organization(s)
<p><b>Result 3.</b> % of population changing behavior towards EVD affected population thanks to the anti-stigmatization activities.</p>	Nzerekore, Macenta, Guekedou, Kerouane	0	20% of total target population (11 000 people) have changed behavior towards EVD affected population in the prefectures where sensitization activities have been done.	Data collected from surveys indicate not significant issues related to discrimination and stigmatization. At least 16 000 people have been sensitized through community healing sessions and radio emissions broadcasted at community level.	IFRC reports. Surveys and discussions with the survivor's associations.	IFRC
<p><b>Result 4.</b> Socio-economic support. % of EVD Survivors improving their socio-economic living condition through de-stigmatization and better economic opportunities</p>	Nzerekore, Macenta, Guekedou, Kerouane, Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Koroumussa, Siguiri, Kankan, Kissidougou, Beyla, Lola and Youmou	0	20% of the targeted population improves the coverage of the daily needs. Targeted population is identified through baseline and/or based on statistics available. Note 3: Data collected from baseline according to a representative sample of beneficiaries participating into psychosocial support activities.	Total population targeted through the project was 12 714 people ( <i>Data source: MPTF project document</i> )  20 % of the targeted population is 2 542 people.  Support provided to survivors and communities through the supply of tools (irrigation infrastructures, seeds, farming materials) and the equipment of basic infrastructures to boost trade (markets, bridges, stores) suggest a gain on productivity for the communities and survivors affected by the Ebola epidemic. Rehabilitation of health structures, improvement of access to clean water and sanitation has a positive impact on the socio-economic living conditions of the population affected.  A new data evaluation will be launched in 2018 to collect information and compare the results obtained for the survivor's program countrywide.	N/A	UNDP

<sup>18</sup> If data is not available, please explain how it will be collected.

MCA [ ] Care for persons with Ebola and infection control.						
Effect Indicators	Geographical Area (where the project directly operated)	Baseline <sup>19</sup> In the exact area of operation	Target	Final Achievements	Means of verification	Responsible Organization(s)
<b>Result 5.</b> Improved monitoring system.	Nzerekore, Macenta, Guekedou, Kerouane	0	100% of monthly reports received on time.	Reporting tools elaborated for the monitoring of the projects implemented in Nzerekore, Macenta, Guekedou and Kerouané by the Ministry of Social Action. 100% of social assistants send on regular basis reports to the MASPFE. Reports are capitalized by the MASPFE to better inform the decision-making process by the Committee Board.	MASPFE reports.	MASPFE

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<sup>19</sup> If data is not available, please explain how it will be collected.

## **FINAL PROGRAMME REPORT FORMAT**

### **EXECUTIVE SUMMARY**

More than 20 000 people benefited from the psychosocial, socio-economic, ant stigmatization and health care related activities implemented through the project in 2016 and 2017. This project brought support to the survivors and communities affected by the Ebola virus in Guinea with a special focus in Forest Guinea which was at the origin of the epidemy. This project contributed decisively to provide psychosocial support for survivors and communities (around 13 000 people) and enhance a better access to health care for 416 cured. Furthermore, the project contributed to strengthen individuals and communities through the setting up of 28 socio-economic projects targeting income generation activities, basic community infrastructures and access to basic community services in the Ebola affected areas. Finally, the project aimed to strengthen the leadership and the managerial capacities of the Ministry of Social Action to lead the recovery efforts deployed by the international community in Guinea through the deployment of social workers and the strengthening of operational capacities to collect and report data at field level.

### **Background and Situational Evolution**

This project was submitted to the Multi Partners Trust Fund Office (MPTFO) to provide a comprehensive package of services for survivors and communities which were heavily affected by the consequences of the Ebola outbreak at national level. This project was developed based on the key findings and recommendations of the October 2015 Workshop organized by the National Coordination Cell of Ebola (NERC). All the socio-economic, ant stigmatization and health care activities for survivors including cured-self-support capacity were designed according to the strategy agreed by the National Ebola Response Cell (NERC) in 2015.

The document planned several activities aiming to improve the socio-economic situation allowing survivors and communities not only to be better recovered from psychosocial trauma but also cover community basic needs and offer new economic opportunities in the areas strongly affected by the epidemic. In addition, the program was completed with some activities regarding to enhance an improved access to medical care and follow up for cured people. Type of activities initially proposed by Ebola responders were initially linked to sensitize cured population, provide protection kits and economic recovery support and finally ensure adequate medical care and follow up.

The end of the outbreak was officially declared on December 2015. Unfortunately, a new flare occurred in Koropora in March 2016. The existing humanitarian community with enough presence and operational capacities in Guinea jointed to the Governmental institutions responded effectively to the emergency getting Ebola to zero cases. Therefore, the end of the strengthened surveillance period, following the official declaration, was declared in August 2016.

Then, inspired by the lessons learned from the recent Koropara crisis and following the suggestions from the Ministry of Health, NERC and WHO decided to implement a new surveillance strategy entitled SACEINT which aimed to be better prepared to interrupt any new chains of Ebola transmission as well as better respond to the consequences of residual risks. One of the activities related was the close medical care and follow up of cured people as well as the strengthening of the surveillance mechanisms around survivors. Bearing in mind that this objective fell under the scope of the ongoing project, the PNUD Office submitted on March 2017 to the Multi Trust Partner Fund Office (MPTFO) a non-cost extension to adapt care activities to the new medical follow up strategy recently adopted by the Government to provide medical assistance for cured people. Furthermore, the non-cost extension request allowed UNDP to Extend for three months the duration of the socio-economic community activities as well as adapt the indicators on the results matrix to better reflect the changes occurred on the program. The request was approved by MPTFO on April 2017.

The Guinea PNUD Office focused its implementing strategy on strengthening the governmental mechanisms (SACEINT) to support the set-up of medical treatment epidemiological and prevention centers (CTEPIs) in charge to provide close follow up and medical checkup for survivors with material, equipment and human resources; ensuring active case finding around confirmed cases and transmission chains; implementing both active and passive surveillance for EVD (e.g. through regular health facility visits and by maintaining a nationwide system of alerts and signals); offering testing of semen and other fluids samples among survivors (Result 2).

Meanwhile, psychosocial support (Result 1), fight against stigmatization (Result 3), socio-economic recovery (Result 4) and strengthening of the Guinean Government institutions (MASPFE) (Result 5) related activities continued to be run on the ground as initially planned in close collaboration with the implementing partners (IFRC, MASPFE, local NGOs).

### **Key Achievements**

### Result 1: Psychosocial support through community healing dialogue for survivors in Forest Guinea.

- 574 community healing dialogues have been conducted by Red Cross volunteers.
- Therefore, 13 768 people were reached by Red Cross volunteers through the community healing sessions in the targeted areas.
- Red Cross volunteers have identified 24 people in need of special follow up in terms of PSS support because of psychosocial trauma.
- 66 volunteers of Guinea Red Cross were trained in Guekedou and Nzerekore.

#### Lessons learned

- a) The impact of psychosocial support activities is difficult to be measured and appreciated adequately by implementing partners such as the Guinean Red Cross as this task requires a more specialized technical expertise.
- b) In addition, an efficient and comprehensive psychosocial support system requires a technical expertise on health-related issues as well as a close follow up of the survivors by the Guinean health system itself.
- c) Activities on the ground highlighted that there was a lack of adequate health human resources able to provide psychosocial assistance within the Guinean health system at prefectural and sub-prefectural level.
- d) Red Cross volunteers are equipped to discuss with communities and organized therapeutic groups but cannot provide a specialized follow up on psychosocial issues which requires a close monitoring coming from trained psychologists and health technical specialists.
- e) The rate of people referred to health structures has been lower than expected due to lack of confidence, perception of the health system and cultural issues.
- f) However, community healing activities have been perceived as very positive by individuals and communities and have allowed the communities to express themselves, discuss about challenges and problems and deal with daily frustrations. Lessons learned from these activities have been shared with the National Agency of Sanitary Surveillance (ex-National coordination cell) for action.

### Result 2: Cured support self-capacity

Under the Partnership Cooperation Agreement with UNDP, the National Agency of Sanitary Surveillance (ANSS) (ex-NERC) has deployed in target areas 272 health staff to accomplish health tasks described into the SACEINT strategy for the follow up of the cured from August 2016 to February 2017. MPTF project has supported the cost of health staff deployment in January and February 2017.

Year	Month	Cured people	Survivors being sick and in close contact with cured people
2016	August	105	68
	September	60	29
	October	141	10
	November	44	4
	December	39	2
2017	January	61	1
	February	96	0
TOTAL		546	114

Health staff deployed at health centers are focused on strengthening epidemiological control around survivors, families and communities around survivors establishing adequate mechanisms to enhance access to effective and efficient health care services (SACEINT strategy approved by the Guinean Government). Psychosocial issues have not been considered as part of the health care services provided through the health infrastructures.

33 CTEPIs health utilities have benefited from adequate human resources to run activities between January and February 2017.

A total of 416 cured people has benefited from adequate medical follow up. Furthermore, 158 medical visits have been done by survivors and close families from survivors being sick from January to February 2017.

An indirect impact of the project consisted on the fact that adequate staffing of the CTPEIS contributed to strengthen medical services provided into the targeted areas. As a consequence, the ANSS registered 2 480 medical visits at the CTPEIs from August 2016 to February 2017.

A total number of 883 number of samples from cured people have been collected and analyzed through the SACEINT strategy.

#### Lessons learned

- a) The support given to the setting up of SACEINT strategy has been well appreciated by the ANSS and the survivors.
- b) The setting up of SACEINT strategy has been critical to mitigate the risk for the reemergence of a new flare up Ebola virus in Guinea.
- c) However, the health care provided to Ebola survivors must be strengthened and made sustainable because some of survivors are suffering from chronic illnesses.
- d) Psychosocial consequences of the Ebola outbreak must be integrated into the health package of services offered to survivors.

### Result 3: Fight against stigmatization

160 additional radio programs were broadcast via Radio Nzaly Liberte FM in Nzerkore (Forest Guinea): The main topics were about the need to fight against stigma for Ebola survivors. A total of 180 emissions were broadcasted from the beginning of the project. While these radio programs were broadcasted 79 calls from auditors were registered. A total targeted audience of at least 13,000 people have been estimated. The main topics discussed during these programs were Psychosocial support and crisis events, stress accommodation, the 5 key elements of Psychological First Aid, supportive communication and the fight against stigmatization.

With regard to the campaign related to providing award certificates to frontline workers and Red Cross volunteers, a joint commission composed of CRG and IFRC was created during the last quarter of the year 2016. After several discussions with the ANSS and implementing partners, a consensus was found on the fact that this activity did not make sense and posed a risk to raise discrimination issues. Therefore, a common agreement was reached amongst partners that the best way to facilitate community integration of survivor's collectives was to increase the investments on socio-economic activities.

Visibility material: During this quarter 150 jackets and hats with logos of the UNDP, MPTF, IFRC and Guinean Red Cross were produced and distributed. In addition, a documentary video on the psychosocial activities of the project were produced and broadcasted through the social media (YouTube). Audio-visual support was distributed to implementing partners to show key achievements and main challenges faced by volunteers during the set-up of psychosocial support activities. The documentary video considers the views of beneficiaries and raises issues on stigmatization. **(Documentary is available on: <https://www.youtube.com/watch?v=LHPgJNfvO4A>)**

Concurrently, the IFRC exchanged with the National Association of Ebola survivors to identify how to strengthen the capacities of the local associations to better support survivors' needs. IFRC met the Chairman of the network of associations of people cured from Ebola to determine the 8 associations which would be involved in the training and the material support from IFRC through Guinean Red Cross.

As a result, 4 associations were identified in Lower Guinea and four in Forest Guinea. A first training session for the 4 associations located in Forest Guinea was conducted. The training topic was the strengthening of the "associations" management, their role to support survivor's rights and finally identifying the next steps to be implemented to better manage survivor's rights. Furthermore, the leaders of these associations have been trained in the topic of advocacy and project management. Therefore, the National Association of People cured from Ebola (RENASEG) in Guinea has renewed the Board Steering Committee and approved a roadmap to set up a comprehensive Plan of Action and strategic plan for the following 3 years.

#### Lessons learned

- a) There are no major evidences registered on discrimination and stigmatization issues. Discussions with technical workers indicate that cultural and social anthropological issues played a major role and made difficult to find evidences of stigmatization and discrimination at community level
- b) However, radio emissions which have been regularly broadcasted at prefectural level as well as the messages elaborated by the Red Cross allowed to raise these issues within the communities and opened the door for the debate around the stigmatization issues.
- c) Most of the beneficiaries involved into the anti-stigmatization issues have requested to focus their program efforts on the setting up of socio-economic activities as the best way to ensure a better inclusion within their communities.

#### Result 4: Socio-economic support for survivors

- **Set up of socio-economic projects in favor of communities in Forest Guinea.**

All the projects have been successfully achieved. 100% of the 20 socio-economic projects were fully completed during the second quarter of 2017. More than 23 697 people benefited from the support given by UNDP through socio-economic projects in Forest Guinea. The main activities implemented were linked to improving access of Ebola affected population to basic community infrastructures allowing communities and individuals to boost their economic activities. The projects implemented have been identified in collaboration with local authorities and communities through a participatory process which aimed to strengthen local markets, improving knowledge of beneficiaries on farming activities or supply adequate assets and equipment to increase farming production. Furthermore, UNDP has rehabilitated water, sanitation and health utilities. Investments were done through grants allocated to local NGOs, collaboration agreements with third parties such as local entities or authorities. Financial and operational capacities of the implementing partners were previously evaluated by UNDP (micro-financial assessment) to ensure adequate capacity in terms of human resources and financial systems to set up the activities previously identified at community level. Direct total investments on the projects turned around 3 062 639 200 GNF (346 251 USD). On the lines below you will find some examples of the impact on the population for the MPTF interventions:

- 20 women economic groups were supported with agricultural inputs (seeds, tools, equipment), training and technical following up. Women economic groups are divided as follows:
  - 6 gardening groups in Guéckédou (Nongoa 2, urban commune Gueckédou 4);
  - 9 in Macenta (Fassankoni 2, urban commune 3, Balizia 1, Bofossou 3);
  - 5 in N'Zérékoré (Yalenzou 2, urban commune 3) ;



**Farming activities. Women Economic Group in Guéckédou.**

A total of 708 people (656 women and 52 men) all affected by EVD benefited from the intervention. It is important to highlight that the members of the 20 groups were supported with a training package on the use of irrigation structures for farming, storing and selling of agricultural products. A total of 15 hectares were equipped with adequate irrigation.

- 4 wells equipped with manual pump were built in the prefecture of Macenta (Kilabalimè in Balizia) and Gueckédou (Komassan) sub-prefecture of Nongoa, (Damas) in Téklo, (Fassaba) in Délimbo. Thanks to the activities carried out through the project people improved access to clean water and mitigate water borne diseases. Before UNDP intervention people got access to water from non-protected wells and rivers.



**Supply of equipment and tools to farming groups in Forest Guinea.**

- 2 facilities to trade goods and installed small businesses were built in the Commune of Kouankan.
- 18 latrines were built in consultation with communities heavily affected by Ebola:
  - 6 in the prefecture of N'Zérékoré (Kabieta);
  - 6 in Macenta (Fassankoni);
  - 6 in Gueckedou (Guindembou);
- 1 health facility and 1 block latrine of two rooms were constructed in Guéckédou center,
- 4 small bridges (dalots) were built to facilitate trade of goods and equipment and boost local economy:
  - the first 2 on the way from Galakpaye - Konia, Demou II - Moata (prefecture of N'Zérékoré);
  - the other 2 on the way from Sandja – Nongoa Pombo in the prefecture of Guéckédou;
- 1 storage warehouse were constructed and equipped in Koropara to boost local economy. A market was built and beneficiaries of the market equipped with material to allow them to make trade in Guendembou prefecture of Guéckédou,
- Distribution of 6 006 plants of palm tree among 99 vulnerable families affected with Ebola in the prefecture of N'Zérékoré and Macenta. Beneficiaries benefited from adequate training and advise to improve farming productivity.
- 1 economic group of 24 members benefited from technical advice, training and support for the setting up of fish breeding activities in Balizia prefecture of Macenta.



**Construction bridge (dalot) in Moata –Démou II (Forest Guinea).**



**Warehouse to store farming production in Koropara (Forest Guinea).**

A huge dispersion of the locations where the activities were done jointly to the difficulties to reach prefectures and beneficiaries targeted because of bad roads and infrastructures did not facilitate monitoring and follow up of the activities. Project management team gave priority to monitor adequately activities (field visits on the field) to enhance a good service delivery for the beneficiaries and communities targeted.

● **Socio-economic support for civil society.**

100 % of the activities initially planned under the component “socio-economic activities” run by civil society were successfully achieved. Bearing in mind the limitations coming from the amount available to fund the proposals submitted to UNDP (more than 15 proposals), only 8 socio-economic development projects of interest to survivors were selected countrywide. The purpose of this type of funding initiative consisted on bringing out support to survivors scattered around Guinea whose needs were not previously covered by other grants and subventions. Activities supported by UNDP programs through MPTF funding were mainly focused on income generation, trade and farming activities. The total of investments amounts to approximately USD 240 000. We can summarize some of the key achievements as follows:

- a. At least 2 000 people benefited from socio-economic support through civil society-implemented projects.
- b. At least 13 cooperatives received tools and entrants to implement income generation activities.
- c. At least 1 000 people took advantage from infrastructures delivered and tools supplied through the project (farming tools, water points, seeds, machinery)
- d. At least 650 people trained on income generation activities.

● **Improvement of skills for frontline workers (Red Cross volunteers) working during the Ebola outbreak to enhance economic reinsertion.**



Regarding the set-up of socio-economic activities in favor of frontline workers a need assessment was finalized at the end of December 2016. More than 4 548 interviews have been conducted by social workers.

Training needs aiming to improve skills allowing frontline workers getting a better access to labor market in Guinea were identified. Then, a collaboration agreement was signed with a local NGO Osez Innover to set up an innovative training program which consisted not only to train Ebola front line workers but also coaching them to build up their own business. Therefore, a total of 354 were trained till second quarter of the year. At the beginning of each training session, all volunteers were subjected to Pre-tests evaluating their education levels, knowledge of entrepreneurship and employment research skills. After computing all pretest results, only 26,27 % of the volunteers scored favorably. At the end of the sessions, volunteers in all 4 regions were again evaluated via a Post-test. This time 71,46% of the volunteers scored favorably (see Report Osez Innover in Annex 1). These results prove that the modules were effective and a great number of our volunteers by the end of each session, had obtained a deep comprehension of entrepreneurship and Employment Research Techniques. Out of the 354 volunteers who performed well, the thirty best individuals with the most promising potential based on analysis of their post & pretest scores, evaluations, group & individual assignments and individual participation were selected. Those 30 graduated and continued to phase 2 of the project where they attended a 10-day intensive training, skill building workshops and received specialized assistance to further develop their business ideas.

Based on reports received from the business coaches in all 4 regions (N'Zerekore, Kerouane, Macenta and Gueckedou), there was a drastic mindset change amongst participants. Right after the first few days of the training, volunteers began to think as and see themselves as entrepreneurs. Despite the diversity in age and education levels, all participants could understand the pedagogic methodology used in entrepreneurship development modules. Osez Innover business coaches, through adapted innovative teaching methods, helped to build capacity amongst participants in business creation, business management, research and innovation. A few of the volunteers even created working groups amongst each other and combined ideas in hopes of launching businesses. It worth noting that all training sessions were successful in meeting all set objectives and were well received by participants. The training not only enabled volunteers to obtain knowledge on entrepreneurship, but also develop new ideas and techniques to apply to their professional and personal lives.

Finally, 324 front line workers completed complementary trainings on IT skills, and driving license.

Last but not least, two documentary videos (short version of 3 minutes and an extended version of 16 minutes) were elaborated by UNDP team and key partners to show key achievements of the project. **Documentary video is available on the following link: [https://youtu.be/1G5mx-q\\_9t0](https://youtu.be/1G5mx-q_9t0)**

### Lessons learned

- a) Socio-economic development activities have been highly encouraged by the survivors' associations as well as beneficiaries in the Ebola affected areas.
- b) The setting up of socio-economic development activities has been one of the best ways to incentivize Ebola affected people to participate actively into the community daily life.
- c) The participatory assessment conducted within the survivors and the communities affected has been an asset for success of the activities.
- d) To avoid discrimination, the program adopted a strategic approach to implement projects benefiting individuals as well as their communities. That is the reason why selected projects comprise income generation activities as well as basic community infrastructures.
- e) Civil society involvement into the management of inclusive socio-economic projects have been an asset to the success of the project and has enabled to reach out to a greater number of survivors scattered across the country.
- f) Training on "social-entrepreneurship" has been well received by "Ebola first line workers".

### Result 5: Strengthening MASPFE

Firstly, the Ministry of Social Action deployed social workers (60 people) for 7 months in the targeted prefectures. Moreover, the deployment of social workers on the ground facilitated gathering data through a "baseline survey" as well as allowed the Ministry of Social Action to become more familiar with the use of new IT technologies to collect and analyze data. However, the results of the baseline survey have not been fully exploited and some incoherencies have been detected through the data collected (more than 4 000 questionnaires/interviews conducted with survivors and first line workers). Some of the findings indicates a low stigmatization and discrimination rate of the Ebola survivors or the communities affected by the Ebola outbreak. Moreover, the preliminary analysis showed the daily difficulties of the families to cover basic economic needs in the areas affected by the Ebola outbreak as well as low incomes. To better

analyze the impact of the program a more comprehensive survey is going to be launched in March 2018 to compare the results with those obtained by the preliminary baseline survey conducted with the funding of MPTF. In addition, the Evaluation and Monitoring Departments will be strengthened to monitor final results of the program countrywide (Forest Guinea and Low Guinea) within the funding for the Belgium Government.

Secondly, IT and office equipment has been purchased and officially transferred to the Ministry of Social Action on March 2017. The equipment supplied included office furniture, phones to collect information and another IT equipment.

Thirdly, the Ministry of Social Action has benefited from financial support to coordinate socio-economic investments carried out in favor of Ebola survivors and their communities. Consequently, two board coordination meetings were organized under the Presidency of the Ministry of Social Action. The last one was held on 19th June 2017 with the attendance of the Ambassadors of Japan, Belgium and a high representative of the Ministry. This meeting allowed to introduce the key achievements of the program in Forest Guinea as well as review the strategic approach. In addition, the meeting was very useful to capitalize best practices and successful experiences and draw lessons learned from the activities already implemented in Forest Guinea. The aim was also to reinforce the effectiveness and efficiency of the Action Plan under execution in Low Guinea. The 2nd Board Committee Meeting obtained the endorsement by the Ministry of Action of the project achievements in Forest Guinea.

Under the leadership of the Ministry of Social Actions, regular meetings with implementing partners and stakeholders such as NGOs participating of the economic-development activities led by civil society and/or the local associations of survivors, were held (see minutes of the meetings in Annexes)

### **Lessons Learned**

- a) Leadership of the Ministry of Social Action has been strengthened.
- b) Local capacities to monitor and evaluate projects through social workers have been strengthened.
- c) Ministry of Social Action has become more familiar with-IT data collection and analysis systems.

### **Delays or Deviations**

The resurgence of the Ebola virus in Koropara (April 2016) affected negatively the start of the project activities because UN Agencies and local authorities were more focused on responding to the Ebola outbreak and avoiding the apparition of new transmission chains until June 2016.

In addition, a delay in the reception of the funds and the signature of the collaboration agreements with implementing partners (Ministry of Social Action, Women and Child Protection and International Federation of Red Cross) contributed to delay the starting of some of the project activities which were initially planned, especially the ones related to the set-up of the baseline assessment and the training activities for social workers.

Furthermore, the rainy season impacted the development of construction projects and key infrastructures such as bridges or warehouses and public markets.

The geographical dispersion of the socio-economic post Ebola recovery and psychosocial support activities (12 prefectures) carried out countrywide by UNDP made the technical team spend more resources than initially planned to ensure adequate monitoring of the activities implemented.

Continuous monitoring by social workers and UNDP technical staff of activities carried out by implementing partners enabled a more efficient use of financial resources and better targeting of beneficiaries needs. To date, 99,99% of the budget has been committed and the funding available has allowed to identify more than 47 proposals and fund 28 projects which have been executed timely. These projects included farming related activities, basic community infrastructures and income generation activities.

Finally, activities related to the national campaign to fight against stigmatization were eventually not approved by the ANSS which is the authorizing Governmental Agency. Following consultations within beneficiaries, survivor's associations and implementing partners, it was agreed that stigmatization was not among the critical issues faced by survivors and focus was shifted to strengthening micro-projects and support provided through social workers deployment on the affected areas.

Therefore, a request was submitted to MPTF during the first quarter of 2017 to adapt the content of the activities linked to the Result 2 and better-define indicators related to some activities (see further details into the NEC document Annex 1). A non-cost extension was officially approved by MPTF on 04 April 2017.

Regarding the budget consumption, it has been recorded an overhead of the expenditures on the lines “Travel” and “Contractual Services”. Overhead costs have been evaluated to \$ 111 029 which represents 7% of the total budget consumption. (see below Table 1)

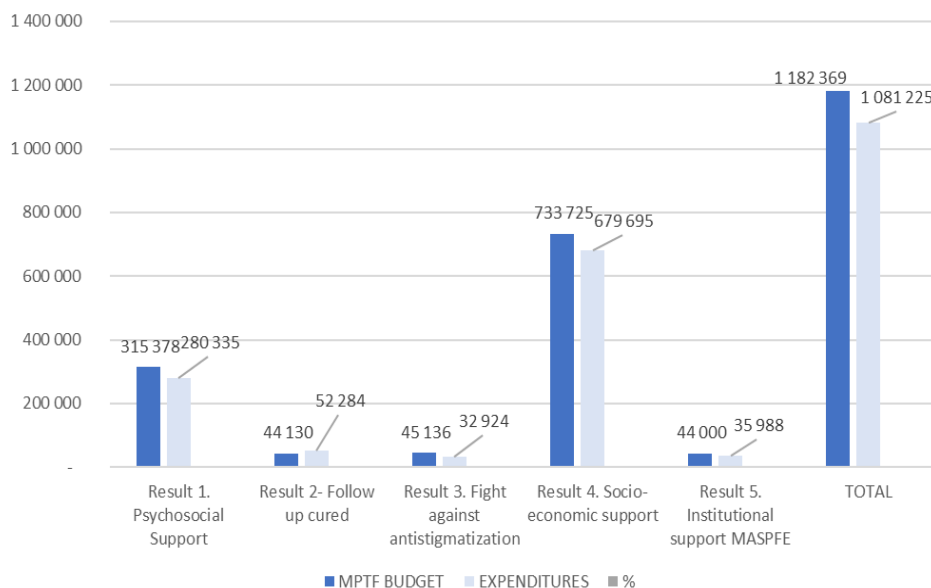
The overhead costs were directed linked to the assessment and monitoring on the field of the socio-economic project activities directly carried out by UNDP in Forest Guinea, as well as the setting up and adequate follow up of the activities implemented through a tender run by the civil society countrywide. Overhead costs entitled “Travel” and “Contractual services” were initially included per result as part of the project activities and were not disaggregated by budget line.

Overhead costs contributed to better identify, assess and monitor the adequate implementation of 28 socio-economic activities implemented throughout 10 prefectures in Guinea. UNDP technical staff in Forest participated into technical meetings (7) on site and field visits (6) to the locations where the projects were implemented.

Find below Table 1 regarding the comparison between NCE budget approved and total expenditures as per budget lines:

	Amount Recipient Agency	Cumulative expenditures 2016-2017	Budget implementing rate %
<b>Total - Income/Revenue</b>	1 500 000,00		
<b>Expenses</b>			
1. Staff and other personnel costs	125 000,00	129 359	103,49
2. Supplies, commodities, materials	15 000,00	4 993	33,29
3. Equipment, vehicle and furniture including depreciation	40 000,00	43 730	109,33
4. Contractual services	-	65 529	-
5. Travel	-	45 500	-
6. Total direct costs Transfers and grants to counterparts	1 182 369,00	1 081 225	91,45
Result 1 (Psychosocial-support)	315 378,00	280 334,52	88,89
Result 2 (cured follow up)	44 130,00	52 283,52	118,48
Result 3 (fight against stigmatization)	45 136,00	32 924,00	72,94
Result 4 (economic recovery)	733 725,00	679 695,00	92,64
Result 5 (support to Ministry of Social Action)	44 000,00	35 988,44	81,79
7. General operating and other direct costs	39 500,00	15 542	39,35
Sub-total Project Costs	1 401 869,00	1 385 878	98,86
8. Programme support costs <sup>c</sup>	98 131,00	96 881	98,73
<b>Total Expenses</b>	<b>1 500 000,00</b>	<b>1 482 759</b>	<b>98,85</b>

Table 2. Total expenditures divided by result for the budget line 6: "Transfers and grants" in 2016-2017.



Gender and Environmental Markers (Please provide disaggregated data, if applicable)

No. of Beneficiaries	
Women	656
Girls	52
Men	NA
Boys	NA
Total	

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

- Best Practice and Summary Evaluation

The project was supervised by the UNDP Office in Guinea. The project team worked closely with the Ministry of Social Action and a Steering Committee in charge to guide the decision-making process and make recommendations about the quality and impact of the activities.

- Lessons learned

The capacity of the program to provide a holistic support to the populations affected by the Ebola virus in Guinea. In addition, the project, under the leadership of the Ministry of Social Action was able to bring together a multiplicity of actors working to improve the access of survivor to better health care follow up and socio-economic opportunities. In addition, the project contributed to mitigate the risk of spreading of new outbreaks in Guinea.

Further details are provided by each result.

- Story on the Ground

In addition, two documentaries (short version of 3 minutes and an extended version of 16 minutes) have been elaborated by UNDP team and key partners to show key achievements of the project. Documentaries are available on the following links:

- Socio-economic activities: [https://youtu.be/1G5mx-q\\_9t0](https://youtu.be/1G5mx-q_9t0)
- Psychosocial support and anti- stigmatization activities: <https://www.youtube.com/watch?v=LHPgJNfvO4A>

- ANNEXES

- Minutes of the Steering Committee Meetings.
- Activity Report National Agency of Sanitary Surveillance (ANSS)
- Activity Report Osez Innover.
- Activity Report IFRC.
- Evaluation report activities run by civil society

