UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT - *VERSION 1*
Period (Quarter-Year):   Q4 - 2017_

Project Number and Title: #65- Enhancing the post-Ebola national preparedness capacity to efficiently respond to future health outbreaks **Project ID:** 00106881 (Gateway ID)	**PROJECT START DATE**[1]**:** 30-08-2017	**AMOUNT ALLOCATED by MPTF** *(please indicate different tranches if applicable)* $2,500,000 UNICEF: $446,033 UNDP: $795,031 UNFPA: $446,757 WFP: $188,146 WHO: $624,033	**RECIPIENT ORGANIZATION** UNDP, UNFPA, UNICEF, WHO, WFP
Project Focal Point: Name: Theoneste Ganza Crisis Recovery/Humanitarian Coordination Specialist, RCO Tel. +224 624 76 41 74 E-mail: Theoneste.ganza@one.un.org	**EXTENSION DATE:** N/A	**FINANCIAL COMMITMENTS** UNICEF: 125,500 US$ UNDP: 0 US$ UNFPA: 208,724 US$ WFP: 0 US$ WHO: 0 US$	
Strategic Objective (STEPP) SO5 – Prevent Outbreaks **Mission Critical Action** MCA 13- Multi-faceted preparedness	**PROJECTED END DATE:** 31-08-2018	**EXPENDITURES as of 01-01-2018]** UNICEF: 134,285 US$ UNDP: 175,857 US$ UNFPA: 0 US$ WFP: 0 US$ WHO: 60,000 US$	**IMPLEMENTING PARTNER(S):** - Ministry of Health and Public Sanitation - Ministry of Local Administration and Decentralization (MATD) - National Public Health Security Agency (ANSS) - International Organization for

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[1] The date project funds were first transferred.

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				Migrations (IOM)
				- Central Pharmacy of Guinea (PCG)
				- Ministry of Internal Security/Department of Civil Protection
				- Ministry of Environment/National Center for Environmental Risk Management

Location: Guinea nationwide	**Sub-National Coverage Areas:** Regions of Conakry, Nzerekore, Faranah and Kankan including 38 health districts

QUARTERLY PROGRESS REPORT RESULTS MATRIX

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
Description of the quantifiable indicator as set out in the approved project proposal					
Priority 1: Strengthen the community-based surveillance system and early warning mechanisms					
Output 1.1.: Increased capacity of Community health volunteers (CHVs) and community leaders (CLs) on event based surveillance					
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	Gaoual, Koundara, Fria.	764	0	0	0 (0%)

necessary materials to perform their duty					
Output 1.2. CEBS data management strengthened in targeted areas					
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	0%
Output 2.1. Private health facilities integrated into the surveillance and early warning system and their surveillance capacity strengthened					
Indicator 2.1.1: Number of Private health facilities identified to be integrated in the system.	Forécariah, Coyah, Guéckédou, Macenta, N'zérékoré, Télimélé, Gaoual, Koundara, Fria and Conakry. 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.	250	35	35	14%
Indicator 2.1.2: 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%
Indicator 2.1.3: Number of private health facilities reporting on weekly epidemiological data	Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria	250	0	0	0%
Output 3.1.: Public health and disease spread risks mapping are conducted in target areas					

Indicator	Location				
Indicator 3.1.1: Number of prefectures mapped	38 health districts	38	38	38	100%
Indicator 3.1.2.: Proportion of priority sites assessed (#assessed/ #identified during participatory mapping)	Forecariah, Gueckedou, Macenta, Boke, Siguiri and Koundara	50%	0%	0%	0%
Output 4.1.: Cross-border protocols for public health information sharing are implemented					
Indicator 4.1.1: Number of protocols and MoU developed for public health information sharing and cross border collaboration	Gaoual, Koundara, Kankan, and Faranah (The selection crieteria are based on the fact that these health districts have border to another country in the West-African sub-region. Other border health districts already have protocols in place.	4	0	0	0%
Indicator 4.1.2: Number of workshops conducted	Gaoual, Koundara, Kankan and Faranah	4	0	0	0%
Indicator 4.1.3.: number of cross-border meetings organized	Gaoual, Koundara, Kankan and Faranah	4	0	0	0%
Output 4.2.: Increased capacity of health and non-health officials in border areas on cross-border public health event response					
Indicator 4.2.1: # of SoPs developed	Boke, Gaoual, Koundara, Siguiri 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 %
Indicator 4.2.2.: # of health and non-	Boke, Gaoual, Koundara, Siguiri, Kankan, Madiana,	304	0	0%	0%

<u>health officials trained</u>	Mamou and Faranah				
Output 5.1.: Reinforced health security at borders with neighboring countries					
Indicator 5.1.1.: # of SOPs revised after assessments at PoE	Boke, Gaoual, Koundara, Siguiri, Kankan, Madiana, Mamou and Faranah	4	0	0	0%
Indicator 5.1.2.: # of assessments and restitution meetings conducted at PoE	Boke, Gaoual, Koundara, Siguiri, 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					
Output 1.1.: Conducting a study on the utilization of public healthcare services					
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%
Output 1.2.: Renovation, equipment and support of health posts, health centers and hospitals least attended					
Indicator 1.2.1.: Number of health facilities renovated and equipped	Forecariah, Nzerekore, Gueckedou and Macenta	4	0	0	0%
Output 2.1.: Purchase of laboratory equipment and consumable for ELISA (Measles)					
Indicator 2.1.1. Number of equipment and consumable	Nzerekore, Kindia, Gueckedou and Macenta	7	0	0	0%

purchased					
Output 2.2.: Training of staff on the use of ELISA (Measles)					
Indicator 2.2.1.: Number of staff trained	Nzerekore, Kindia, Kankan, Faranah, Labe, Mamou, Boke	14	0	0	0%
Output 3.2.: Purchase and equipment of epidemic diseases treatment centers (EDTC) in kits for the management of epidemic prone diseases					
Indicator 3.2.1.: Number of kits purchased	Forecariah, Nzerekore, Gueckedou and Macenta	4	0	0	0%
Indicator 3.2.2: Number of kits distributed	Forecariah, Nzerekore, Gueckedou and Macenta	4	0	0	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					
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					
Indicator 1.1. 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%
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					
Indicator 2.1.	Sous-prefectures of Nzerekore, Macenta and Lola districts	40	0	0	0%

Number of local communities prepared and equipped with MISP for the provision of safe deliveries and other related services					

Output 3..: Quarterly field monitoring and coordination meetings are conducted to ensure quality implementation of the project activities

Indicator 3.1. Number of technical staff supporting the project implementation	Nzerekore, Macenta and Lola	1	0	0	0%
Indicator 3.2. Number of technical supervision sessions conducted	Nzerekore, Macenta and Lola	9	0	0	0%

Priority 4: Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Faranah

Output 1. Community engagement enhanced to improve routine immunization and increasing health service utilization

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.:	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiri,	80	0	0	0%

Number of youths/women groups strengthened in social mobilization through community dialogue for better health service utilization	Dabola, Dinguiraye, Faranah and Kissidougou				
Indicator 1.3.: Number of community platforms supported quarterly to increase the community involvement in the decision-making, need assessment and interactions with technical and financial partners	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	100	0	0	0%
Output 2.: Community-based reporting, monitoring, and response systems strengthened though real-time routine reporting					
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, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	1,130	0	0	0%
Output 3.: Local governance and accountability systems improved					
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, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	70	0	3	0%
Output 4.: Routine vaccination services is strengthened by providing technical assistance at both national and regional level					

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

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

Indicator 1.1.1.: Number of prefectural emergency operations centers benefiting from mobile storage units handed to prefectural centers health facilities (tents) to facilitate the simulation exercises and later response	4 EOCs of Kindia, Forecariah, Gueckedou and Macenta	4	0	0	0%
Indicator 1.1.2.: 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%
Indicator 1.1.3.: 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

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					
Indicator 1.1.1 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%
Indicator 1.1.2. Number and nature of IT and office supply support provided to national health security/humanitarian agencies to trigger effective response at local level	Conakry and prefectures of Forecariah, Kindia, Gueckedou and Macenta.	4 national departments members of the IASC/CoPIA to benefit from the assistance (SENAH, DGPC, Weather Service and Center for Disaster Management	4 kits consisting of a desktop computer, 1 multifunction printer, a power stabilizer, office supply including cartridge ink, 12 month internet connection were remitted to the national humanitarian agencies	4	100%
Indicator 1.1.3. Number of meetings, conference and coordination events convened by CoPIA to address response strategies to national	Conakry	1 per month starting in October 2017	3	3	100%

health related matters					
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					
Indicator 1.2.1. Number of joint stress and simulation exercises conducted	Conakry, Forecariah, Kindia, Gueckedou and Macenta	4 exercises in the prefectures of Forecariah, Kindia, Gueckedou and Macenta 1 joint stress simulation in Conakry	0	0	0%
Indicator 1.2.2.: Number of stakeholders participating in the simulation exercises and joint stress test	Forecariah (cross-border with Sierra Leone) 1 joint stress simulation in Conakry	At least 12 key governmental authorities and humanitarian actors involved in emergency response	0	0	0%
Indicator 1.2.3.: 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%
Indicator 1.2.4.: 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%

Indicator 1.2.5.: Local emergency Operations Centers'operational capacity is reinforced through training activities and logistic support	Prefectures of Forecariah, Gueckedou, Kindia and Macenta	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					
Outcome 1: Increased capacity of communities in detecting, reporting and responding to Epidemic prone diseases and public health events					
Indicator 1.1.: 0% of EPDs and Health events reported by CHVs out of the total of reported cases	Gaoual, Koundara, Fria	50	0%	0%	0%
Outcome 2: Private structures involved in the implementation of the national Surveillance and Response Plan					
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%
Outcome 3: Improved understanding of areas with increased risk of spread of epidemic prone diseases and other health threats					
Indicator 3.1.: Proportion of health districts having benefited with risk assessment	Forecariah, Gueckedou, Macenta, Boke, Siguiri and Koundara	100%	0	0	0%
Outcome 4: Strengthened public health information sharing and capacities to respond to public health emergencies across					

borders

Indicator 4.1.: Number of joint investigations based on information shared	Boke, Gaoual, Koundara, Siguiri, 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

Outcome 1: Utilization of public healthcare services is improved in the prefectures that were most affected by the epidemic of Ebola

Indicator 1.1: Utilization rate of public health services	Forecariah, N'zérékoré, Guéckedou et Macenta.	75%	To be collected in the future	To be collected in the future	0%

Outcome 2: The capacities of regional hospitals are strengthened in the diagnosis of diseases with epidemic potential

Indicator 2.1: 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
Indicator 2.2. % 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%

Outcome 3: Epidemic prone disease management capacities are strengthened in the Epidemic Disease Treatment Center (EDTC)

Indicator 3.1. Case Fatality Rate of epidemic-prone diseases in the Epidemic Disease	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%

Treatment Center (EDTC)					
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					
Outcome 1: Reinforced community engagement to improving routine immunization and increased service utilization through community platform, youth and women groups					
Indicator 1.1. % of Districts or equivalent administrative units with at least 80% coverage of DTP-containing vaccine for children < year	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%
Indicator 1.2: 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%
Indicator 1.3. 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%
Outcome 2: Strengthened community-based and response systems, especially real-time routine reporting and monitoring mechanisms to trigger timely actions					
Indicator 2.1: Number of	Districts of Kankan, Madiana, Kerouassa, Siguiri, Dabola, Dinguiraye, Faranah and	1,130	Identification of 1065 CHWs	The training of CHWs on reporting	100%

CHW/youth trained on the use of community based register and reporting community events	Kissidougou		already working in community based intervention and 160 youth already trained in U-reporting	continues and be effective by the end of January 2018	

Outcome 3: Decentralized governance and accountability systems facilitate service delivery and district, health facility and community levels

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, 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%

Outcome 4: Routine vaccination services is strengthened by providing technical assistance at both national and district level

Indicator 4.1: 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

Outcome 1: The local capacity to integrate logistics aspects in health emergency response is reinforced

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

Outcome 1: The national health emergency preparedness and coordination capacity is enhanced

Indicator 1.1. Number of national stakeholders trained on emergency preparedness and	Nationwide and at local level in the prefectures of Forecariah, Gueckedou, Macenta and Kindia	20	200	43	21.5%

response coordination aspects at the local level					
Indicator 1.2. 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%
Indicator 1.3. Number of national institutions benefiting from the IT support and logistic supply to facilitate follow of information and coordination capacity of key emergency response functions	Conakry	0	4	4 (SENAH, DGPC, Meteo, CNGCUE)	100%
Outcome 2: The national multi-risk contingency plan and other emergency response mechanism are successfully tested and fully resourced					
Indicator 2.1. 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%
Indicator 2.2. 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%
Indicator 2.3.		0		1	100%

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		1		
Indicator 2.4. Number of DRR support projects implemented as a part of its operationalization and domestication	Nationwide	1	4	1	25%
Indicator 2.5. 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%
Outcome 3: The local operational capacity of response to epidemics is strengthened trough post-simulation activity support					
Indicator 3.1. 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
Indicator 3.2. Number of locally-based public health agency staff and other health structures benefiting from the capacity	Nationwide/ Cross-border	0	40 40	43	107.5%

building support					
Indicator 3.3. Number of SOPs for EDTC produced and distributed	Nationwide	0	0	0	0%

NARRATIVE

Situation Update (*please describe critical changes, if any, in the situation that affect 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.

- 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 (*please use this section to highlight your key achievements for the month, using bullet points if preferred*)

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 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 Guinee 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.

The specific objectives included:

Identification of the hazards that Guinea is most susceptible to:

- Identify and characterize the factors of vulnerability and capacity in lights of selected hazards

- Identify indicators to quantitatively measure vulnerability and capacity

- Develop the data collection tool.

WHO also supported the identification of 35 private health structures to be integrated into surveillance in the health districts of Forecariah, Coyah, Guéckedou, Macenta, N'zérékoré, Télimélé, Gaoual, Koundara and Fria. (Tab1).

The following hazards and risks of national level health emergencies were identified and classified as

Very High

- Socio-political conflicts

- Flood

High

- Epidemic potential diseases: Yellow Fever, Cholera, Ebola, Measles

Moderate

- Public road accident, Landslide, Lassa Fever

Low

- Food and water contamination

- Bushfire

- Domestic fire

- Fever of the rift valley

- Rabies

- Dengue

- Marburg fever

- Meningitis

Very Low

- Deforestation

- Drought

- Pulmonary plague

- Human transmission of avian influenza

- Human charcoal

- Polio

The VRAM workshop allow the development of a data collection tool and the dissemination of results after the data collection and analysis through a validation workshop, policy briefs, meetings and health promotion activities in the community.

Delays or Deviations (*if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs)*)

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

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

No. of Beneficiaries (Direct only)								**Environmental Markers**
	WHO	UNICEF	UNDP	UNFPA	WFP	TOTAL		N/A for this project
Women	7	N/A	27	N/A	N/A	34		*e.g. Medical and Bio Hazar Waste*
Girls			32			32		*e.g. Chemical Pollution*
Men	31		61			94		
Boys			34			34		
Total	**38**	**N/A**	**154**	**N/A**	**N/A**	**154**		

Additional Information (*Optional*) **SEE NEXT THREE PAGES**

Annex 1. Risk Evaluation for Guinea, by WHO

UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT - *VERSION 1*
Period (Quarter-Year):   Q4 - 2017_

Evaluation des Risques Guinée

31-10-17

#	Dangers	Conséquences sanitaires	Echelle	Exposition	Fréquence	Probabilité Saisonalité J F M A M J J A S O N D	Probabilité	sévérité	Vulnérabilité	Capacité à faire face	Impact	Niveau de risques
1	Inondation	Traumatisme, maladies diarrhéiques, maladies vectorielles, maladies vectorielles, Maladies hydrique, Debordement des cours d'eau entrainant la destructure des champs de cultures des villages riverins consequence direct la famine, la malnutrition, et la pauvreté extreme, perte en vie humaine, noyade, Noyades, dangers environnementaux, blessures,	Conakry(, Kankan, Labé, N'zerekoré, Faranah, Mamou et Kindia	Plus de 500 personnes ou plus de 100 menages	Perennial		Presque certain	Elevée	Forte	Faible	Grave	Très élevé
2	Eboulement, Glissement de terrain	Traumatisme, Deces, Atteinte à la personne ou aux personnes présente au moment de l'événement, invalidité, dégâts matériels importants, sans abris	Kankan(Siguiri,Mandiana, Kerouané), Faranah(Dinguiraye), Conakry (Ratoma), Kindia(Kindia, Coyah), N'zerekore(Beyla), Boke(Boffa)	Plus de 500 meneges	Rare		Peu Probable	Modérée	Forte	Faible	Grave	Modéré
3	Incendie domestique	Atteinte à la personne ou aux personnes présente au moment de l'événement, Paralysie des activités generatrice de revenues, traumatismes, mortalité élevée, brulure.	National	Plus de 100 menages	Frequent		Peu Probable	Très faible	Forte	Faible	Modéré	Faible
4	Conflits sociaux-politique	les blessures voir la perte en vie humaine, la perte des animaux et des produits agricoles la baisse de la procution agricole et animale, le mouvement massif des éléveurs en quête du paturage, Blessures, traumatisme, Jeunes adolescents présents dans les manifestations publiques	National	Rasemblement de plus 500 personnes	Perennial		Presque certain	Modérée	Forte	Faible	Grave	Très élevé
5	Feu de brousse	La mort de diverses espèces animales vivant dans les forêts, La brûlure du sol le rendant stérile après quelques années, Les érosions par manque d'arbre pour protéger le sol et éviter ces érosions, Les éboulements provoquant l'ensablement des rizières, Le tarissement des sources d'eau, Les bouleversements dans le changement climatique, La pollution de l'air, destruction de la flore et la faune, mais aussi des cultures, la secheseresse, la famine, la malnutrition, le tarissement des cours d'eau. danger environnementaux, brulure physique, Famine	national	Plus de 100 menages	Recurrent		Probable	Faible	faible	Elevée	Mineur	Faible
6	Secheresse	La santé des enfants et des personnes âgées devient très fragile, denrées alimentaires rares et chères, ressources en eau peu abondantes, sols érodés et bétail affaibli, conflits juridiques et sociaux , Dimunition des poissons vivant dans l'eau et animaux qui s'abreuvent aux points d'eau, arbres plus secs et déshydratés ce qui peut causer leur mort, l'alimentation et l'évacuation des eaux ménagères ne se font pas correctement, Diminution du niveau des rivières, des fleuves et des nappes d'eau, incendies souvent nombreux.	Boke, Kankan, Labé, Faranah		Rare		très peu probable	Très faible	très faible	Très élevée	Négligeable	Très faible
7	Deforestation	Perte de la biodiversité (animaux et vegetaux) L'agravation des maladies, l'agravation des catastrophes naturelles, la dimunition de la ressource en eau, le changement climatique, destruction de la flore et la faune, mais aussi des cultures. Conséquences tardives: la secheseresse, la famine, la malnutrition, le tarissement des cours d'eau.	National				très peu probable	Très faible	très faible	Très élevée	Négligeable	Très faible
8	Accident de la voie publique	Faible taux d'utilisation des structures sanitaire/une faible couverture vaccinale/ morbi-mortalité élevée pour faute d'innaccebilitéaux services, taux d'accidents élevé, installation des coupeurs de route, non commercialisation des produits locaux. Conséquences tardives: famine, pauvreté, taux de morbidité et de mortalité élevé, instabilité sociale, Mortalité, invalidité, dégâts matériels importants	National	Plus de 20 personnes touchés	Perennial		Très probable	Faible	faible	Partielle	Mineur	Modéré
9	Contamination d'eaux et aliments	Polution de la nature par la production des sachets plastique, l'envahissement des caniveaux-debordement des eaux de ruissellement et formation des napes d'eau (facteurs des maladies diarrhéique et paludisme); mort d'animaux domestiques et la diminution de la nappe phréatique.	Conakry, Kindia, Labé, Kankan	Plus de 50 a 100 personnes	Perennial		Peu Probable	Faible	faible	Elevée	Mineur	Faible
10	MPE	Rougeole	National	Plus de 5 sous-préfecture avec possible repercution regionale et nationale	Perennial		Presque certain	Elevée	Forte	Elevée	Modéré	Elevé
11	MPE	Fievre Lassa	Faranah, Kankan, Kindia, N'zerekoré, Mamou	1 cas confirmé	Random		Peu Probable	Très élevée	Très forte	Partielle	Grave	Modéré
12	MPE	Meningite	Labé, Kankan, Boké, N'zérekoré, Faranah, Kindia	10 cas présumés pour 100 000 hats par semaine	Frequent		Peu Probable	Elevée	Forte	Elevée	Modéré	Faible
13	MPE	Ebola	National	1 cas confirmé			Probable	Très élevée	Très forte	Elevée	Grave	Elevé
14	MPE	Cholera	Conakry, Kindia, Boké, Mamou, Faranah, N'zérékoré	1 cas confirmé	Recurrent		Très probable	Très élevée	Très forte	Elevée	Grave	Elevé
15	MPE	Fievre jaune	Labé, Mamou, Boké, Kankan, Faranah, Kindia	1 cas confirmé	Perennial		Très probable	Elevée	partielle	Elevée	Modéré	Elevé
16	MPE	Poliomyelite	Kankan, Faranah, N'zérékoré	1 cas confirmé	Rare		très peu probable	Modérée	très faible	Très élevée	Mineur	Très faible
17	MPE	Fievre Marburg	National	1 cas confirmé	Random		très peu probable	Très élevée	Très forte	Elevée	Grave	Faible
18	MPE	Dengue	Kankan, N'zerekoré	1 cas confirmé	Random		Peu Probable	Faible	partielle	Elevée	Mineur	Faible
19	Zoonoses	Charbon humain	Labé, Mamou, Boké, Kankan, N'zerekoré	1 cas confirmé	Recurrent		très peu probable	Elevée	Forte	Elevée	Modéré	Très faible
20	Zoonoses	Rage	National	1 cas confirmé	Perennial		très peu probable	Très élevée	Très forte	Très faible	Critique	Faible
21	Zoonoses	Transmission humain de grippe aviaire	National	1 cas confirmé	Random		très peu probable	Modérée	partielle	Faible	Modéré	Très faible
22	Maladies remergentes	Peste pulmonaire	National	1 cas confirmé	Random		très peu probable	Elevée	faible	Partielle	Modéré	Très faible
23	MPE	Fievre de la valée de rift	Labé, Mamou, N'zérékoré, Boké, Kankan, Faranah	1 cas confirmé	Random		très peu probable	Très élevée	partielle	Partielle	Grave	Faible

Additional Information

It has been recommended to continue this assessment with the same multi-sectoral and integrated approach as for risk analysis. The health sector will receive from other sectors important information on the evolution of societal, natural and climatic hazards, while it will be able to provide important information on the epidemic risks which will allow for a joint and reinforced preparation and response of key sectors in the management of health and other emergencies.

A permanent risk analysis should be ongoing through continued surveillance, with a yearly systematic review of risks or following any health emergency.

As a way forward to the VRAM, it was agreed that:

- With support from WHO VRAM experts, the VRAM Core Team will meet to refine the data collection tool/questionnaire and the data manager will transform it into an electronic version using Kobo Toolbox to enable easy electronic data collection

- Data collection and analysis would be conducted by the country either at the end of 2017 and early 2018 with support of WHO VRAM Experts

- A validation workshop will be conducted after VRAM data collection and analysis to disseminate the results to stakeholders.

Table 1 : List of Health structures identified to be integrated into the surveillance system in the districts targeted by the project

Prefecture	Sub-prefecture	Health structure
COYAH	COYAH CENTRE	CLINIQUE MAZ
COYAH	COYAH CENTRE	CLINIQUE FLEMING
COYAH	MANEAH	CLINIQUE ADOUNA
COYAH	COYAH CENTRE	CABINET MÉDICALE COMMUNAUTAIRE
COYAH	COYAH CENTRE	CLINIQUE LA CHARITE
COYAH	COYAH CENTRE	CABINET UNION FAIT LA FORCE
FORECARIAH	FORÉCARIAH CENTRE	CLINIQUE CHINOISE ADS
FORECARIAH	MAFERINYAH	CABINET MME DIALLO
FORECARIAH	FORÉCARIAH CENTRE	CABINET DR SOMAORO
FORECARIAH	FORÉCARIAH CENTRE	CABINET YOULA
FORECARIAH	FORÉCARIAH CENTRE	CABINET YANSANÉ
FORECARIAH	MAFERINYAH	CLINIQUE MARCEL
FORECARIAH	FORÉCARIAH CENTRE	CLINIQUE DINHO
TELIMÉLÉ	TELEMELE CENTRE	CLINIQUE CISSÉ
TELIMÉLÉ	TELEMELE CENTRE	CLINIQUE THIERNO
GUECKEDOU	GUÉCKÉDOU-CENTR	CLININIQUE DIARRA SANDIA
GUECKEDOU	GUÉCKÉDOU-CENTR	CLINIQUE AGBF

GUECKEDOU	GUÉCKÉDOU-CENTR	CLINIQUE N'KOBA BALLADOU
GUECKEDOU	GUÉCKÉDOU-CENTR	DISPENSAIRE CATHOLIQUE
MACENTA	MACENTA-CENTRE	CMPA
MACENTA	MACENTA-CENTRE	CLINIQUE ENEGO
MACENTA	MACENTA-CENTRE	CLINIQUE LONCENY
MACENTA	MACENTA-CENTRE	CLINIQUE DOUDOU
NZEREKORE	KOULÉ	CENTRE MEDICO-CHIRURGICAL KOULE
FRIA	FRIA-CENTRE	CABINET PRIVEE PASTORIA
FRIA	FRIA-CENTRE	CABINET PRIVEE FRIAKE
FRIA	FRIA-CENTRE	CABINET PRIVEE IDIATOU
FRIA	FRIA-CENTRE	CABINET PRIVEE ELHADJ BARRY
FRIA	FRIA-CENTRE	CABINET PRIVEE PATIENCE
FRIA	FRIA-CENTRE	CABINET PRIVEE HAFIA
FRIA	FRIA-CENTRE	CABINET PRIVEE CARREFOUR
KOUNDARA	KOUNDARA-CENTRE	CABINET DE SOINS ALPHA YAYA DIALLO
KOUNDARA	KOUNDARA-CENTRE	CASE DE SANTE CATHOLIC PAOUNKA
KOUNDARA	KOUNDARA-CENTRE	DISPENSAIRE CATHOLIC OUROUS
GAOUAL	KOUMBIA	CABINET PRIVE MISSIRA