



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

| | | | |
|--|--|---|---|
| <p>Project Number and Title: #65- Enhancing the post-Ebola national preparedness capacity to efficiently respond to future health outbreaks</p> <p>Project ID: 00106881 (Gateway ID)</p> | <p>PROJECT START DATE¹: 30-08-2017</p> | <p>AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i> \$2,500,000 UNICEF: \$446,033 UNDP: \$795,031 UNFPA: \$446,757 WFP: \$188,146 WHO: \$624,033</p> | <p>RECIPIENT ORGANIZATION UNDP, UNFPA, UNICEF, WHO, WFP</p> <p>IMPLEMENTING PARTNER(S):</p> <ul style="list-style-type: none"> • Ministry of Health and Public Hygiene • Ministry of Local Administration and Decentralization (MATD) • National Public Health Security Agency (ANSS) • International Organization for Migrations (OIM)- Central Pharmacy of Guinea (PCG) • Ministry of Internal Security/Department of Civil Protection • Ministry of Environment/National Center for Environmental Risk Management |
| <p>Project Focal Point: Name: Theoneste Ganza Crisis Recovery/Humanitarian Coordination Specialist, RCO Tel. +224 624 76 41 74 E-mail: Theoneste.ganza@one.un.org</p> | <p>EXTENSION DATE: N/A</p> | <p>FINANCIAL COMMITMENTS UNICEF: 125,500 US\$ UNDP: 0 US\$ UNFPA: 208,724 US\$ WFP: 0 US\$ WHO: 0 US\$</p> | |
| <p>Strategic Objective (STEPP) SO5 – Prevent Outbreaks in countries not currently affected Recovery Strategic Objectives RSO# - Description</p> <p>Mission Critical Action MCA13 – Multi-faceted preparedness</p> | <p>PROJECTED END DATE: 31-08-2018</p> | <p>EXPENDITURES as of [01/01/2018] UNICEF: 134,285 US\$ UNDP: 175,857 US\$ UNFPA: 0 US\$ WFP: 0 US\$ WHO: 60,000 US\$</p> | |
| <p>Location: Guinea nationwide</p> | <p>Sub-National Coverage Areas: All the 38 prefectures of Guinea</p> | | |
| <p>Report Submitted by:</p> | <p>Report Cleared by:</p> | | |
| <ul style="list-style-type: none"> ○ Name: Theoneste Ganza ○ Title: Crisis Recovery Specialist ○ Date of Submission: 17-03-2018 ○ Participating Organization (Lead): UNDP ○ Email address: Theoneste.ganza@undp.org | <ul style="list-style-type: none"> ○ Name: (Head of Agency): Lionel Laurens, Country Director ○ Date of Submission: 21-03-2018 ○ Participating Organization (Lead): UNDP ○ Email address: lionel.laurens@undp.org | | |

¹ The date project funds were first transferred.



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

| OUTPUT INDICATORS | | | | | |
|---|--|---|---|--|--|
| Indicator | Geographic Area | Projected Target (as per results matrix) | Quantitative results for the quarterly reporting period | Cumulative results since project commencement (quantitative) | Delivery Rate (cumulative % of projected total) as of date |
| <i>Description of the quantifiable indicator as set out in the approved project proposal</i> | | | | | |
| Priority 1: Strengthen the community-based surveillance system and early warning mechanisms | | | | | |
| <i>Output 1.1.: Increased capacity of Community health volunteers (CHVs) and community leaders (CLs) on event based surveillance</i> | | | | | |
| Indicator 1.1.1: Number of trained CHVs and CLs | Gaoual, Koundara, Fria. | 764 | 0 | 0 | 0% |
| Indicator 1.1.2: Number of CHVs equipped with necessary materials to perform their duty | Gaoual, Koundara, Fria. | 764 | 0 | 0 | 0 (0%) |
| <i>Output 1.2. CEBS data management strengthened in targeted areas</i> | | | | | |
| Indicator 1.2.1.: <u>Number of health facilities with functional database management</u> | Gaoual, Koundara, Fria. (The three health districts in the Boke region have not yet received support for the strengthening of community-based surveillance. The others have already received support from other partners). | 21 | | 0 | 0% |
| <i>Output 2.1. Private health facilities integrated into the surveillance and early warning system and their surveillance capacity strengthened</i> | | | | | |
| Indicator 2.1.1: Number of Private health facilities identified to be | Forécariah, Coyah, Guéckédou, Macenta, N'zérékoré, Télimélé, Gaoual, Koundara, Fria and Conakry. | 250 | 35 | 35 | 14% |

**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|---|--|-----|----|----|------|
| integrated in the system. | Given that the number of targeted private health facilities could not be identified in the targeted prefectures, we suggest adding the city of Conakry where most of Guinea's private structures are concentrated. | | | | |
| <u>Indicator 2.1.2:</u> Number of private health facilities staff trained on IDSR (integrated disease surveillance and response) | Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria | 500 | 0 | 0 | 0% |
| <u>Indicator 2.1.3:</u> Number of private health facilities reporting on weekly epidemiological data | Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria | 250 | 0 | 0 | 0% |
| <i>Output 3.1.: Public health and disease spread risks mapping are conducted in target areas</i> | | | | | |
| Indicator 3.1.1: Number of prefectures mapped | 38 health districts | 38 | 38 | 38 | 100% |
| Indicator 3.1.2.: <u>Proportion of priority sites assessed (#assessed/#identified during participatory mapping)</u> | Forecariah, Gueckedou, Macenta, Boke, Siguiiri and Koundara | 50% | 0% | 0% | 0% |
| <i>Output 4.1.: Cross-border protocols for public health information sharing are implemented</i> | | | | | |
| Indicator 4.1.1: Number of protocols and MoU developed for public health information sharing | Gaoual, Koundara, Kankan, and Faranah (The selection criteria are based on the fact that these health districts have border to another country in the West- | 4 | 0 | 0 | 0% |

**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|--|--|-----|---|----|-----|
| and cross border collaboration | African sub-region. Other border health districts already have protocols in place. | | | | |
| <u>Indicator 4.1.2:</u> Number of workshops conducted | Gaoual, Koundara, Kankan and Faranah | 4 | 0 | 0 | 0% |
| <u>Indicator 4.1.3.: number of cross-border meetings organized</u> | Gaoual, Koundara, Kankan and Faranah | 4 | 0 | 0 | 0% |
| <i>Output 4.2.: Increased capacity of health and non-health officials in border areas on cross-border public health event response</i> | | | | | |
| <u>Indicator 4.2.1:</u> # of SoPs developed | Boke, Gaoual, Koundara, Siguiiri Kankan, Mandiana Mamou and Faranah (The selection criteria are based on the fact that these health districts have border to another country in the West-African sub-region) | 16 | 0 | 0 | 0 % |
| <u>Indicator 4.2.2.: # of health and non-health officials trained</u> | Boke, Gaoual, Koundara, Siguiiri, Kankan, Madiana, Mamou and Faranah | 304 | 0 | 0% | 0% |
| <i>Output 5.1.: Reinforced health security at borders with neighboring countries</i> | | | | | |
| <u>Indicator 5.1.1.: # of SOPs revised after assessments at PoE</u> | Boke, Gaoual, Koundara, Siguiiri, Kankan, Madiana, Mamou and Faranah | 4 | 0 | 0 | 0% |
| <u>Indicator 5.1.2.: # of assessments and restitution meetings conducted at PoE</u> | Boke, Gaoual, Koundara, Siguiiri, Kankan, Madiana, Mamou and Faranah | 4 | 0 | 0 | 0% |
| Priority 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics | | | | | |
| <i>Output 1.1.: Conducting a study on the utilization of public healthcare services</i> | | | | | |

**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|---|---|----|---|---|----|
| Indicator 1.1.1: Number of studies carried out (rapid mixed study, qualitative and quantitative identifying the health facilities less attended and the socio-anthropological considerations | Forecariah, Nzerekore, Gueckedou and Macenta | 1 | 0 | 0 | 0% |
| <i>Output 1.2.: Renovation, equipment and support of health posts, health centers and hospitals least attended</i> | | | | | |
| Indicator 1.2.1.: Number of health facilities renovated and equipped | Forecariah, Nzerekore, Gueckedou and Macenta | 4 | 0 | 0 | 0% |
| <i>Output 2.1.: Purchase of laboratory equipment and consumable for ELISA (Measles)</i> | | | | | |
| Indicator 2.1.1. Number of equipment and consumable purchased | Nzerekore, Kindia, Gueckedou and Macenta | 7 | 0 | 0 | 0% |
| <i>Output 2.2.: Training of staff on the use of ELISA (Measles)</i> | | | | | |
| Indicator 2.2.1.: Number of staff trained | Nzerekore, Kindia, Kankan, Faranah, Labe, Mamou, Boke | 14 | 0 | 0 | 0% |
| <i>Output 3.2.: Purchase and equipment of epidemic diseases treatment centers (EDTC) in kits for the management of epidemic prone diseases</i> | | | | | |
| Indicator 3.2.1.: Number of kits purchased | Forecariah, Nzerekore, Gueckedou and Macenta | 4 | 0 | 0 | 0% |
| Indicator 3.2.2.: Number of kits | Forecariah, Nzerekore, Gueckedou and Macenta | 4 | 0 | 0 | 0% |



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

| | | | | | |
|--|---|-----|---|---|----|
| distributed | | | | | |
| Priority 3: Strengthen the health system through implementation of the Minimum Initial Service Package (MISP) for emergency preparedness and response for safe deliveries and other related services in the prefectures of the Nzerekore Region | | | | | |
| <i>Output 1.: Strengthen the capacity of community health workers and health personnel on Minimum Initial Service Package (MISP) for safe deliveries and other related services</i> | | | | | |
| <u>Indicator 1.1.</u> Number of health service providers including community health workers trained on Minimum Initial Service Package (MISP) for emergency situation preparedness and response to implement safe deliveries and other related services | Sous-prefectures of Nzerekore, Macenta and Lola | 243 | 0 | 0 | 0% |
| <i>Output 2.: Local communities are prepared to respond to emergency health situations and equipped with MISP for the provision of safe deliveries and other related services during crisis situation</i> | | | | | |
| <u>Indicator 2.1.</u> Number of local communities prepared and equipped with MISP for the provision of safe deliveries and other related services | Sous-prefectures of Nzerekore, Macenta and Lola districts | 40 | 0 | 0 | 0% |
| <i>Output 3.: Quarterly field monitoring and coordination meetings are conducted to ensure quality implementation of the project activities</i> | | | | | |
| <u>Indicator 3.1.</u> Number of technical staff supporting the project implementation | Nzerekore, Macenta and Lola | 1 | 0 | 0 | 0% |
| <u>Indicator 3.2.</u> | Nzerekore, Macenta and Lola | 9 | 0 | 0 | 0% |



UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
 Year: 2017

| | | | | | |
|---|--|-----|---|---|----|
| Number of technical supervision sessions conducted | | | | | |
| Priority 4: Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Faranah | | | | | |
| <i>Output 1. Community engagement enhanced to improve routine immunization and increasing health service utilization</i> | | | | | |
| Indicator 1.1.: Number of districts (or similar administrative units) facilitating regular community dialogue with caregivers of children under 5 to improve knowledge, attitudes and practices and address related social/cultural norms on maternal newborn and child health and development. | Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou | 9 | 0 | 0 | 0% |
| Indicator 1.2.: Number of youths/women groups strengthened in social mobilization through community dialogue for better health service utilization | Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou | 80 | 0 | 0 | 0% |
| Indicator 1.3.: Number of community platforms supported quarterly to increase the community involvement in the decision-making, need assessment and | Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou | 100 | 0 | 0 | 0% |



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

| | | | | | |
|---|--|-------|---|---|----|
| interactions with technical and financial partners | | | | | |
| <i>Output 2.: Community-based reporting, monitoring, and response systems strengthened through real-time routine reporting</i> | | | | | |
| Indicator 2.1.: Number of CHW/youth trained on the use of community-based register and reporting community events | Districts of Kankan, Mandiana, Kerouane, Kouroussa, Sigui, Dabola, Dinguiraye, Faranah and Kissidougou | 1,130 | 0 | 0 | 0% |
| <i>Output 3.: Local governance and accountability systems improved</i> | | | | | |
| Indicator 3.1.: Number of districts with health cadres in local governance, management, data reviews, quality supervision and coaching capacities are reinforced | Districts of Kankan, Mandiana, Kerouane, Kouroussa, Sigui, Dabola, Dinguiraye, Faranah and Kissidougou | 70 | 0 | 0 | 0% |
| <i>Output 4.: Routine vaccination services is strengthened by providing technical assistance at both national and regional level</i> | | | | | |
| Indicator 4.1.: Number of technical assistance activities to strengthen routine immunization at national and district level | Kankan and Faranah regions | 3 | 0 | 0 | 0% |
| Priority 5: Enhancing the national emergency preparedness through improved logistics service delivery | | | | | |
| <i>Output 1.1.: ANSS's Emergency Operations Centers "Centres d'Operations d'Urgence" in most vulnerable disease prone prefectures to host simulation exercises are provided with managerial skills in emergency logistics programming as well as logistical support for emergency response preparedness</i> | | | | | |
| Indicator 1.1.1.: Number of prefectural emergency operations centers benefiting from mobile storage | 4 EOCs of Kindia, Forecariah, Gueckedou and Macenta | 4 | | 0 | 0% |

**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|---|---|----------------------------------|----|----|--------|
| units handed to prefectural centers health facilities (tents) to facilitate the simulation exercises and later response | | | 0 | | |
| <u>Indicator 1.1.2.:</u> Number and nature of PPE kits purchased and availed to prefectural epidemic disease treatment centers “CTEPI” | 34 CTEPI in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, and Conakry | TBD | 0 | 0 | 0% |
| <u>Indicator 1.1.3.:</u> Number of CTEPI and EOC’s workers trained on emergency logistics programming and logistical service delivery during emergency response | 34 CTEPI in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, and Conakry | 76 | 0 | 0 | 0% |
| Priority 6: Improvement of the national emergency response coordination capacity in post-Ebola Guinea | | | | | |
| <i>Output 1.1.: Consolidate the institutional capacities enabling Government and inter-agency standing committee (CoPIA) to become functional, efficient and effective to cope with the response coordination for a wide range of diseases posing an epidemiological threat in Guinea</i> | | | | | |
| <u>Indicator 1.1.1</u> Number of staff from the national institutions involved into emergency response coordination (MATD, DGPC, ANSS, Ministry of Health, Red Cross) having benefited from training on health emergency coordination aspects and other types of capacity building support | Conakry and prefectures of Forecariah, Kindia, Gueckedou and Macenta | 150 As per initial submission | 43 | 43 | 28,67% |

**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|---|---|---|---|----------|-------------|
| <p><u>Indicator 1.1.2.</u> Number and nature of IT and office supply support provided to national health security/humanitarian agencies to trigger effective response at local level</p> | <p>Conakry and prefectures of Forecariah, Kindia, Gueckedou and Macenta.</p> | <p>4 national departments members of the IASC/CoPIA to benefit from the assistance (SENAH, DGPC, Weather Service and Center for Disaster Management</p> | <p>4 kits consisting of a desktop computer, 1 multifunction printer, a power stabilizer, office supply including cartridge ink, 12 months internet connection were remitted to the national humanitarian agencies</p> | <p>4</p> | <p>100%</p> |
| <p><u>Indicator 1.1.3.</u> Number of meetings, conference and coordination events convened by CoPIA to address response strategies to national health related matters</p> | <p>Conakry</p> | <p>1 per month starting in October 2017</p> | <p>3</p> | <p>3</p> | <p>100%</p> |
| <p><i>Output 1.2.: Strengthen the local response capacities to manage efficiently local and global health risks in Guinea through simulation exercises on current contingency and other pandemic response plans</i></p> | | | | | |
| <p><u>Indicator 1.2.1.</u> Number of joint stress and simulation exercises conducted</p> | <p>Conakry, Forecariah, Kindia, Gueckedou and Macenta</p> | <p>4 exercises in the prefectures of Forecariah, Kindia, Gueckedou and Macenta 1 joint stress simulation in Conakry</p> | <p>0</p> | <p>0</p> | <p>0%</p> |
| <p><u>Indicator 1.2.2.:</u> Number of stakeholders</p> | <p>Forecariah (cross-border with Sierra Leone) 1 joint stress simulation in Conakry</p> | <p>At least 12 key governmental</p> | | <p>0</p> | <p>0%</p> |



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

| | | | | | |
|--|--|---|----|----|-----|
| participating in the simulation exercises and joint stress test | | authorities and humanitarian actors involved in emergency response | 0 | | |
| <u>Indicator 1.2.3.:</u> Current DRR framework is validated and resourced through development of support projects | Nationwide | At least 2 technical coordination meetings per month to finalize project and submit to donors | 0 | 0 | 0% |
| <u>Indicator 1.2.4.:</u> Local capacity to respond to health emergencies is strengthened and locally-based response teams receive operational support | Prefectures of Forecariah, Gueckedou, Kindia and Macenta | In 4 prefectures | 2 | 2 | 50% |
| <u>Indicator 1.2.5.:</u> Local emergency Operations Centers' operational capacity is reinforced through training activities and logistic support | | In 4 prefectures | 0 | 0 | 0% |
| EFFECT INDICATORS (if available for the reporting period) | | | | | |
| Priority 1: Strengthen the community-based surveillance system and early warning mechanisms | | | | | |
| <i>Outcome 1: Increased capacity of communities in detecting, reporting and responding to Epidemic prone diseases and public health events</i> | | | | | |
| <u>Indicator 1.1.:</u> 0% of EPDs and Health events reported by CHVs out of the total | Gaoual, Koundara, Fria | 50 | 0% | 0% | 0% |



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|---|---|--------|--------------------|--------------------|----|
| of reported cases | | | | | |
| <i>Outcome 2: Private structures involved in the implementation of the national Surveillance and Response Plan</i> | | | | | |
| Indicator 2.1.: Percentage of weekly epidemiological report completed by private health facilities | Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria. | 50% | 0% | 0% | 0% |
| Indicator 2.2.: Proportion of private health facilities having promptly reported on weekly epidemiological data | Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria. | 50% | 0% | 0% | 0% |
| <i>Outcome 3: Improved understanding of areas with increased risk of spread of epidemic prone diseases and other health threats</i> | | | | | |
| Indicator 3.1.: Proportion of health districts having benefited with risk assessment | Forecariah, Gueckedou, Macenta, Boke, Siguiiri and Koundara | 100% | 0 | 0 | 0% |
| <i>Outcome 4: Strengthened public health information sharing and capacities to respond to public health emergencies across borders</i> | | | | | |
| Indicator 4.1.: Number of joint investigations based on information shared | Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana and Faranah | 7 | 0 | 0 | 0% |
| Indicator 4.2.: ANSS integrate regional epidemiological data in their planning | Country and neighboring countries | Weekly | 0 | 0 | 0% |
| Priority 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics | | | | | |
| <i>Outcome 1: Utilization of public healthcare services is improved in the prefectures that were most affected by the epidemic of Ebola</i> | | | | | |
| Indicator 1.1.: Utilization rate of | Forecariah, N'zérékoré, Guéckedou et Macenta. | 75% | To be collected in | To be collected in | 0% |

**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|--|---|--|---|--|--|
| public health services | | | the future | the future | |
| <i>Outcome 2: The capacities of regional hospitals are strengthened in the diagnosis of diseases with epidemic potential</i> | | | | | |
| <u>Indicator 2.1:</u> Number of diseases with epidemic potential diagnosed | N'zérékoré, Kindia, Kankan, Faranah, Labé, Mamou, Boké | Indicator 2.1: Number of diseases with epidemic potential diagnosed | Nzérékoré, Kindia, Kankan, Faranah, Labé, Mamou, Boké | Indicator 2.1: Number of diseases with epidemic potential diagnosed | N'zérékoré, Kindia, Kankan, Faranah, Labé, Mamou, Boké |
| <u>Indicator 2.2.</u> % of transfer of samples to the lab | N'zérékoré, Kindia, Kankan, Faranah, Labé, Mamou, Boké | Decrease of 50% from to current rate | 0% | 0% | 0% |
| <i>Outcome 3: Epidemic prone disease management capacities are strengthened in the Epidemic Disease Treatment Center (EDTC)</i> | | | | | |
| <u>Indicator 3.1.</u> Case Fatality Rate of epidemic-prone diseases in the Epidemic Disease Treatment Center (EDTC) | Forecariah, Nzérékoré, Guéckedou and Macenta. | Decrease of 50% from to current case fatality rates | To be collected in the future | To be collected in the future | 0% |
| Priority 3: Strengthen the health system through implementation of the Minimum Initial Service Package (MISP) for emergency preparedness and response for safe deliveries and other related services in the Prefectures of the Nzerekore region | | | | | |
| No planned effect indicators for this priority. | | | | | |
| Priority 4: Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Faranah | | | | | |
| <i>Outcome 1: Reinforced community engagement to improving routine immunization and increased service utilization through community platform, youth and women groups</i> | | | | | |
| <u>Indicator 1.1.</u> % of Districts or equivalent administrative units with at least 80% coverage of DTP- | Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou | 80% | In process in the 9 health districts (33 %) achieved | Work plan with budget elaborated for September-December 2017. | 43% |

**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|---|---|-------|--|--|--------|
| containing vaccine for children < year | | | | | |
| <u>Indicator 1.2:</u> Number of youths/women groups strengthened in social mobilization through community dialogue for better health service utilization. | Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou | 880 | 0% | Identification of youth and women groups started by UNICEF and the local authorities of Kankan and Faranah regions | 0% |
| <u>Indicator 1.3:</u> Number of community platforms supported quarterly to increase the community involvement in the decision-making | Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou | 100 | In process 13 platforms set up in 13 communes | Ongoing process to set up and reinforce existing platforms in the 9 health districts | 37.66% |
| <i>Outcome 2: Strengthened community-based and response systems, especially real-time routine reporting and monitoring mechanisms to trigger timely actions</i> | | | | | |
| <u>Indicator 2.1:</u> Number of CHW/youth trained on the use of community based register and reporting community events | Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou | 1,130 | Identification of 1065 CHWs already working in community based intervention and 160 youth already trained in U-reporting | The training of CHWs on reporting continues and be effective by the end of January 2018 | 100% |
| <i>Outcome 3: Decentralized governance and accountability systems facilitate service delivery and district, health facility and community levels</i> | | | | | |
| <u>Indicator 3.1:</u> Number of Districts with health cadres in local governance, management, data reviews, quality supervision and coaching capacities | Districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou | 70 | Work plan developed with the government partner (MATD) | 23 out 70 acceptability framework already functional are reinforced by MATD | 32.85% |



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

| | | | | | |
|---|---|----|---|--|-------------|
| are reinforced | | | | | |
| <i>Outcome 4: Routine vaccination services is strengthened by providing technical assistance at both national and district level</i> | | | | | |
| <u>Indicator 4.1:</u> Number of technical assistance activities to strengthen routine immunization at national and district level | Kankan and Faranah regions | 3 | In process with the government partners (MATD and MoH) | A joint work plan validated for technical assistance in 13 communes of convergence | 24.51% |
| Priority 5: Enhancing the national emergency preparedness through improved logistics service delivery | | | | | |
| <i>Outcome 1: The local capacity to integrate logistics aspects in health emergency response is reinforced</i> | | | | | |
| Nothing to report for this quarter as there were no activities carried out by WFP on this component in 2017. | | | | | |
| Priority 6: Improvement of the national emergency response coordination capacity in post-Ebola Guinea | | | | | |
| <i>Outcome 1: The national health emergency preparedness and coordination capacity is enhanced</i> | | | | | |
| <u>Indicator 1.1.</u> Number of national stakeholders trained on emergency preparedness and response coordination aspects at the local level | Nationwide and at local level in the prefectures of Forecariah, Gueckedou, Macenta and Kindia | 20 | 200 | 43 | 21.5% |
| <u>Indicator 1.2.</u> Number of training workshops and thematic topics developed and dispensed to health emergency responders including at the local level | Nationwide and at local level in the prefectures of Forecariah, Gueckedou, Macenta and Kindia | 0 | 2 workshops 4 topics | 1 workshop 8 topics | 50% 200% |
| <u>Indicator 1.3.</u> Number of national institutions benefiting from the IT support and logistic supply to | Conakry | 0 | 4 | 4 (SENAH, DGPC, Meteo, CNGCUE) | 100% |

**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|---|---|---|---|---|------|
| facilitate follow of information and coordination capacity of key emergency response functions | | | | | |
| <i>Outcome 2: The national multi-risk contingency plan and other emergency response mechanism are successfully tested and fully resourced</i> | | | | | |
| <u>Indicator 2.1.</u> Number of simulation exercises conducted on the contingency multi-risk plan | Conakry and other prefectures of Forecariah, Gueckuedou, Macenta and Kindia | 0 | 5 | 1 | 20% |
| <u>Indicator 2.2.</u> Number of simulation exercises to test the efficiency of the locally-based emergency response and alert units (ERARE) | Prefectures of Forecariah, Gueckuedou, Macenta and Kindia | 0 | 4 | 0 | 0% |
| <u>Indicator 2.3.</u> Number of nature of updates and adjustments made to the multi-risk contingency plan, the disaster management plan as a step towards their final validation, domestication and operationalization | Nationwide | 0 | 1 | 1 | 100% |
| <u>Indicator 2.4.</u> Number of DRR support projects implemented as a part of its operationalization and domestication | Nationwide | 1 | 4 | 1 | 25% |



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

| | | | | | |
|---|---|---|----|-----------------|-----------------|
| <u>Indicator 2.5.</u> Number of strategic and technical meetings held in the preparation and follow up of the simulation exercises | Conakry, Forecariah, Gueckuedou, Macenta and Kindia | 0 | 10 | 5 | 50% |
| <i>Outcome 3: The local operational capacity of response to epidemics is strengthened through post-simulation activity support</i> | | | | | |
| <u>Indicator 3.1.</u> Number of locally-based ANSS' rapid response teams and emergency operations centers whose capacity is reinforced | Forecariah | 0 | 4 | To be confirmed | To be confirmed |
| <u>Indicator 3.2.</u> Number of locally-based public health agency staff and other health structures benefiting from the capacity building support | Nationwide/ Cross-border | 0 | 40 | 43 | 107.5% |
| <u>Indicator 3.3.</u> Number of SOPs for EDTC produced and distributed | Nationwide | 0 | 0 | 0 | 0% |



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

In ½ to 1 page, summarise the key achievements of programme in terms of outcomes and outputs. Please, list the main activities implemented for the project, and describe the progress made during the current reporting period. Explain how the outcome(s) indicated in the Matrix have contributed to the project objective(s) through the Mission Critical Action (MCA) for the Response and the Recovery Strategic Objective (RSO) for Recovery

Current Situation and Trend *(please provide a brief introduction to the project and the related outcomes in relation to implementation of the project (1-2 paragraphs))*

This joint project is being implemented by five UN agencies (UNDP, UNICEF, UNFPA, WFP and WHO) with the aim to enhance the post-Ebola preparedness capacity required in order to efficiently respond to future health emergencies. The primary purpose of the project is to fill the gaps observed during the Ebola crisis and based on lessons drawn from it. The project is built around the following key areas or components.

- the improvement of the country's community-based surveillance and early warning systems,
 - strengthening the local community health preparedness and care management for patients,
 - avail a minimal service package to health facilities in high disease prone zones,
 - increase community engagement in key target zones,
 - integrate logistics in emergency response preparation and coordination, and
 - strengthen the operational and coordination capacity by promoting synergy among actors for a better response programming and delivery.
- In line with the above objectives, the project focused in its first quarter (September-December 2017) on setting up workplans and launching some of the scheduled activities. Four of the five agencies have already begun their activities while WFP will start in January 2018. This also applies to UNFPA which will carry out its activities starting in January 2018. Only the procurement process for the acquisition of equipment and other kits for the project has been initiated.

Also, the RCO that has the lead of the project proceeded to the recruitment of a Senior Project Manager of a medical background who will handle all project management related technical functions. Other agencies such as UNICEF signed the MoU with the implementing partner naming the Ministry of Territorial Administration and Decentralization (MATD), while WHO signed a similar agreement with IOM to carry out some of the activities in its two components.

UNICEF conducted an inventory via its field office in the administrative regions of Kankan and Faranah and in collaboration with the two Regional Direction of Health (DRS) and the politico-administrative authorities of the communes of the 9 health districts (Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou) who are beneficiaries of the project.



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT**

Year: 2017

- A first draft of the implementation plan was developed by UNICEF and local authorities after the inventory.
- Two working sessions have been held between UNICEF and MATD to harmonize and validate the work plan.
- The validated work plan has been shared by UNDP, which is the lead UN entity for the coordination of MPTF supplementary funds allocated to Guinea.

For the implementation of the activities themselves, the first disbursement has already been done through the MATD. Furthermore, a series of consultations have been held with the decentralized structures (governorates, prefectures and communes) for the effective start of activities.

- **Key Achievements:**

During the reporting period, some keys results below were reached.

UNICEF held:

- Consultative meetings with partners for a rapid map-out of local platforms (existence, functionality, characteristics)
- Meetings with local leaders to raise awareness on the importance of maintaining the functionality of existing platforms and ensuring that various sectors are involved
- Consultations and planning completed. The Minister of Administration and decentralization (MATD) is to ensure the communities are leaders and actors to build resilience and sustainability
- Regional meeting in Kankan and Faranah Regions to advocate and raise awareness on the role and responsibilities of the community structures for local development

On the other end **UNDP and the RCO** successfully achieved the results below in line with outputs 1.1. and 1.2.

Output 1.1:

Result 1.1.1. One of the two training workshops planned in the project effectively took place on 13 and 14 December 2017 in Kindia. Local humanitarian actors from Conakry, Labe, Boke, Mamou and Kindia attended. Six (08) themes including 05 related to Emergency response preparedness and two (03) on the Sendai framework disaster risk reduction and mainstreaming of disaster risk reduction into national and/or local development process were offered.

Result 1.1.2. Four key national humanitarian/emergency response institutions members of IASC/CoPIA naming the National Weather Service, National Humanitarian Affairs Service, Civil Protection and the National Disaster Risk Management Department received an IT and office supply support package to help them improve their operational capacity for a better coordination of the humanitarian response in future. The package included for each entity 01 desktop, 01 multifunction printer, 01 power stabilizer and a 12 month wifi internet connection and some office supplies including printer cartridge ink and copy paper. Additionally, two sets of video projectors were purchased to facilitate the organization of CoPIA meetings.

Result 1.1.3. Two technical meetings with project focal points within involved agencies UNDP, UNFPA, UNICEF, WFP and WHO plus one technical CoPIA meeting took place during this reporting period. A total of 3 meetings were held as planned.

Output 1.2.

Result 1.2.2. A community participatory activity on vulnerability analysis and community capacity to adapt to crisis situations was conducted in the most vulnerable zones in Forecariah, Kindia, Gueckedou and Macenta. The final result will be to put in place a local committee of volunteers to sensitize local population on ways of adaptation to disaster



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2017**

risk reduction and also, when applicable, lobby with local decision-makers for the integration of those aspects into local development plans.

Result 1.2.3. The process to recruit an International Consultant with public health or medical background to manage technical aspects of the projects has now completed. The incumbent started in January 2018.

Result 1.2.4. Three meetings were organized as follows: One statutory meeting of CoPIA Technique took place and two more meetings for the project management team made of focal points from involved agencies were held.

Still in line with the project goal, the WHO organized in October 2017, a workshop to establish a health emergency risks map in Guinea using the STAR (the STAR tool was developed by the World Health Organization (WHO) to enable countries to identify and categorize national level health emergencies in their territory) tool to guide and plan an emergency preparedness work in the short and medium term.

The specific objectives of the workshop were as follows:

- Provide a systematic, transparent and evidence-based approach to identify and categorize the risks of health emergencies
- For each risk, define the recommended level of national preparedness for the health sector
- Introduce the multi-risk response plan approach
- Mapping risk and vulnerability
- Data analysis

In the same time as the STAR workshop, WHO also conducted the VRAM (Vulnerability Risk Assessment and Mapping) workshop. VRAM provides a comprehensive assessment of risks facing a country at operational level mapping geographic areas that are most likely to be affected. The process aim to help Guinea in the enhancement of its preparedness and readiness levels by uncovering vulnerabilities and capacity gaps within community and health systems with a view to building resilience. As such, VRAM results are quite informative in guiding decision making and prioritization of resources based on evidence.

The STAR exercise helped profile the risks in Guinea while the VRAM planning workshop helped to develop a tool for data collection for risk assessment.

The VRAM exercise contains four phases: the preparation phase; the planning phase; data collection and analysis; and the validation, dissemination and use of results phase (post-analysis phase). Data collection and analysis is planned for first quarter of 2018.

The main objective of the workshop was to help Guinea in the development of a tool to be used in data collection to characterize selected hazards at operational level.

- **Delays or Deviations** – *(Please indicate, if applicable, any reason that may have contributed to any delays or deviation, and describe the measures adopted to move forward to achieve the expected results)*

For some RUNOs, the funds' transfer took some time to arrive in their accounts. On the other end, the



UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT

Year: 2017

implementation of the project was slightly delayed due to overlapping priorities in the last quarter of the year. For instance, UNICEF was conducting a series of reviews of the 2013-2017 program cycle while transitioning towards the new Country Program Development (CPD) 2018-2022. This delayed the launch of the activities. This is the same reason why WFP preferred not to plan any activity during that period and UNFPA to postpone its activities in January 2018. Another delay was observed by UNDP in the recruitment process of the Senior Programme Manager of a medical/public health background as requested by MPTF. The process took about three months to complete.

With regard to deviations, the geographical area to be covered has changed after consultations with MATD (the governmental implementing entity), has changed to thirteen communes of convergence instead of nine health districts of Kankan and Faranah as initially planned in the proposal. The advantage is that combined efforts with other funding sources can maximize results with significant impact. For the question of the Technical Assistants (TA), in the same logic to intervene at the commune level, and in concertation with the MATD, it was proposed to post a TA in each of the 13 communes of convergence in Kankan and Faranah regions for a better ownership of communities instead of the 3 initially planned in the proposal for the region of Kankan, Faranah and Conakry. The MATD is going to be the main technical manager of the project implementation, in coordination with the Ministries of Health.

- **Best Practice and Summary Evaluation** – *(Please indicate what are the best practice guidelines adopted and the impact on the implementation process)*
- ✓ **Involving a variety of stakeholders in the project formulation and implementation of activities.**
As per MPTF recommendation, a series of consultations were conducted to identify together all gaps during Ebola response phase to be considered in this new project. National humanitarian stakeholders including ministerial entities and key civil society organizations as well as community leaders took part in the process. Their involvement in the project formulation process and all the way throughout all phases of the implementation opened doors to a quick access to their cooperation on key activities which is essential towards the ownership in the end.
UNICEF which is in charge of the fourth priority of the project related to the strengthening of the community engagement closely partnered with the Ministry of Administration and Decentralization by involving 13 communes of convergence. It was proposed to post a technical assistance in each of the 13 communes of convergence in Kankan and Faranah regions for a better ownership by communities instead of the 3 initially planned in the proposal for the region of Kankan, Faranah and Conakry.
- ✓ **Building on existing structures and developing their capabilities at local level.**
The fact that all UN agencies, national and local governments, and civil society all had existing structures many of which were previously engaged in the Ebola response have locally based structures facilitated the implementation of this project at the local level. For instance, UNFPA works closely with the Ministry of Health at local level to equip local health centers in the Region of Nzerekore and also provide training to locally-based health workers at regional and prefectural levels.
- ✓ **Promoting the inter-agency cooperation through this joint project.** That develops and consolidates



UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT

Year: 2017

the "delivering as one" approach as bring more synergy in the humanitarian action by the UNCT.

- **Lessons learned** – *(Please, share a couple of lessons learned that can be beneficial for future projects)*

✓ **MoU between subcontracting institutions**

In short-term projects, outsourcing is one of the factors slowing down the completion of the project with regard to the duration of the signing of agreements between subcontracting institutions. For instance, the MoU between IOM and WHO took more than five months to be concluded. That delayed the start of some activities although it is hoped that there will not be any negative impact on the timing of the execution of the planned activities.

✓ **Hold follow-up meetings**

Project focal points hold regular meetings at least on a monthly basis or as needed to exchange on the project progress. It's a good opportunity to raise questions about the evolution of certain activities and especially the coherence of the project. This gives also a chance to all agencies to discuss the bottlenecks and find together solutions to any challenge they may face.

- **Story from the Field** – *(Please, provide one story from the field that has contributed to the success of this project)*

One of the main strategy of the project, is to make communities aware of the health risks and other disasters according to the frequency of occurrence in their area. This strategy aims to increase their community's ability to respond and/or adapt to those risks. Therefore, the story below is from a participant at one of the participants at a community health risk mapping exercise in the Nzerekore region.

"I am Jim from Sengbedou sub-prefecture, it is true that we often have cholera disease due to recurring floods in the sub-prefecture, but we always thought that this was our destiny nothing could be done to avoid it. During this training, we became aware of these risks of flooding in our locality, and we all now know how to prevent and minimize the negative impact and consequences of these floods. We cannot thank enough UNDP for this community health risk mapping activity".