



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME¹ NARRATIVE REPORT
DATE: 20 APRIL 2016**

<p align="center">Project Number(s) and Title(s)</p> <p>#30- Reinforcement of the Guinean Red Cross in the National Response against Ebola 00095447 (Gateway ID)</p>	<p align="center">Recipient Organization(s)</p> <p>RUNO(s): UNDP, WHO, Guinean Red Cross Project Focal Point: Name: Dr Kone Moussa E-mail: konem@who.int This is a joint project with UNDP. This report covers the WHO portion only</p>
<p align="center">Strategic Objective & Mission Critical Action(s)</p> <p>SO1 STOP MCA02 Safe and dignified Burials</p>	<p align="center">Implementing Partner(s)</p> <p>Guinean Red Cross</p>
<p>Location:</p> <p>Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Siguiri, Boke, Lola, N'zerekore, Macenta, Gueckedou and the 5 communes of Conakry</p>	<p>Sub-National Coverage Area:</p> <p>Boke, Kindia, Labe, Mamou, Faranah, Kankan, N'zerekore, Conakry</p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project proposal document: \$545,807 MPTF²:</p> <p>TOTAL: \$545,807</p>	<p align="center">Programme Duration</p> <p>Overall Duration) Project Start Date³ 27.05.2015 Originally Projected End Date⁴ 31.07.2015 Actual End date⁵ Expected Financial Closure date⁶:</p>
<p>Programme Assessment/Review/Mid-Term Eval.</p> <p>Evaluation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Evaluation Report - Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Date:</p>	<p align="center">Report Submitted By</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name: Dr. Georges Alfred KI-ZERBO <input type="checkbox"/> Title: WHO Representative <input type="checkbox"/> Date of Submission: 20 March 2017 <input type="checkbox"/> Participating Organization (Lead): WHO <input type="checkbox"/> Email address: kizerbog@who.int <p><i>Signature</i></p>

¹ Refers to programmes, joint programmes and projects.

² The amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#).

³ The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online [MPTF Office GATEWAY](#).

⁴ As per approval of the original project document by the Advisory Committee

⁵ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

⁶ Financial Closure requires the return of unspent funds and the submission of the [Certified Final Financial Statement and Report](#).

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Report Cleared By
<input type="checkbox"/> Name: (Head of Agency)
<input type="checkbox"/> Date of Submission
<input type="checkbox"/> Participating Organization (Lead):
<input type="checkbox"/> Email address
Signature:

PROJECT/PROPOSAL RESULT MATRIX

Project Proposal Title: Reinforcement of the Guinean Red Cross in the National Response against Ebola	
Strategic Objective to which the project contributed	
Effect Indicators	Geographical Area (where proposal directly operate) will
	Baseline ⁷ In the exact area of operation
	Target
	Final Achievement
	Means of verification
	Responsible Org.
Safe burials and incidents related with the promotion of safe burials and Ebola prevention activities are diminished by 100% by the end of the project period	<p>Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Siguiri, Kerouane, Lola, Nzerekore, Gueckedou, Macenta.</p> <p>50% of burials are not considered safe</p> <p>100%</p> <p>99% (3 out of 525 burial were unsafe)</p> <p>WHO Sitep</p> <p>WHO; UNDP and Guinea Red Cross</p>

⁷ If data are not available please explain how they will be collected.

Effect Indicators	Geographical Area (where the project directly operated)	Baseline ⁸ In the exact area of operation	Target	Final Achievement s	Means of verification	Responsible Organization(s)
Number of functional GRC offices on the field	Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Siguiri, Boke, Lola, N'zerekore, Macenta, Gueckedou and the 5 communes of Conakry	0	15	20	GRC reports	UNDP; Guinea Red Cross
Number of monthly reports sent to National GRC Headquarters per region per month	Same as above	0	15	2	GRC reports	UNDP; Guinea Red Cross
Number and quality of data basis analysis sent from functional GRC field teams per region per month	Same as above	0	15	20	GRC reports	UNDP; Guinea Red Cross
Number of training organized by WHO	Same as above	0	33	25	GRC reports	WHO; GRC
Number of adequate safe burials / body management events per GRC team per region per month	Same as above	0	33	31	GRC reports	WHO; GRC
Number of safe burials conducted per GRC teams per region and per month	Same as above	0	15	31	GRC reports	UNDP GRC
Number of meetings organized by the GRC team per region per month	Same as above	0	15	20	GRC reports	UNDP GRC
Number of community rejection events held in the project activities	Same as above	31	0	5	GRC reports	UNDP; WHO; Guinea Red Cross

⁸ If data is not available, please explain how it will be collected.

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

Traditional burials and religious ceremonies that involved contact physical contact between mourners and the deceased were one of the primary drivers of transmission of Ebola Virus Disease (EVD). Efforts to prevent transmission through contact with dead bodies was a major pillar of the response to the outbreak. In order to support Guinea's national capacity to implement Safe and Dignified Burials (SDBs), WHO through the MPTF funded the Guinea Red Cross (GRC) to:

- Ensure adequate safe burials
- Ensure the safe transportation of dead bodies and hazardous materials when Ebola was suspected as a cause of death
- Clean and disinfect residences in which there had been an EVD-related death
- Education and training of the community to promote of safe burials
- Educate the community to support Ebola prevention activities such as house spraying and disinfection after Ebola-related deaths

In Guinea, the training of teams took the form of 8-day intensive theoretical sessions, and 7 days of practical training. These trainings took place in 20 locations. The training helped to strengthen the organizational capacity and response of the Guinean Red Cross to face epidemics more and, crucially, increased capacity to a level able to deal with 100 % of reported deaths in the community.

In total over the funding period:

- 15 field supervisors and 6 logisticians were deployed to oversee burial activities and ensure the quality of reported data, reduce the risks of resistance of the community and mentor teams;
- 52 teams for SDBs were trained
- 21 technical managers of the GRC were trained in infection prevention and control (IPC) and new standardized protocols
- 15 district supervisors and 6 logisticians were deployed for SDB/IPC activities
9904 SDBs were completed
- 9787 post-mortem samples of saliva were collected (for rapid diagnostic testing)
- 7442 buildings were disinfected
- 100% of community deaths alerts were followed up

Overall during the Ebola response, WHO shipped tens of thousands of safe burial kits to affected countries, and trained hundreds of safe burial teams. WHO has also delivered more than 42 000 body bags for use by safe and dignified burials teams, and helped set up robust and sustainable supply chains and stock-management systems to ensure long-term access to vital IPC equipment. Support from donors has helped WHO logisticians rise to the challenge of equipping the response and played a pivotal part in helping WHO to fulfill its responsibilities under the UN Strategy to Combat Ebola.

Over 217 trained teams distributed throughout Guinea, Liberia, and Sierra Leone had the capacity to bury all people suspected and confirmed to have died from EVD safely and with dignity. In March 2015 the number of teams in place across the three countries had risen to 276, ensuring that any alerts could be responded to rapidly.

Background and Situational Evolution

Since the detection of the first EVD cases, the GRC responded by focusing all its human, financial and logistical resources on mobilizing a large number of volunteers to prevent the spread of Ebola. As a member of the national strategic and operational coordination unit, the GRC has trained teams of volunteers for the SDB of people who died as a result of suspected or confirmed EVD. The GRC also played a fundamental role in the education of community members on the prevention and control of Ebola. Several factors made the containment of EVD a challenge, including:

- Lack of understanding of Ebola Virus Disease in the community and among health workers;
- Sub-optimal use of IPC measures by front-line health workers;
- Unsafe movement of suspected cases, as well as deceased cases
- Sub-optimal management of rumors around EVD, which led to increases in violence and lack of access to areas of interest by health workers and humanitarian responders.

In this context, WHO and the GRC decided to pool efforts. WHO financial support was used to strengthen the capacities of the GRC both at national subnational level, with four main objectives:

- (1) Strengthen the technical capacity of intervention of the GRC teams;
- (2) Recruit specialists in charge of the coordination of the response in key geographic areas of the country;
- (3) Strengthen the early-warning system by encouraging people to get in touch with the regulation team by calling (for free) the GSM number 115.
- (4) Support GRC proactivity in case other health emergencies occur in the country. These specialists worked under the supervision of the Ebola coordination of the GRC and cover their respective districts (Fria, Dubreka, Coyah, Forecariah, Kindia, Dabola, Faranah, Kissidougou, Kankan, Siguiri, Boke, Lola, N'zerekore, Macenta and Gueckedou) and the five communes of Conakry.

Narrative section:

- **Key Achievements:**

Burial Teams

Traditionally, burial rituals in West Africa involve washing the body of the deceased and close physical contact of family and community members. In the context of Ebola, high viral loads can be found in body fluids of the deceased, rendering it particular risky to carry out traditional burial practices. Ensuring that burials are conducted safely was one of the most urgent priorities of the Ebola response and GRC.

WHO worked with communities to adapt burial ceremonies to minimize the risks posed to mourners of exposure to Ebola Virus. In consultation with social anthropologists, faith-based organizations and community leaders, WHO and its partners have developed guidelines for safe and dignified burials. These take into account cultural practices and customs, making sure to reduce distress and fear that changes on ancient burial traditions often elicit in affected communities. Drawing on its expertise in burial management, WHO also deployed logisticians to support the implementation of training for safe and dignified burials.

In the final week of July 2015 just three unsafe burials were reported to have taken place in Guinea out of 525 reported community deaths, reflecting not only the success of the safe burial teams in responding quickly to reported deaths, but the subtle shift in the attitudes of communities towards the adaptation of traditional practices in the context of the outbreak.

Delays or Deviations

The main delay regarding this project is due to the late transfer of funds from WHO to the GRC. The GRC prefunded activities and submitted the report once the transfer was effective.

The number of monthly reports sent to GRC headquarters doesn't meet the target (2 instead of 15 planned) because GRC headquarters received daily and fortnightly field reports.

Although 33 trainings were planned for GRC staff, only 25 were organized but with more people in attendance at each training than was initially planned

Gender and Environmental Markers

No. of Beneficiaries	
Women	
Girls	
Men	
Boys	
Total	550

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

• **Best Practice and Summary Evaluation**

The joint efforts of GRC teams and other partners raised awareness within communities of the importance of SDBs in preventing the transmission of EVD, and were crucial in securing the cooperation of communities with SDBs. The capacity of the GRC was increased to a level at which it was able to respond effectively to all reports of community deaths.

• **Lessons learned**

Control efforts must work within the cultural norms of affected communities, not against them. During the response to EVD, Medical Anthropologist played a crucial role in helping responders to understand the concerns of affected communities, dispel rumours about the disease, and work with communities to devise culturally appropriate interventions to end the outbreak.

Report reviewed by *(MPTF M&E Officer to review and sign the final programme report)*

- Name:
- Title: M&E -
- Date of Submission:
- Email address:

Signature: