



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME NARRATIVE REPORT
DATE: 03-05-2017**

Project Number and Title: # 55 – Title: Improving access to Emergency Maternal and Neonatal Health Services in the context of Ebola Virus Disease and recovery in Republic of Guinea	PROJECT START DATE¹: 13-04-2016	AMOUNT ALLOCATED by MPTF (999,998\$).	RECIPIENT ORGANIZATION UNFPA IMPLEMENTING PARTNER(S): -Ministry of Health - International Plan Guinea
Project ID: 00100017 (Gateway ID)			
Project Focal Point: Name: Dr CISSE Aboubakar E-mail: acisse@unfpa.org	EXTENSION DATE: N/A	FINANCIAL COMMITMENTS	
Strategic Objective (STEPP) SO# - Recovery Strategic Objectives RSO3 Basic Service & Infrastr	PROJECTED END DATE: 30 June 2017	EXPENDITURES as of [30-06-2017] 948,000 \$...	
Mission Critical Action MCA# - Description			
Location: Guinea country		Sub-National Coverage Areas: District: Kindia, Dubreka, Forecariah, Coyah and Telemele	
Report Submitted by:		Report Cleared by:	
<ul style="list-style-type: none"> o Name: Florienne Candali o Title: Logistic Specialist o Date of Submission: 03-05-2017 o Participating Organization (Lead): UNFPA o Email address: candali@unfpa.org 		<ul style="list-style-type: none"> o Name: (Head of Agency): Mr Cheikh FALL o Date of Submission: 03-05-2017 o Participating Organization (Lead): UNFPA o Email address: cfall@unfpa.org 	

¹ The date project funds were first transferred.



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME NARRATIVE REPORT
DATE: 03-05-2017**

OUTPUT INDICATORS					
Indicator	Geographic Area	Projecte d Target (as per results matrix)	Quantitat ive results for the reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
Output 1: 30 Health Facilities are reinforced for providing standardized quality Emergency Reproductive Health services					
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
1.1: Number of Health Facilities reinforced	District: Kindia, Dubreka, Forecariah, Coyah and Telemele	30	30	30	100%
1.2: Number of community health workers involved in the project	District: Kindia, Dubreka, Forecariah, Coyah and Telemele	100	150	150	150%
1.3: Number of national staff trained and deployed at health facility level (Midwives)	District: Kindia, Dubreka, Forecariah, Coyah and Telemele	40	60	60	150%
1.4: Number of management staff involved in the project	District: Kindia, Dubreka, Forecariah, Coyah and Telemele	2	2	2	100%
Output 2: 30 health facilities are equipped at the standard level for quality emergency reproductive health services					
2.1: Number of health facilities equipped	District: Kindia, Dubreka, Forecariah, Coyah and Telemele	30	30	30	100%



UN EBOLA RESPONSE MPTF
FINAL PROGRAMME NARRATIVE REPORT
DATE: 03-05-2017

Output 3: Reproductive Health commodities are available for 24 588 antenatal care, 17 190 safe deliveries, 10 458 STIs and 150 rape treatments					
3.1: Number of antenatal care performed (four visits) include one at the 9 th month	District: Kindia, Dubreka, Forecariah, Coyah and Telemele	24588	28139	28139	114%
3.2: Safe deliveries	District: Kindia, Dubreka, Forecariah, Coyah and Telemele	17190	22365	22365	130%
3.3: Rape treatments	District: Kindia, Dubreka, Forecariah, Coyah and Telemele	150	72	72	48%
Output 4: Strengthen 5 health districts for a strong emergency reference systems and routine health information.					
4.1: Number of health facilities receiving smartphones for routine health information (track SR)	Districts: Kindia, Dubreka, Forecariah, Coyah and Telemele	5	5	5	100%



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME NARRATIVE REPORT
DATE: 03-05-2017**

EXECUTIVE SUMMARY/Current Situation and Trend

The overall access to health services in Guinea is estimated at 40.8 percent, maternal mortality rate is 724 per 100,000 live births while the skilled birth attendance rate is 45 per cent. The contraceptive prevalence rate is 6 percent and the unmet needs are estimated at 45 percent among unmarried women, the fertility rate is about 5.1 children per woman (DHS 2012).

In terms of human resources, the country experiences insufficiency of skilled health workers, especially midwives with a ratio of one midwife per 19600 inhabitants; which is under the WHO's standards of 1/5000 inhabitants.

The main factors that contributes to this situation are related to socio-cultural resistance to modern family planning methods, inadequate service delivery with a limited neo and postnatal care, limited access to quality obstetric care, C-section and the lack of skilled birth attendance. Neonatal death is mainly caused by severe infections (31%), respiratory distress (23%) and prematurity (20%). In addition to this worrying maternal and neonatal health situation, there is a weakness of the national health information system that makes difficult the availability and use of data to monitor and report on the health sector programs.

The health system already weak before the Ebola Virus Disease (EVD) outbreak has particularly been affected by this epidemic, which has affected 26 out of 33 prefectures and entailed the reorientation of almost all health related funds and efforts to the Ebola response. There was an important decrease between 2013 and 2014 in the utilization of health services. This resulted to 35% increase of maternal deaths associated with a decrease of 13% in ANC4, 12% decrease of deliveries in health facilities, and 13% decrease of skilled births attendance. In line with the above situation, it was also noted an important disruption of the national logistics management information system (LMIS) and the Reproductive Health Commodity Security (RHCS).

In order to address the situation, UNFPA in collaboration with the Ministry of Health and other partners with support from MPTF have worked to improve the health system with the aim to ensure a continued access to quality reproductive health services, including RH commodities, materials and equipment. The MPTF funds have contributed to strengthen the health system through a reinforced capacity of the most affected communities and the provision of adequate health care services to pregnant women and newborns. More specifically, this fund contributed to improve the access to Reproductive Health services through the provision of Reproductive Health commodities, material and equipment, the recruitment and deployment of skilled midwives and the setting-up of track-SR mobile data collection to strengthen health information management system.



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME NARRATIVE REPORT
DATE: 03-05-2017**

This project was implemented in the region of India (Kindia, Forécariah, Dubreka, Telimele and Coyah), which is one of the most affected and where the epidemic persisted.

Key Achievements:

In the order to strengthen the post-Ebola health system, UNFPA has mobilized funds from MPTF. These funds were used to improve reproductive health indicators in 30 health facilities in the region of Kindia.

- 60 national midwives were recruited and deployed in the 30 health facilities to provide reproductive health services in the above mentioned health facilities. Two midwives per health facility.
- 1 international UNV senior midwife was recruited to ensure field supervision and continuous coaching of national midwives.
- 1 international UNV medical logistics was deployed to support the reproductive health commodities supply chain for the project.
- 30 health facilities were provided with adequate equipment and other reproductive health kits for Reproductive Health service delivery.
- 150 villages have benefited from community-based activities in order to raise awareness, identify and refer women to health facilities.
- A mobile phone application system (Track-SR) was developed to strengthen health information management system for timely data collection and information sharing.

Delays or Deviations – (There is no delay nor deviations to report at this present time)

- 1- In ProDoc submitted, the target was “1” for the indicator “Number of health facilities receiving smartphones for routine health information (track SR). This was an error because the number “1” was about number of “region” ; and since the project was for “1” region that is Kindia So correction is made in the report by replacing “1” by “5” as the target because the target is the “5” districts of the region of Kindia
- 2- The target for indicator “Rape treatments” that was 150 is partially met (72) . The main reason is that many rape survivors don’t want to go to the treatment center for many reason (family pressure to avoid judiciary problems to the author; avoid exposure to stigma; lack of information regarding the existence of treatment services and/or procedures for access

Best Practice and Summary Evaluation –

The project has allowed a close interaction between UNFPA, the Ministry of Health and benefiting health facilities. That collaboration led to a smooth implementation and monitoring of activities through the involvement of the Ministry of Health in the recruitment and deployment of the midwives as well as the provision of the reproductive health kits. That process led to a capacity building and resilience for benefiting communities affected by Ebola virus disease.



UN EBOLA RESPONSE MPTF
FINAL PROGRAMME NARRATIVE REPORT
DATE: 03-05-2017

Lessons learned – The involvement of the Government in the implementation of the project was useful for the post-project sustainability purpose. The Government agreed to take over the management of the deployed midwives in the future.

Story from the Field –

Testimony of a 28-year-old woman who came for the post-natal consultations at the Farmoriah Health Center, Forecariah District which is among the health centers supported by the funds.

“I knew this center before it was renovated and equipped. I use to come here during my previous pregnancies. For my first birth, when I came here nobody had taken care of me the way they do today. In the past, when I went to the staff who were present, they could hardly answer me. In addition, they use to ask to pay too much for the services and even when I came to give birth, I still remember there was not enough staff to look after me. I gave birth almost alone on the floor because it was nearly at the end that the health technician came to assist me. When I got pregnant for my second child, I only came here once. I gave birth at home with my mother-in-law but I suffered a lot. When I got pregnant for the third time, I did not want to come here again until a colleague of mine who had just given birth at this health facility and who knew my bad experience before told me that now things have changed.

She forced me to come. And when I came, I was impressed by the quality of the hospitality I received, the midwives deployed by UNFPA in collaboration with the government took care of me so much. Availability of medicines, cleanliness, free services and above of that I repeat the quality of the warm welcome we received has made me to come even before my appointments. You find comfort whether in the delivery room with beds or in the hospitalization room. Anyway, things have really changed”