



**UN EBOLA RESPONSE MPTF
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1
Period (Quarter-Year): Q2 - 2018_(April-June 2018)**

Project Number and Title: #65- Enhancing the post-Ebola national preparedness capacity to efficiently respond to future health outbreaks	PROJECT START DATE¹: 30-08-2017	AMOUNT ALLOCATED by MPTF <i>(please indicate different tranches if applicable)</i> \$2,500,000	RECIPIENT ORGANIZATION UNDP, UNFPA, UNICEF, WHO, WFP
Project ID: 00106881 (Gateway ID)		UNICEF: \$446,033 UNDP: \$795,031 UNFPA: \$446,757 WFP: \$188,146 WHO: \$624,033	
Project Focal Point: Name: Mathurin Irie Boue M&E, RCO Tel. +224 628 33 48 81 E-mail: irie.boue@one.un.org	EXTENSION DATE: N/A	FINANCIAL COMMITMENTS UNICEF: 175,549.00 US\$ UNDP: 112,068.16 US\$ UNFPA: 29,217.78 US\$ WFP: 159,500.00 US\$ WHO: 181,864.23 US\$	
Strategic Objective (STEPP) SO5 – Prevent Outbreaks	PROJECTED END DATE:	EXPENDITURES as of 05-07-2018]	IMPLEMENTING PARTNER(S):
Mission Critical Action MCA 13- Description	31-08-2018	UNICEF: 182,304.00 US\$ UNDP: 397,674.63 US\$ UNFPA: 379,512.93 US\$ WFP: 26,665.06 US\$ WHO: 298,516.85 US\$	<ul style="list-style-type: none"> - Ministry of Health and Public Sanitation - Ministry of Local Administration and Decentralization (MATD) - National Public Health Security Agency (ANSS) - International Organization for

¹ The date project funds were first transferred.



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			<ul style="list-style-type: none"> Migrations (IOM) - Central Pharmacy of Guinea (PCG) - Ministry of Internal Security/Department of Civil Protection - Ministry of Environment/National Center for Environmental Risk Management
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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
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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

<u>Indicator 1.1.1:</u> Number of trained CHVs and CLs	Gaoual, Koundara, Fria.	764	111	111	15%
<u>Indicator 1.1.2:</u> Number of CHVs equipped with	Gaoual, Koundara, Fria.	764	111	111	15%

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necessary materials to perform their duty					
<i>Output 1.2. CEBS data management strengthened in targeted areas</i>					
<u>Indicator 1.2.1.:</u> Number of health facilities with functional database management	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	21	21	100%
<i>Output 1.3.: Cross-border protocols for public health information sharing are implemented</i>					
<u>Indicator 1.3.1:</u> Number of protocols and MoU developed for public health information sharing and cross-border collaboration	Goual, Koundara, Kankan, 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. Other border health districts already have protocols in place).	4	1	1	25%
<u>Indicator 1.3.2.</u> Number of workshops conducted	Gaoual, Koundara, Kankan and Faranah	4	1	1	25%
<u>Indicator 1.3.3.</u> Number of cross-border meetings organized	Gaoual, Koundara, Kankan and Faranah	4	1	1	25%
<i>Output 1.4.: Increased capacity of health and non-health officials in border areas on cross-border public health event response</i>					
<u>Indicator 1.4.1.</u> # of SOPs developed	Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana 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	16	16	100%
<u>Indicator 1.4.2.</u> # of health and non-health officials	Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana and Faranah	304	70	70	23%

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trained					
<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 integrated in the system.	Forécariah, Coyah, Guéckédou, Macenta, N'zérékoré, Télimélé, Gaoual, Koundara, Fria and Conakry.	250	195	230	92%
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	192	192	38%
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%
<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	Gaoual, Koundara, Kankan, and Faranah (The selection criteria	4	0	0	0%

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and MoU developed for public health information sharing and cross border collaboration	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.				
<u>Indicator 4.1.2:</u> Number of workshops conducted	Gaoual, Koundara, Kankan and Faranah	4	0	0	0%
<u>Indicator 4.1.3:</u> Number of cross-border meetings organized	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:</u> # of health and non-health officials trained	Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana, 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:</u> # of SOPs revised after assessments at PoE	Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana, Mamou and Faranah	4	4	4	100%
<u>Indicator 5.1.2:</u> # of assessments and restitution meetings conducted at PoE	Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana, Mamou and Faranah	4	4	4	100%

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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>					
<u>Indicator 1.1.1:</u> 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	1	1	100%
<i>Output 1.2.: Renovation, equipment and support of health posts, health centers and hospitals least attended</i>					
<u>Indicator 1.2.1.:</u> 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>					
<u>Indicator 2.1.1.</u> Number of equipment and consumable purchased	Nzerekore, Kindia, Gueckedou and Macenta	7	1	1	14%
<i>Output 2.2.: Training of staff on the use of ELISA (Measles)</i>					
<u>Indicator 2.2.1.:</u> 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>					
<u>Indicator 3.2.1.:</u> Number of kits purchased	Forecariah, Nzerekore, Gueckedou and Macenta	4	0	0	0%
<u>Indicator 3.2.2:</u> Number of kits distributed	Forecariah, Nzerekore, Gueckedou and Macenta	4	0	0	0%

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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

<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	401	420 (19 trainers, 112 districts and regional health personnel, 271 health service providers and 178 community health workers)	172% The increase will boost the number of trained health workers to respond to future humanitarian crises
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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

<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	118	118	295%
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Output 3.: Quarterly field monitoring and coordination meetings are conducted to ensure quality implementation of the project activities

<u>Indicator 3.1.</u> Number of technical staff supporting the project implementation	Nzerekore, Macenta and Lola	1	1	1	100%
<u>Indicator 3.2.</u> Number of technical supervision missions	Nzerekore, Macenta and Lola	9 (3 by district)	14	14	155%

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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, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	9	9 districts (13 communes of convergence)	9 districts (13 communes of convergence)	100%
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, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	80 youths/women groups (in 13 communes of convergence)	40 community youth / woman groups	120 community youth / woman	150%
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, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	100 community platforms (13 communes of convergence)	20 community platforms (13 communes of convergence)	120 community platforms (13 communes of convergence)	120%

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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	629 community workers	629 community workers	56%
<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	39 districts	39 districts	55%
<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	2	2	66%
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	0%

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units handed to prefectural centers health facilities (tents) to facilitate the simulation exercises and later response					
<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	65	65	85%
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	32	137	91%

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<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 month 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>9</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>2</p>	<p>2</p>	<p>50%</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>9</p>	<p>9</p>	<p>75%</p>



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participating in the simulation exercises and joint stress test		authorities and humanitarian actors involved in emergency response			
<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	12	13	54%
<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	4	100%
<u>Indicator 1.2.5.:</u> Local Emergency Operations Centers' operational capacity is reinforced through training activities and logistic support		In 4 prefectures	4	4	100%
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>					

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<u>Indicator 1.1.:</u> 0% of EPDs and Health events reported by CHVs out of the total of reported cases	Gaoual, Koundara, Fria	50	0%	0%	0%
<i>Outcome 2: Private structures involved in the implementation of the national Surveillance and Response Plan</i>					
<u>Indicator 2.1.:</u> Percentage of weekly epidemiological report completed by private health facilities	Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria.	50%	0%	0%	0%
<u>Indicator 2.2.:</u> 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>					
<u>Indicator 3.1.:</u> 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>					
<u>Indicator 4.1.:</u> Number of joint investigations based on information shared	Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana and Faranah	7	0	0	0%
<u>Indicator 4.2.:</u> 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</i>					

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<i>of Ebola</i>					
<u>Indicator 1.1:</u> 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%
<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>	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiri,	80%	In process in the 9 health	Work plan with budget	43%

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% of Districts or equivalent administrative units with at least 80% coverage of DTP-containing vaccine for children < year	Dabola, Dinguiraye, Faranah and Kissidougou		districts (33 %) achieved	elaborated for September-December 2017.	
<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, Mandiana, Kerouane, Kouroussa, Sigui, 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, Mandiana, Kerouane, Kouroussa, Sigui, 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, Mandiana, Kerouane, Kouroussa, Sigui, Dabola, Dinguiraye, Faranah and Kissidougou	1,130	Identification of 1065 CHWs already working in community based intervention and 160 youth already trained in U-	The training of CHWs on reporting continues and be effective by the end of January 2018	100%

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			reporting		
<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 are reinforced	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	70	Work plan developed with the government partner (MATD)	23 out of 70 acceptability framework already functional are reinforced by MATD	32.85%
<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>					
<u>Indicator 1.1.:</u> Number of health staff from prefectural epidemic disease treatment centers (EDTC) benefiting from training activities on operational supply chain and logistics service delivery in emergencies	(34 disease treatment centers, one per prefecture) in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, Kankan, and Conakry	Unknown	76 (at least 2 staff per prefecture plus additional staff at regional level)	Training modules Activity report	0%
<u>Indicator 1.2.</u> Number of	(34 disease treatment centers, one per prefecture) in regions of	Unknown	76 (at least 2 staff per	Training	0%



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prefectural epidemic disease treatment centers provided with Personal Protective Equipment (PPE kits) to use for health emergency situations.	Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, Kankan and Conakry)		prefecture plus additional staff at regional level)	modules Handover note	
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	48	200	153	76.5%
<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 0	2 workshops 6 topics	3 workshops/ 6 modules developed	150% 100%
<u>Indicator 1.3.</u> 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, Direction de la Meteo, CNGCUE)	100%
<i>Outcome 2: The national multi-risk contingency plan and other emergency response mechanism are successfully tested and</i>					

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<i>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, Gueckedou, Macenta and Kindia	0	5	3	60%
<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, Gueckedou, Macenta and Kindia	0	4	2	50%
<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	3	75%
<u>Indicator 2.5.</u> Number of strategic and technical meetings held in the preparation and	Conakry, Forecariah, Gueckedou, Macenta and Kindia	0	10	8	80%

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follow up of the simulation exercises					
<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	4	100%
<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	45	112.5%
<u>Indicator 3.3.</u> Number of SOPs for EDTC produced and distributed	Nationwide	0	1	1 (500 copies)	100%

NARRATIVE

Situation Update

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 needed to efficiently respond to future health emergencies and other forms of disasters and crises. The primary purpose of the project is to fill the gaps experienced during the Ebola outbreak. The project is built around the following key areas.

- Improvement of the country's community-based surveillance and early warning systems,
- Strengthening of the local community health preparedness and care management for patients,
- Availing a minimal service package to health facilities in high disease prone zones,
- Increasing community engagement in key target zones,
- Integrating logistics in emergency response preparation and coordination, and

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- Strengthening of the operational and coordination capacity by promoting synergy among actors for a better response programming and delivery.

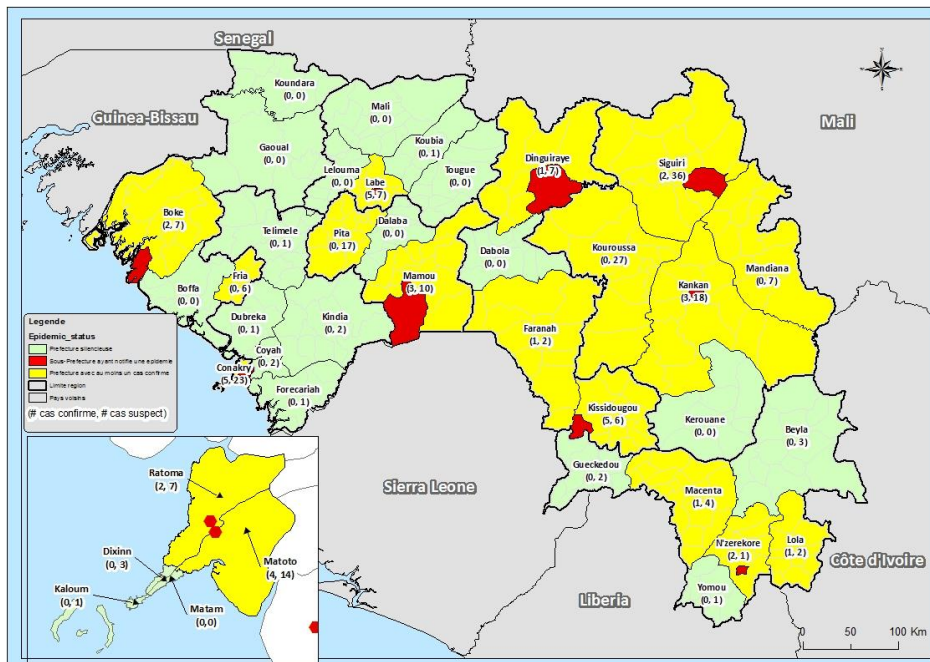
In line with the above priorities, the project entered its third quarter (April-June 2018) of the implementation by pursuing the scheduled activities.

The project is set to complete by the end of August. The present report is about the third quarter (April-June 2018). All the five agencies (UNDP, UNICEF, UNFPA, WFP and WHO) involved in the implementation have successfully made progress towards the total completion of all scheduled activities. Those like WFP and UNFPA which had initially experienced some delays in the beginning were able to catch up in this third quarter. It is highly anticipated that the project will meet the deadline as initially expected.

Still with regard to the situational update, Guinea did not experience any major shocks since the end of EVD human-to-human transmission in June 2016. Nevertheless, the country risk profile remained characterized by some recurring cases such as measles and other types of natural risks linked for example to seasonal flooding incidents, conflict and civil unrest, and acute nutrition. Child mortality (33 for 1,000 births) is indeed predominantly linked to infectious diseases including epidemic-prone diseases, inadequate neonatal care and high rates of malnutrition. In addition, the risk of cross border contamination in the event of an infectious disease outbreak is still high.

As above mentioned and although there was no major health threat in Guinea during this reporting period, about 194 suspected cases of measles have been notified among which 31 cases have been confirmed. Globally 20 health areas were declared as epidemic emergency as shown on the map below. In the project area on 9 districts, 5 are affected: Siguiri-centre; Kankan-centre; Dinguiraye-centre; Doko; Babila; Kouroussa-centre; Sibiribaro; Mandiana-centre; Dabola-centre; Damaro; Diatiféré (Dinguiraye).

Measles epidemic affected prefectures





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In Siguiri, Kérouané, Kankan, Mandiana, Dabola, Siguiri Dinguiraye, Kérouané, Kouroussa, Kouroussa, Kissidougou, Dinguiraye, emergency response is ongoing by immunization campaign of children from 9 to 12 months.

In addition 13 health areas are declared in Maternal and Neonatal Tetanus Elimination epidemic among which 3 are located in the project area : Kankan, Faranah, Siguiri.

At the beginning of this reporting period the Democratic Republic of Congo experienced cases of EVD resurgence. This situation served as a wakeup call for Guinea about the importance of maintaining the vigilance and minimum operational capacities needed in order to prevent possible cases of flare up in Guinea and the rest of West Africa.

On the other end, the project focal points within agencies in their meeting held on May 4th, emphasized on the importance to work as a team towards meeting the project goals. The meeting discussed together the progress made and possible areas of improvement. This led to a collective effort in exploring workable solutions for activities that showed delays. As a result, the third quarter knew a significant improvement in terms of project activity implementation. The International Organization for Migration (IOM) which was brought on board as the implementing partner for WHO started carrying out activities under the following key area: improvement of country's community-based surveillance and early warning system (project priority 2).

The IOM started implementing cross borders activities planned under the project with a good rate of around 75% by the end of this reporting period. The activities are aligned with the following outputs:

- ✓ Strengthen the community-based surveillance system and the early warning mechanism in the prefecture of Fria, Koundara and Gaoual.
- ✓ Strengthen public health information the sharing and capacity to respond to public health emergencies at the borders and Implement Cross-border protocols for public health information sharing in Boké, Faranah and Kankan administrative region.

Still regarding activities pertaining to WHO, a significant progress has been made thus far. Following the identification of health structures to be integrated in the IDSR, the IDSR training sessions took place in Nzerekore, Kindia and Boke. The study on the health facilities with low attendance took place and the workshop for the validation of the consultant's report will take place in the first week of July 2018.

Also, there is another major progress made in the area of strengthening the national capacity to coordinate future emergency situations. Besides the logistic and IT support previously provided by the UNDP/RCO to national members of the IASC/CoPIA, the same members have also benefited from training opportunities that boosted their emergency response preparation capacity. Additionally, existing tools were updated and many of them will get tested for efficiency. And most importantly, the institutionalization of the national disaster management agency supported by this project is one step closer as it is only pending a presidential decree in order to become effectively operational. Furthermore, the project supported other areas of disaster risk reduction such as building capacity for adaptation and resilience to natural disasters at the local level by building a well prepared local capacity to work with communities in the high risk prone zones on prevention and adaptation measures to adopt in case of a disaster .

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 as below shown:

PRIORITY 1: “Strengthen the community-based surveillance system and early warning mechanisms” by the WHO

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Outcome 1: Increased capacity of communities in detecting, reporting and responding to Epidemic prone diseases and public health events

- CEBS data management strengthened in the targeted areas through the set-up of Epidemic Early warning system (EWS) databases for all the health centers in Fria, Gaoual and Koundara and the training of 48 health agents (Health center nurses including their substitutes as well as Prefectural health Directorate (DPS) senior staff).
- Community health volunteers (CHVs) and community leaders (CLs) capacity on event based surveillance is increased with the deployment of a permanent IOM technical team with a Field Coordinator, 03 Project Assistants (PA) and 03 Field Officers (AT) to support DPS on CEBS activities implementation and supervision. 769 CHVs have been identified as active for surveillance activities. Currently, the 155 CVS of the Fria prefecture have been trained and equipped with necessary materials to perform their duties as planned. The process is ongoing for the 02 other prefectures.



Pic1 : Donation of bikes to CHV in Fria

- **Output 2.1:** Private health facilities integrated into the surveillance and early warning system and their surveillance capacity strengthened
- 192 staff of private health structures have been trained on IDSR in the regions of N’zerekore (51), Boko (86) and Kindia (55)

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Pic2 : IDSR training in Kindia

Outcome 4: Strengthened public health information sharing and capacities to respond to public health emergencies across borders

- Capacities of health and non-health officials in border areas on cross-border public health event response are increased. 16 SOPs have been developed and 04 updated in Kankan, Faranah and Boke regions. 70 Points of Entry (PoE) agents were trained and their capacities strengthened in the identification of epidemic-prone diseases and the Public Health event management at PoE.

Cross-border protocols for public health information sharing are implemented during a cross-border meeting between Guinea (Faranah) and Sierra-Leone (Koinadugu). The immediate outcome of this meeting with 25 people from the “One Health” authorities from the 02 countries, is the dissemination of the Measles Outbreak declaration from Koinadugu. The Measles cases were detected in areas bordering Guinea and a joint Cross border action is currently planned

PRIORITY 2: “Strengthen the capacity of health facilities and the case management system to better cope with future epidemics” by the WHO.

- **Output 1.1:** Conducting a study on the utilization of public healthcare services
 - A study has been conducted to identify the health facilities less attended in the prefectures of Forecariah, N’zerekore, Gueckedou and Macenta. The results will be discussed in a workshop on 3rd July with various stakeholders from Ministry of Health, IOM and UNDP.



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- **Output 1.2:** Renovation, equipment and support of health posts, health center and hospitals least attended.
 - The Kits has been procured and waiting for the official donation
- **Output 2.1:** Purchase of Laboratory equipment and consumables for ELISA (Measles)
 - The equipment have been procured and the team is now planning the training for laboratory and hospital staff.
- **Output 3.2:** Purchase and equipment of epidemic diseases treatment centers (EDTC) in kits for the management of epidemic-prone diseases
 - The purchase order has been placed and the consumables should be available by the first week of July.

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” by UNFPA

During the past reporting quarter, various training sessions were organized by UNFPA with the aim to have in place well trained teams of health personnel and community health workers. A total of 112 team members from regional and prefectural health departments respectively, as well as of 271 health personnel and 173 community health workers benefited from those training workshops. As a result, the project contributed to capacity-building of health practitioners from 118 communities of the region of Nzerekore. Therefore, these communities are further strengthened to respond to future humanitarian crises.

The project extended its activities to all sites of high risk of exposure to crises and health outbreaks in the Region of Nzerekore. Therefore, the total number of sites covered shifted from 3 to 17 prefectures, and from 243 to 401 people trained. This extension of sites and number of beneficiaries was made possible by the fact that the project affected funds originally set for purchase of equipment for community health workers (which were covered by another funding source).

PRIORITY 4.: “Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Faranah” by UNICEF

The MICS 2016 data compared to the DHS-MICS 2012 had shown a decrease in full immunization coverage for children of 12 to 23 months, from 37% in 2012 to 26% in 2016, particularly due to the Ebola crisis which has had a negative impact on the routine immunization programme. UNICEF strategy to tackle this situation was to support 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 in 13 communes of convergence across nine districts (of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou). Meeting costs were taken in charge, and group discussion animated by social workers.

Another strategy was to establish a strong partnership between health centers and youth associations/structures, leading to a greater involvement of youths in the promotion of routine immunization. Thanks to the MPTF support, UNICEF supported the setup and functioning of 80 youths/women groups that were trained in social mobilization through community dialogue for better health service utilization. In addition UNICEF contributed to revitalization and functioning of 100 community platforms to increase the community involvement in the decision-making, need assessment and interactions with technical and financial partners.



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In addition, UNICEF contributed to community-based reporting, monitoring, and response systems strengthened through real-time routine reporting by the training of 100 of CHW/youth on the use of community based register and reporting community events; Youth and women's groups, community radios and local NGOs had their capacities strengthened on better ways of promoting community dialogue on essential family practices (EFP), and positive social norms and behaviors. Communities were trained to play a leading role in the prevention of female genital mutilation/cutting (FGM/C), child marriage and sexual violence against young girls and children, and to promote youth and adolescent health, birth registration, young girls' education and the maintenance of children in schools.

UNICEF also contributed to the improvement of local governance and accountability systems through human resource capacity building. UNICEF trained 8 Prefectural services professionals, 13 local development agents, 13 Chiefs of health centers, 13 Hygiene and Health committee members on local governance, management, data reviews, quality supervision, use of Rapid Pro and Ureport, essential family practices, and coaching.

UNICEF also contributed to improve 13 local cold chain storages for routine immunization as the distribution of 13 motorcycles. At last the 13 communes were monitored on a quarterly basis. This support contributed to the reduction of the immunization dropout rate below 5% and the catch up of more than 80,000 children aged 0-23 months during the Maternal and Child Health Week.

PRIORITY 5: “Enhancing the national emergency preparedness through improved logistics service delivery” by WFP

During this period, WFP continued discussions with the main partner “the National Public Health Security Agency – ANSS in French” to finalize the purchase of PPE kits and the organization of the training for Epidemic Disease Treatment Centers (EDTC or CTEPI) staff. After a long discussion on the feasibility and pertinence of the training, the activity was finalized and successfully mobilized 65 people from different EDTCs of the country. It must be acknowledged that it was not easy to organize the sessions in two different locations for reasons of time constraints added to the availability of target participants.

Thus, with a consensus of two sides, the workshop was held in the prefecture of Kindia in two phases for two different groups. During 6 days, participants became familiar with the modules and concepts pertaining to emergency logistics and stock management. Logisticians and stock managers have acquired capacity building on emergency logistics as a component of the preparation for a response in the event of a health crisis as well as applicable rules of good practice for the distribution of health products (medicines, medical devices and other equipment) and in biomedical waste management in health structures.

During this quarter, other aspects of this component were largely covered. Purchase orders for tents and emergency kits were made and the delivery is pending final official validation of the samples. It is expected that the delivery may happen in the course of this month of July which will be followed by an official handover at the WFP warehouses in Conakry.

PRIORITY 6. “Improvement of the national emergency response coordination capacity in post-Ebola Guinea by UNDP

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

Output 1.1:

Result 1.1.1. In addition to the 105 actors previously trained in the first two quarters, a total of thirty two more local humanitarian actors benefited from further training and capacity building related opportunities that boosted their



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operational capacities pertaining to the emergency response preparedness. That brings to 137 the total number of humanitarian actors at the local level in all regions of Guinea who are now well trained and efficiently equipped to play a role in key humanitarian crisis management aspects.

Sixty-two local actors (thirty-three in the regions of Faranah, Kankan and Nzerekore and thirty senior technical experts within key ministries) had previously benefited from a three day workshop and six modules on basic and advanced emergency response preparation, about the Sendai Disaster Risk Reduction Framework and its implementation in Guinea context, Mainstreaming the Disaster Risk Reduction into local development plans and Strengthening the community capacity to cope with disaster risks towards resilience.

Result 1.1.3. The project technical team held their monthly technical meetings to discuss the project progress. Six consultations with the simulation exercise taskforce were held on a biweekly basis. The taskforce is led by the National Agency for Public Health Security. The CoPIA (IASC) members were regularly informed of the project progress through monthly statutory meetings or via regular communication channels such as mailing groups or any other side events held occasionally by various stakeholders. Additionally, mapping and harmonizing all humanitarian interventions became a top priority for the CoPIA platform. As a result, an activity to proceed to the mapping of key humanitarian interventions and actors is underway. It will be followed by the elaboration of a strategy to harmonize the humanitarian work in the country. The activity is being carried out under the strategic and technical support of the UN RCO.

Output 1.2.

Result 1.2.2. During this reporting period, activities undertaken in support to the National Center for Environmental Risk Management’s initiative to strengthen adaptation capacity and resilience in disaster risk prone sites in the regions of Conakry, Nzerekore and Kankan completed and relevant local committees were put in place to work with local communities and authorities on some risk prevention and management of risks and also on how to increase the community capacity to adapt to emergency situations.

Result 1.2.4. Monthly meetings of CoPIA were organized as scheduled and the increasing role of this humanitarian coordination platform is now visible than ever. The recently updated multi-risk contingency plan was printed in hard copy and 500 copies distributed nationwide for its operationalization. Various consultations between relevant humanitarian stakeholders and key ministries involved in the emergency response and disaster risk management led to the draft of terms of reference to be followed by a presidential decree that will officially institutionalize the unique National agency for disaster management. This will be a big achievement towards bringing all national actors to work together as one, and ending sentiments of rivalry and conflict of interests amongst key humanitarian agencies.

Overall statistics show the level of execution as follows:

Agency	Amount allocated	Execution (Expenditures + Financial commitments)	Percentage	Comment
UNICEF	446,033	357,853	80%	
UNDP	795,031	509,743	64%	Pending activities include: simulation exercises and 2 workshops scheduled



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					at end of July 18	
	UNFPA	446,757	408,730	91%		
	WFP	188,146	186,165	98%		
	WHO	624,033	480,380	77%		
	Total	2,500,000	1,942,871	78%		

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)).

During this reporting period, the main constraint experienced by UNICEF was the planning of numerous competing activities by the main implementing partner (MATD) in the same period with other convergence communes (Nzérékoré region). This caused a delay in the implementation of MPTF activities in the 13 convergence communes of the Kankan and Faranah regions. This delay led to the adjustment of the action plan to reschedule activities for the period between July and August 2018. Also we worked with the partner to define a timeframe for the implementation of other activities not carried out during the period May to June 2018.

Also, the component carried out by UNDP/RCO experienced some postponement of the cross-border simulation exercise activities due to the fact that the ANSS who is the main bearer of the activity had other internal priorities. It is expected that this major cross-border event will likely take place in the prefectures of Dubreka and Forecariah in the fourth week of July 2018. This is the same plan for two additional workshops meant to expedite the institutionalize the unique national agency for disaster risk management. This was postponed following the resignation of the Government in mid May 2018.

- **Best Practice and Summary Evaluation**

Working together on this joint project was a great experience for all the five agencies and their respective experience. The project implementation became some sort of a family business where each member had to contribute to the success of the entire family. It was very interesting to see different actors helping each other in other to seek practical solutions to few implementation related concerns. The inter-agency permanent standing committee leveled its coordination role and sharing the project progress and consulting on key activities requiring strategic guidance from all the humanitarian community revealed very useful at all stages of the project implementation.

It is also extremely important to mention here some thoughts about the implementation of this project along with key national humanitarian stakeholders. 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.

For instance, by partnering with the Ministry of Administration and Decentralization (MATD) on community engagement related activities, UNICEF came up with the following outcomes:

- For the question of the geographical area, it is agreed with the MATD to focus on 13 communes of convergence instead of the 9 health districts of Kankan and Faranah initially planned in the proposal.



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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 technical assistance 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.

Therefore, MATD is going to be the main technical manager of the project implementation, in coordination with the Ministries of Health.

Integrated community services play an important role as Guinea addresses issues such as equity, inclusion and systematic and universal coverage. Through the support of its partners, such as MPTF, UNICEF supports the government in generating evidence through strengthening community and municipal information systems and strengthening real-time monitoring and social accountability. The implementation of the database at the communal level is a major change in the monitoring and prevention system in emergencies. Indeed, the data do not go up any more according to the various sectors (water, health, civil status) but they are refocused on the commune. It is a platform of public officials, social workers, young people and women beneficiaries of basic social services who report a consolidated information.

- **Lessons learned**

The implementation of this joint project is a good experience as it nurtures the teamwork spirit and entails a delivery together spirit. It can also turn into a challenge especially when all involved actors who need to act and react together and at the same time are not equally responsive. This project activities are mostly inter-linked and, in few instances, one cannot advance without the reaction of other partners. Thus, it was crucial for the project management to hold regular meetings for project focal points within agencies to plan, implement, monitor and progress together. Agencies whose activities were contingent upon validation by national entities such as the ANSS which is the lead partner on this project, experienced a delayed feedback from the ANSS officials and this had consequences on the effective start of the planned activities with the ANSS. That delayed responsiveness by ANSS affected activities planned by WFP mainly, but also the project management is working hard to ensure that this does not affect the simulation exercise date set for end of May 2018.

Also, gains in community engagement must also be strengthened as a first line of defense. District level health promoters and Community Health Workers should be logistically and programmatically supported. In addition, recovery programming will require adequate supervisory capacity at a national level suggesting that the Health Promotion division be enlarged to include adequate staff to fulfil its new role of engaging both the media and communities in improving the health of the nation.

To ensure the completeness and quality of the data, the monitoring system is placed under the responsibility of the commune secretary general. This communal anchoring also makes it possible to ensure the convergence of data on the capacities of the commune to prevent health emergencies by mastering health situation analysis.



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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	410	1257	121	10	23	198	<i>e.g. Medical and Bio Hazard Waste</i>
Girls			67	100		76	<i>e.g. Chemical Pollution</i>
Men	551	2634	126	30	42	206	
Boys			67	100		67	
Total	961	3,891	381	240	65	567	

Additional Information (Optional) SEE NEXT THREE PAGES

Annex 1. IDA Kit for Health facilities to be renovated (Medicines and small equipment), by WHO

Prefectures	Number of health facilities to be supplied	Type de Kit IDA à fournir	IDA Code	Quantity
Forecariah	01	Supplementary Kit for 10000 people for 3 months	K062-000-02-IDA-IDA-00B	03
		Basic anti malaria kit type 1 for 1000 people for 3 months	K060-000-02-IDA-IDA-00B	03
		Basic anti malaria kit type 1 for 1000 people for 3 months	K061-000-02-IDA-IDA-00B	03
Gueckedou	01	Supplementary Kit for 10000 people for 3 months	K062-000-02-IDA-IDA-00B	03
		Basic anti malaria kit type 1 for 1000 people for 3 months	K060-000-02-IDA-IDA-00B	03
		Basic anti malaria kit type 1 for 1000 people for 3 months	K061-000-02-IDA-IDA-00B	03
Macenta	01	Supplementary Kit for 10000 people for 3 months	K062-000-02-IDA-IDA-00B	03
		Basic anti malaria kit type 1 for 1000 people for 3 months	K060-000-02-IDA-IDA-00B	03
		Basic anti malaria kit type 1 for 1000 people for 3 months	K061-000-02-IDA-IDA-00B	03
N'zerekore	01	Supplementary Kit for 10000 people for 3 months	K062-000-02-IDA-IDA-00B	06



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		Basic anti malaria kit type 1 for 1000 people for 3 months	K060-000-02-IDA-IDA-00B	06
		Basic anti malaria kit type 1 for 1000 people for 3 months	K061-000-02-IDA-IDA-00B	06
Total		Supplementary Kit for 10000 people for 3 months	K062-000-02-IDA-IDA-00B	15
		Basic anti malaria kit type 1 for 1000 people for 3 months	K060-000-02-IDA-IDA-00B	15
		Basic anti malaria kit type 1 for 1000 people for 3 months	K061-000-02-IDA-IDA-00B	15