



**UN EBOLA RESPONSE MPTF  
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1  
Period (Quarter-Year): Q1 - 2018\_**



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<p><b>Project Number and Title:</b> #65- Enhancing the post-Ebola national preparedness capacity to efficiently respond to future health outbreaks</p> <p><b>Project ID:</b> 00106881 (Gateway ID)</p>	<p><b>PROJECT START DATE<sup>1</sup>:</b> 30-08-2017</p>	<p><b>AMOUNT ALLOCATED by MPTF</b> <i>(please indicate different tranches if applicable)</i></p> <p>\$2,500,000</p> <p>UNICEF: \$446,033</p> <p>UNDP: \$795,031</p> <p>UNFPA: \$446,757</p> <p>WFP: \$188,146</p> <p>WHO: \$624,033</p>	<p><b>RECIPIENT ORGANIZATION</b></p> <p>UNDP, UNFPA, UNICEF, WHO, WFP</p>
<p><b>Project Focal Point:</b> Name: Theoneste Ganza Crisis Recovery/Humanitarian Coordination Specialist, RCO Tel. +224 624 76 41 74 E-mail: Theoneste.ganza@one.un.org</p>	<p><b>EXTENSION DATE:</b> N/A</p>	<p><b>FINANCIAL COMMITMENTS</b></p> <p>UNICEF: 134,285.00 US\$</p> <p>UNDP: 45,252.29 US\$</p> <p>UNFPA: 272,637.00 US\$</p> <p>WFP: 0 US\$</p> <p>WHO: 0 US\$</p>	
<p><b>Strategic Objective (STEPP)</b> SO5 – Prevent Outbreaks</p> <p><b>Mission Critical Action</b> MCA 13- Description</p>	<p><b>PROJECTED END DATE:</b> 31-08-2018</p>	<p><b>EXPENDITURES as of 23-04-2018]</b></p> <p>UNICEF: 170,666.00 US\$</p> <p>UNDP: 308,398.44 US\$</p> <p>UNFPA: 24,460.00 US\$</p> <p>WFP: 0 US\$</p> <p>WHO: 60,000 US\$</p>	<p><b>IMPLEMENTING PARTNER(S):</b></p> <ul style="list-style-type: none"> <li>- Ministry of Health and Public Sanitation</li> <li>- Ministry of Local Administration and Decentralization (MATD)</li> </ul>

<sup>1</sup> The date project funds were first transferred.



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			<ul style="list-style-type: none"> <li>- National Public Health Security Agency (ANSS)</li> <li>- International Organization for Migrations (IOM)</li> <li>- Central Pharmacy of Guinea (PCG)</li> <li>- Ministry of Internal Security/Department of Civil Protection</li> <li>- Ministry of Environment/National Center for Environmental Risk Management</li> </ul>
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<b>Location:</b> Guinea nationwide	<b>Sub-National Coverage Areas:</b> Regions of Conakry, Nzerekore, Faranah and Kankan including 38 health districts
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**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	Gaoual, Koundara, Fria.	764	0	0	0%
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CHVs and CLs					
<u>Indicator 1.1.2:</u> Number of CHVs equipped with necessary materials to perform their duty	Gaoual, Koundara, Fria.	764	0	0	(0%)
<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	0	0	0%
<i>Output 2.1. Private health facilities integrated into the surveillance and early warning system and their surveillance capacity strengthened</i>					
<u>Indicator 2.1.1:</u> 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	195	230	92%
<u>Indicator 2.1.2:</u> Number of private health facilities staff trained on IDSR (integrated disease surveillance and response)	Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria	500	0	0	0%
<u>Indicator 2.1.3:</u> Number of private health facilities reporting on weekly	Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria	250	0	0	0%



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epidemiological data					
<i>Output 3.1.: Public health and disease spread risks mapping are conducted in target areas</i>					
<u>Indicator 3.1.1:</u> Number of prefectures mapped	38 health districts	38	38	38	100%
<u>Indicator 3.1.2:</u> <u>Proportion of priority sites assessed (#assessed/#identified during participatory mapping)</u>	Forecariah, Gueckedou, Macenta, Boke, Siguiro and Koundara	50%	0%	0%	0%
<i>Output 4.1.: Cross-border protocols for public health information sharing are implemented</i>					
<u>Indicator 4.1.1:</u> Number of protocols and MoU developed for public health information sharing and cross border collaboration	Gaoual, Koundara, Kankan, and Faranah (The selection criteria are based on the fact that these health districts have border to another country in the West-African sub-region. Other border health districts already have protocols in place.	4	0	0	0%
<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, Siguiro Kankan, Mandiana Mamou and Faranah (The selection criteria are based on the fact that these health districts have border to another	16	0	0	0%



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	country in the West-African sub-region)				
<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	0	0	0%
<u>Indicator 5.1.2.:</u> # of assessments and restitution meetings conducted at PoE	Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana, Mamou and Faranah	4	0	0	0%
<b>Priority 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics</b>					
<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	0	0	0%
<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	Nzerekore, Kindia, Gueckedou and Macenta	7		0	0%



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equipment and consumable purchased			0		
<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%
<b>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</b>					
<i>Output 1.: Strengthen the capacity of community health workers and health personnel on Minimum Initial Service Package (MISP) for safe deliveries and other related services</i>					
<u>Indicator 1.1.</u> Number of health service providers including community health workers trained on Minimum Initial Service Package (MISP) for emergency situation preparedness and response to implement safe deliveries and other related services	Sous-prefectures of Nzerekore, Macenta and Lola	243	19	19	8%
<i>Output 2.: Local communities are prepared to respond to emergency health situations and equipped with MISP for the provision of safe deliveries and other related services during crisis situation</i>					
<u>Indicator 2.1.</u> Number of local	Sous-prefectures of Nzerekore, Macenta and Lola districts	40		0	0%



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communities prepared and equipped with MISIP for the provision of safe deliveries and other related services			0		
<i>Output 3..: Quarterly field monitoring and coordination meetings are conducted to ensure quality implementation of the project activities</i>					
<u>Indicator 3.1.</u> Number of technical staff supporting the project implementation	Nzerekore, Macenta and Lola	1	0	0	0%
<u>Indicator 3.2.</u> Number of technical supervision missions conducted	Nzerekore, Macenta and Lola	9	0	0	0%
<b>Priority 4: Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Faranah</b>					
<i>Output 1. Community engagement enhanced to improve routine immunization and increasing health service utilization</i>					
<u>Indicator 1.1.:</u> 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%



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<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	80 youths/women groups (in 13 communes of convergence)	80 community youth / woman groups	80 community youth / woman	100%
<u>Indicator 1.3.:</u> 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, Sigui, Dabola, Dinguiraye, Faranah and Kissidougou	100 community platforms (13 communes of convergence)	100 community platforms (13 communes of convergence)	100 community platforms (13 communes of convergence)	100%
<i>Output 2.: Community-based reporting, monitoring, and response systems strengthened through real-time routine reporting</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	629 community workers	629 community workers	56%
<i>Output 3.: Local governance and accountability systems improved</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, 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>					





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<u>Indicator 4.1.:</u> Number of technical assistance activities to strengthen routine immunization at national and district level	Kankan and Faranah regions	3	2	2	66%
<b>Priority 5: Enhancing the national emergency preparedness through improved logistics service delivery</b> <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>					
<u>Indicator 1.1.1.:</u> 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%
<u>Indicator 1.1.2.:</u> Number and nature of PPE kits purchased and availed to prefectural epidemic disease treatment centers "CTEPI"	34 CTEPI in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, and Conakry	TBD	0	0	0%
<u>Indicator 1.1.3.:</u> Number of CTEPI and EOC's workers trained on emergency logistics programming and logistical service delivery during emergency response	34 CTEPI in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, and Conakry	76	0	0	0%
<b>Priority 6: Improvement of the national emergency response coordination capacity in post-Ebola Guinea</b> <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</i>					



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<i>epidemiological threat in Guinea</i>					
<u>Indicator 1.1.1</u> Number of staff from the national institutions involved into emergency response coordination (MATD, DGPC, ANSS, Ministry of Health, Red Cross) having benefited from training on health emergency coordination aspects and other types of capacity building support	Conakry and prefectures of Forecariah, Kindia, Gueckedou and Macenta	150 As per initial submission	62	105	70%
<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	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%
<u>Indicator 1.1.3.</u> 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	6	100%



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health related matters					
<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>					
<u>Indicator 1.2.1.</u> 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	1	1	20%
<u>Indicator 1.2.2.:</u> 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%
<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	1	1	50%
<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%



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<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%
<b>EFFECT INDICATORS (if available for the reporting period)</b>					
<b>Priority 1: Strengthen the community-based surveillance system and early warning mechanisms</b>  <i>Outcome 1: Increased capacity of communities in detecting, reporting and responding to Epidemic prone diseases and public health events</i>					
<u>Indicator 1.1.:</u> 0% of EPDs and Health events reported by CHVs out of the total 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, Siguir 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>					



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<u>Indicator 4.1.:</u> Number of joint investigations based on information shared	Boke, Gaoual, Koundara, Siguiri, 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%
<b>Priority 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics</b>					
<i>Outcome 1: Utilization of public healthcare services is improved in the prefectures that were most affected by the epidemic 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	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%



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(EDTC)					
<p><b>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</b></p> <p>No planned effect indicators for this priority.</p>					
<p><b>Priority 4: Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Faranah</b></p> <p><i>Outcome 1: Reinforced community engagement to improving routine immunization and increased service utilization through community platform, youth and women groups</i></p>					
<p><u>Indicator 1.1.</u></p> <p>% of Districts or equivalent administrative units with at least 80% coverage of DTP-containing vaccine for children &lt; year</p>	<p>Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou</p>	<p>80%</p>	<p>In process in the 9 health districts (33 %) achieved</p>	<p>Work plan with budget elaborated for September-December 2017.</p>	<p>43%</p>
<p><u>Indicator 1.2:</u></p> <p>Number of youths/women groups strengthened in social mobilization through community dialogue for better health service utilization.</p>	<p>Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou</p>	<p>880</p>	<p>0%</p>	<p>Identification of youth and women groups started by UNICEF and the local authorities of Kankan and Faranah regions</p>	<p>0%</p>
<p><u>Indicator 1.3.</u></p> <p>Number of community platforms supported quarterly to increase the community involvement in the decision-making</p>	<p>Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou</p>	<p>100</p>	<p>In process 13 platforms set up in 13 communes</p>	<p>Ongoing process to set up and reinforce existing platforms in the 9 health districts</p>	<p>37.66%</p>
<p><i>Outcome 2: Strengthened community-based and response systems, especially real-time routine reporting and</i></p>					



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<i>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, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	1,130	Identification of 1065 CHWs already working in community based intervention and 160 youth already trained in U-reporting	The training of CHWs on reporting continues and be effective by the end of January 2018	100%
<i>Outcome 3: Decentralized governance and accountability systems facilitate service delivery and district, health facility and community levels</i>					
<u>Indicator 3.1:</u> Number of Districts with health cadres in local governance, management, data reviews, quality supervision and coaching capacities are reinforced	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiiri, 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%
<b>Priority 5: Enhancing the national emergency preparedness through improved logistics service delivery</b>					
<i>Outcome 1: The local capacity to integrate logistics aspects in health emergency response is reinforced</i>					



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<p><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</p>	<p>(34 disease treatment centers, one per prefecture) in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, Kankan, and Conakry</p>	<p>Unknown</p>	<p>76 ( at least 2 staff per prefecture plus additional staff at regional level)</p>	<p>Training modules Activity report</p>	<p>0%</p>
<p><u>Indicator 1.2.</u> Number of prefectural epidemic disease treatment centers provided with Personal Protective Equipment (PPE kits) to use for health emergency situations.</p>	<p>(34 disease treatment centers, one per prefecture) in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, Kankan and Conakry)</p>	<p>Unknown</p>	<p>76 ( at least 2 staff per prefecture plus additional staff at regional level)</p>	<p>Training modules Handover note</p>	<p>0%</p>
<p><b>Priority 6: Improvement of the national emergency response coordination capacity in post-Ebola Guinea</b> <i>Outcome 1: The national health emergency preparedness and coordination capacity is enhanced</i></p>					
<p><u>Indicator 1.1.</u> Number of national stakeholders trained on emergency preparedness and response coordination aspects at the local level</p>	<p>Nationwide and at local level in the prefectures of Forecariah, Gueckedou, Macenta and Kindia</p>	<p>20</p>	<p>200</p>	<p>105</p>	<p>52.5%</p>
<p><u>Indicator 1.2.</u> Number of training workshops and thematic topics developed and dispensed to health emergency responders including</p>	<p>Nationwide and at local level in the prefectures of Forecariah, Gueckedou, Macenta and Kindia</p>	<p>0 0</p>	<p>2 workshops 6 topics</p>	<p>2 workshops/ 6 modules developed</p>	<p>100% 100%</p>





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at the local level					
<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, Meteo, CNGCUE)	100%
<i>Outcome 2: The national multi-risk contingency plan and other emergency response mechanism are successfully tested and fully resourced</i>					
<u>Indicator 2.1.</u> Number of simulation exercises conducted on the contingency multi-risk plan	Conakry and other prefectures of Forecariah, Gueckuedou, Macenta and Kindia	0	5	1	20%
<u>Indicator 2.2.</u> Number of simulation exercises to test the efficiency of the locally-based emergency response and alert units (ERARE)	Prefectures of Forecariah, Gueckuedou, Macenta and Kindia	0	4	0	0%
<u>Indicator 2.3.</u> Number of nature of updates and adjustments made to the multi-risk contingency plan, the disaster management plan as a step towards their final validation, domestication and operationalization	Nationwide	0	1	1	100%



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<u>Indicator 2.4.</u> Number of DRR support projects implemented as a part of its operationalization and domestication	Nationwide	1	4	2	50%
<u>Indicator 2.5.</u> Number of strategic and technical meetings held in the preparation and follow up of the simulation exercises	Conakry, Forecariah, Gueckuedou, Macenta and Kindia	0	10	6	60%
<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	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



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to enhance the post-Ebola preparedness capacity in order to efficiently respond to future health emergencies and other disasters. The primary purpose of the project is to fill the gaps experienced during the Ebola crisis and based on lessons drawn from it. 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
  - 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 second quarter (January-March 2018) of the implementation by pursuing the scheduled activities. Three of the five agencies have now fully begun their activities while UNFPA and WFP used the quarter to schedule procurement plans ahead of purchases of MISP and PPE kits respectively. These kits will be acquired in the beginning of the second quarter of 2018 (or third quarter of the project cycle). Those like UNICEF and WHO requiring partnerships with third parties have successfully completed the sub-contracting process. UNICEF signed the MoU with the Ministry of Territorial Administration and Decentralization (MATD) to implement scheduled community engagement in selected administrative districts in collaboration with the above Ministry, while WHO signed a similar agreement with IOM to carry out some cross-border activities.

Guinea did not experience any major shocks in 2017. Nevertheless, the country risk profile remained characterized by some epidemics such as measles and other types of risks linked to flood/landslide, 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 if an infectious disease outbreak occurs is still high. This project supported activities with communities at the grassroots level taking advantage of the strong presence in the field by specialized agencies like UNICEF to ensure that communities are better prepared and fully resilient to shocks. For instance, in 2017 the Ministry of Health, with support from partners including UNICEF, had urgently responded to an outbreak of measles across the country and natural hazard events (flooding and landslides). On 21 August overnight, torrential rain caused a hillside rubbish dump in Conakry, killing 09 persons. In addition, on 4 July 2017, heavy rainfall hit the forest region of Guinea in the Prefecture of N'Zérékoré causing serious property damages. Areas which suffered considerable damages are all located in the urban district area of N'Zérékoré. Joint Red Cross / Government assessments indicated that 3,274 people were affected (545 households of which 1,038 men; 1,089 women; and 1,147 children), in areas that had suffered previously from the Ebola crisis<sup>2</sup>. The

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<sup>2</sup> West and Central Africa: 2017 flood impact (as of 18 Oct 2017), UN Office for the Coordination of Humanitarian Affairs



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partnership between UNICEF and the National Public Health Security Agency (ANSS) has contributed to reinforcing the early warning system to rapidly detect cholera cases and hence quickly respond to and control the outbreaks. These interventions were coordinated and undertaken in close collaboration with the permanent interagency committee (COPIA), a platform of all stakeholders set up after the Ebola epidemic, co-chaired by the Minister of Territorial Administration and Decentralization (MATD) and the UN Resident Coordinator.

Also at the beginning of this reporting period, the IDSR (Integrated Disease Surveillance and Response) training for private health structures in regions of Kindia, Boke, Faranah, Kankan and N'zerekore was the top priority of planned activities by the WHO Guinea (Project Priority 1 & 2). This training is more than welcome for private health facilities (in annex 1) which weren't involved in previous IDSR training opportunities during the Ebola crisis, and were not part of the national epidemiological surveillance system. This revealed to be one of the serious gaps observed during the response era. Thus, this training couldn't take place as planned and has been postponed for the second quarter of 2018.

In line with the VRAM (Vulnerability Risk Assessment and Mapping) held last year, WHO has planned to continue with the data collection process that was planned for Q1 but will be finally implemented during Q3 (April-June 2018). The remaining activities under the workplan should start this upcoming quarter in order to meet the completion rate of 100% by the end of the project.

After several meetings and discussions with IOM, the MoU (Memorandum of Understanding) between WHO and IOM to carry out some of the project activities has finally been signed by both organizations. The delay was due to lengthy procedures within each of the parties. The activities under this MoU will kick off starting in the Q2 of 2018. The IOM will implement cross-border activities in line with the enhancement of public health information sharing and capacity to respond to public health emergencies at borders.

Also, there was a clear improvement in the coordination of emergency situations whereas under the leadership of the UN RCO, the inter-agency permanent committee successfully played its role of coordination of major humanitarian aspects such as the political validation of the recently updated national contingency plan, and the formulation of the terms of reference and validation of the institutionalization of the national disaster management agency.

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

*During the reporting period, some key results below were reached.*

- **WHO (Priorities 1 & 2)**

In anticipation of full integration of private health facilities in the epidemic surveillance process, an update on the list of private health facilities identified to benefit from IDSR trainings was successfully made. As a result, a total of 230 private facilities were identified in the project areas of coverage of Conakry, Boke, Faranah, Labe, Kindia, Mamou and Nzerekore. Additionally, the signature of the MoU between WHO and IOM for cross-borders surveillance related activities was sealed.



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- **UNFPA (Priority 3)**

During this reporting period, some key results below were attained by UNFPA:

With the aim to provide adequate capacity building to key stakeholders including officials from prefectural health departments, community health agents and other service providers, a training session for 19 trainers was held from 01 to 03 of March 2018. During that training workshop, training kits for those beneficiaries were elaborated and validated to guide them through the dissemination of skills acquired to their respective channels. A series of follow up training to local health agents are scheduled in the course of the Q2 of 2018.

The tender process for the acquisition of MISP kits has been launched and a request for quote was done as well and orders placed. Delivery of the items is set for the month of April 2018.

- **UNICEF (Priority 4)**

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 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.

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,



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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.

- **WFP ( Priority 5)**

During this reporting period, WFP hasn't yet concretely carried out its activities as such. However all preparation steps towards the definite implementation have been finalized. Those include but not limit to the recruitment of a local consultant to conduct the training workshop for health specialists in emergency logistics mainstreaming, and the discussion with the National Public Health Security Agency (ANSS) on type of PPE kits to purchase. The later process took a little longer than expected because the ANSS needed to check first their inventory before coming up with a list of real needs. Now the procurement process has been launched and the acquisition of the kits as well as the training workshops are expected around mid-May 2018.

- **UNDP (Priority 6)**

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.** A second training workshop on emergency response preparedness and capacity adaption/resilience to disasters was conducted for the local humanitarian actors in the remaining regions not covered by the previous session held in December 2017. Sixty-two local actors (thirty-three in the regions of Faranah, Kankan and Nzerekore and thirty senior technical experts within key ministries) benefited from the three day workshop and six modules on basic and advanced emergency response preparation, Sendai Disaster Risk Reduction Framework, 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. Two consultations with the Simulation exercise taskforce were held. The CoPIA (IASC) members were regularly informed of the project progress through monthly statutory meetings or via regular communication channels. The technical guidance provided by the CoPIA members were very useful in ensuring that the project is being implemented in accordance with its objectives.

***Output 1.2.***

**Result 1.2.2.** In addition to a vulnerability analysis and community capacity to adapt to emergency situations conducted in the most vulnerable zones in Forecariah, Kindia, Gueckedou and Macenta during the previous quarters in anticipation to simulation exercises in some of these areas, an additional community sensitization was jointly conducted by the National Center for Environmental Risk Management and UNDP in three sites of Kankan and Nzerekore (prone to flooding) and in Conakry on the site where a public landfill collapsed in August 2017. The sensitization aims to educate local populations and also put in place locally-run mechanisms to prevent, manage and adapt to emergency situations. Community ad hoc committees were thus put in place and community-adapted strategies developed for that



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end.

**Result 1.2.4.** Three additional meetings of CoPIA were organized on a monthly basis while the project supported the political validation of the recently updated national contingency plan. Various consultations also took place to accelerate the creation of a single agency to manage all disaster risks in the country.

**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))

Due to the political and civil unrest that occurred in Guinea in these past three months following local elections, some activities planned by WHO for Q1 have been postponed for Q2 of 2018 because of security concerns. These activities have been scheduled for the next quarter (Q2 of 2018) in common agreement with implementing partners.

IOM will start implementing cross-borders' activities during Q2 of 2018 due to the delay in the signature of the MoU with WHO.

- **Delays or Deviations**

During this reporting period, it should be noted that the implementation of the MPTF was slightly delayed due to overlapping priority issues. For UNICEF, 2017 was the last year of the 2013-2017 program cycle and the last quarter of this year has been peppered with reviews for the entire cycle as well as transitioning towards the new Country Program Development (CPD) and UNDAF 2018-2022. However, despite this critical period, efforts have been made to prepare a work plan to reach agreement with the main partners: the Ministry of Health (MoH), the Ministry of Territorial Administration and Decentralization (MATD) and the communes of convergence.

Also, due to the political and security issues, some activities planned for Q1 have been postponed for Q2 of 2018. These activities have been scheduled for the next quarter (Q2 of 2018) commonly agreed with implementing partners.

IOM will start implementing borders activities during Q2 of 2018 due to the delay in the signature of the MoU with WHO.

WFP activities experienced delays following a lengthy process involving the national beneficiary entity's slowness in providing an updated list of PPE kits to purchase.

- **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





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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. 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.

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

UNFPA is working closely with the Ministry of Health to transfer skills to regional health teams of specialists dealing with sexual and reproductive health issues. The activity aims to strengthen their capacity in rapid assessment and emergency interventions in crisis situations. The same operational capacities of health district management teams are strengthened as well for coordination of interventions in Sexual and Reproductive Health, particularly maternal health, neonatal, family planning, GBV, STI / HIV. A pool of MISP trainers within the framework teams is established, the capacities of Sexual and Reproductive Health service providers and community workers are strengthened to provide Sexual Reproductive Health services at the community level.

- **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.





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The regular project monitoring by the project management is very important as it serves as an opportunity to timely remove bottlenecks, sometimes due to lack of communication between agencies on the evolution of their activities. For instance, on one hand at the WHO level, the organization of the bilateral meeting between ANSS and WHO about the identification of laboratory products to purchase, and on the other hand the consultations between ANSS and WFP helped both sides to provide details and identify together suitable personal protective equipment needed as a part of the WFP strengthening activities to the ANSS.

**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
<b>Women</b>	No data	<u>1257</u>	121	7	No data	128	<i>e.g. Medical and Bio Hazard Waste</i>
<b>Girls</b>	No data	No data	67	-	No data	67	<i>e.g. Chemical Pollution</i>
<b>Men</b>	No data	<u>2634</u>	126	12	No data	138	
<b>Boys</b>	No data	No data	67	-	No data	67	
<b>Total</b>	<b>No data</b>	<b><u>3891</u></b>		<b>19</b>	<b>No data</b>		

**Additional Information** *(Optional)*