



**UN EBOLA RESPONSE MPTF  
PROJECT QUARTERLY PROGRESS REPORT - VERSION 1  
Period (Quarter-Year): March to August 2016\_**

<b>Project Number and Title:</b> #52 - Psychosocial and economic recovery support for EVD survivors and affected communities.	<b>PROJECT START DATE<sup>1</sup>:</b> 21/ 03 /2016	<b>AMOUNT ALLOCATED by MPTF</b> <i>(please indicate different tranches if applicable)</i>  <p align="right"><b>\$.1 500 000</b></p>	<b>RECIPIENT ORGANIZATION</b>  PNUD
<b>Project ID:</b> 00099263 (Gateway ID)			
<b>Project Focal Point:</b> Name: <b>Lionel Laurens</b> <a href="mailto:lionel.laurens@undp.org">lionel.laurens@undp.org</a> <b>Marc Wajnszok</b> <a href="mailto:marc.wajnszok@undp.org">marc.wajnszok@undp.org</a>	<b>EXTENSION DATE:</b>	<b>FINANCIAL COMMITMENTS</b>  \$.249 153	
<b>Recovery Strategy Objective</b> RSO 2 – Socio – Economic Revitalization	<b>PROJECTED END DATE:</b>  21/03/2017  It is possible we will request a NCE to extend the date through 31 Mars 2017 but still we are pending to see how things evolve the last quarter of the year.	<b>EXPENDITURES as of 31 August 2016</b> \$ 128 873	<b>IMPLEMENTING PARTNER(S):</b>  Ministry of Social Action, Woman and Child Protection (MASPFE) Guinean Red Cross and International Federation of Red Cross. (CRG/IFRC)
<b>Location:</b> <b>Guinea</b> Country or Regional	<b>Sub-National Coverage Areas:</b> <b>Result 1: Psychosocial support through community healing dialogue:</b> Macenta , Guékédou, Nzérékoré et Kérouané <b>Result 2: Cured self-support capacity:</b> Macenta , Guékédou, Nzérékoré et Kérouané <b>Result 3: Fight against stigmatization:</b> Macenta, Guékédou, Nzérékoré et Kérouané <b>Result 4: Socio-economic community strengthening:</b>  <b>Component 1: Socio-economic development programs identified within communities affected by Ébola:</b> Macenta , Guékédou, Nzérékoré et Kérouané  <b>Component 2: Other socio-economic support activities in favour of Ebola survivors:</b> Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa, Siguiiri, Kankan, Kissidougou, Beyla, Lola and Yomou.  <b>Component 3: Improving skills for frontline ebola workers (red cross volunteers participating into Safe and Dignified Burials (SDB)):</b> Macenta , Guékédou, Nzérékoré et Kérouané  <b>Result 5: Capacity building activities on the Ministry of Social Action, Children and Women Protection:</b> Macenta , Guékédou, Nzérékoré et Kérouané		

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



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**QUARTERLY PROGRESS REPORT RESULTS MATRIX**

**OUTPUT INDICATORS**

<b>Indicator</b>	<b>Geographic Area</b>	<b>Projected Target (as per results matrix)</b>	<b>Quantitative results for the quarterly reporting period</b>	<b>Cumulative results since project commencement (quantitative)</b>	<b>Delivery Rate (cumulative % of projected total) as of date</b>
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*Description of the quantifiable indicator as set out in the approved project proposal*

**Result 1: Psychosocial support through community healing dialogue**

<i>Number of community healing sessions animated</i>	Nzerekore, Macenta, Guekedou, Kerouane	400 community healing dialogue (CHD) sessions benefiting survivors living in 20 sub-prefectures.  <i>(Note 1: 400 community healing dialogue groups set up in 20 sub-prefectures. Each group will do 10 sessions of CHD.)</i>	28	28	7%
<i>Number of Individual psychosocial</i>	Nzerekore, Macenta, Guekedou,	40 beneficiaries are in need of adequate	0	0	0%



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	<i>counseling done after community healing dialogue</i>	Kerouane	follow up. <i>(Note 2: Number of beneficiaries identified in need of adequate follow up or referral after CHD done by Red Cross volunteers)</i>			
<b>Result 2: Cured self-support capacity</b>						
	<i>Number of cured (survivors) followed and sensitized</i>	Nzerekore, Macenta, Guekedou, Kerouane,	447 people in 31 prefectures	0	0	0%
<b>Result 3: Fight against stigmatization</b>						
	<i>% of the population with sensitized about EVD survivor's situation to decrease stigmatization</i>	Nzerekore, Macenta, Guekedou, Kerouane,	80% of target groups according to the results of the baseline.	0	0	0%
<b>Result 4: Socio-economic community strengthening</b>						
	<i>Number of community economic projects implemented</i>	Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Kouroussa,	At least 20 projects implemented	0	0	0%
	<i># of Red Cross Volunteers</i>	Siguiri, Kankan,	450 volunteers	0	0	0%



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	<i>trained</i>	Kissidougou, Beyla, Lola and Yomou				
	<i>Number of project financed and implemented through the civil society platform</i>		10-15 projects	0	0	0%
<b>Result 5: Capacity building activities on the Ministry of Social Action, Children and Women Protection</b>						
	<i># of prefectural ministry branches supported (rehabilitation, trainings, support to running costs)</i>	Nzerekore, Macenta, Guekedou, Kerouane,	60 social workers recruited 4 regions	0	0	0%
<b>EFFECT INDICATORS (if available for the reporting period)</b>						
	Result 1 and 2. Psychosocial conditions of the EVD survivors (or affected communities) improved	Nzerekore, Macenta, Guekedou, Kerouane,	2% of the total population found with serious traumatic conditions after the baseline is done.	N/A	N/A	N/A
	<b>Result 3 and 4.</b> <i>Socio-economic</i>	Nzerekore, Macenta,	20% of the targeted	N/A	N/A	N/A



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	<p><i>support.</i></p> <p>% of EVD Survivors improving their socio-economic living condition through de-stigmatization and better economic opportunities</p>	<p>Guekedou, Kerouane, Boke, Boffa, Fria, Telimele, Pita, Mali, Dalaba, Tougue, Faranah, Koroumussa, Siguiri, Kankan, Kissidougu, Beyla, Lola and Youmou.</p>	<p>population improves the coverage of their daily needs. Targeted population is identified through baseline and/or based on statistics available.</p>			
	<p><b>Result 5</b></p> <p>Improved monitoring system.</p>	<p>Nzerekore, Macenta, Guekedou, Kerouane</p>	<p>100 % of the monthly reports received on time by the Ministry at central level.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

**NARRATIVE**

**Situation Update**

On the one hand, the start of the programme has been delayed due to the resurgence of the EVD outbreak in Koropara during the month of April and May 2016. All in country UNDP resources available were focused on containing the outbreak and providing adequate emergency response to the population affected in Forest Guinea.

During the reporting period, the National Coordination Cell, partners and UN Agencies focused its efforts on delivering medical care services for survivors and strengthening surveillance activities around survivors and survivor’s families. A wide range of mechanisms and measures were adopted by the Government and Ebola responders to enhance a better access to health care for survivors from Ebola (e.g. SACENT Strategy). A database was updated on regular basis and adequate protocols were reinforced to ensure Guinean health system could take care of survivors and early detect new Ebola cases at community level. Koropara’s crisis highlighted how important was to invest in setting up early warning mechanisms and providing adequate support to community and health facilities structures working with survivors at local level. Around 1,100 survivors were directly involved into medical control activities by National Coordination Cell.

Regarding socio economic activities, the situation remained stable during the period reported. It was a limited number of organisations working with Ebola survivors on socio-economic recovery activities. Stigmatization of survivors were still appreciated as a real issue by the communities. A clear example of this happened during



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Koroparas's crisis. This crisis showed how difficult was to get access to communities affected by the Ebola virus because of lack of community engagement and stigmatization. Red Cross volunteer's teams who were in charge to do safe and dignified burials as well as other relief organisations were strongly stigmatized. As a consequence, operational activities to be done to break transmission chain were disrupted and response took more time to be effective.

On the other hand, the signature of the cooperation agreements between the Multi Partner Trust Fund (MPTF) and UNDP was done the 16 of March 2016 and subsequent funding was received on 19th of April 2016. As a consequence, we could not engage any funding with implementing partners involved into the program before the signature of the agreement between UNDP and MPTF that was done the 16 of April 2016.

Cooperation agreement was signed with the IFRC on 24th June 2016 and the first funding for psychosocial and anti-stigmatization activities was transferred to the IFRC on 9th of August 2016 for a total amount of US dollars 202,131. Nevertheless, the IFRC advanced funds to start psychosocial activities in attendance to receive the total amount committed.

The Letter of Agreement (LoA) with the Ministry of Social Affairs was signed on 10th August and a total amount of 3,195 US dollars was transferred to the implementing partner for starting activities.

However, UNDP worked closely with the implementing partners on the set up of the program and the elaboration of work plan, the signature of collaboration agreements and the design and dissemination of monitoring tools. In the lines below a short description of the work plan is provided (for further details you can consult the Plan of Action approved by the Steering Committee written French).

**Plan of Action consist on:**



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		2016				2017			
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
<b>Result 1:</b>	<b>Psychosocial support is provided to survivors'</b>								
	<i>Design and implement baseline activity</i>								
	<i>Training on psychosocial support</i>								
	<i>Community healing dialogue sessions</i>								
	<i>Individual psychosocial support activities.</i>								
<b>Result 2:</b>	<b>Self cured support Ebola survivors'. Enhanced access to health care for ebola survivors'.</b>								
	<i>Identify health facilities working under SACEINT strategy</i>								
	<i>Health workers recruited to strenghten SACEINT strategy.</i>								
	<i>Ebola survivor's get better access to health care and follow up.</i>								
<b>Result 3:</b>	<b>Stigmatization is decreased in targeted areas.</b>								
	<i>Preparing communication plan with local authorities.</i>								
	<i>Organising anti-stigmatization activities in targeted areas.</i>								
	<i>Broadcast anti-stigmatization messages</i>								
<b>Result 4</b>	<b>Socio-economic and recovery activities are done and improve live conditions of survivors.</b>								
	<i>Socio-economic needs assessment in the targeted areas</i>								
	<i>Design and priority of socio-economic proposals</i>								
	<i>Support to civil society to improve survivor's living conditions in less impacted ebola areas.</i>								
	<i>Baseline about professional skills for frontline workers</i>								
	<i>Set up training activities to improve professional skills and enhance a better access to job opportunities.</i>								
<b>Result 5</b>	<b>Ministry of Social Action, Women and Child Protection is reinforced.</b>								
	<i>Deployment of social workers</i>								
	<i>Ministry of Social Action, Women and Child Protection is provided with adequate tools and means to run his mission.</i>								

**Key Achievements**

Main key achievements of the programme are:

**A. Set up of the program implementation and partnership.**

This activity includes signature of cooperation agreements with partners, dissemination of information about the main aims and components of the program and other key activities requested to achieve program objectives.

Preparation works were achieved to finalize cooperation agreements with technical implementing partners (IFRC and MASPFE). Main duties and obligations were fixed and a detailed allocation of the budget was fixed.

In addition to that, UNDP Office has disseminated information about the objectives of the programme and take contact with civil society associations and potential partners interested in supporting socio-economic and relief initiatives benefiting survivors.

Finally, a detailed Plan of Action has been established and key indicators have been accommodated to the field needs and aligned with the National Coordination Cell survivor's policy, especially in regard of the activities that concern cured-self-support capacity for Ebola survivors. National Coordination Cell in collaboration with WHO adopted strong guidelines and recommendations to support health care activities. As a consequence, guidelines to strengthen survivor's surveillance (e.g. SACEINT) were adopted. The



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strategy adopted by Government focused on provide adequate health care for survivors and family of survivors to be able to early detect new Ebola cases and break as soon as possible the transmission chain. Under the leadership of the National Coordination Cell and the Ministry of Health, UNDP assessed the gaps and contributed to strengthen the implementation of the SACEINT strategy through supporting health structures to provide adequate care for survivors. As a result of this:

- a. A collaboration agreement has been signed between UNDP and MPTF Collaboration agreements to implement project activities (PCA) has been signed between the IFRC and UNDP and Ministry of Social Action, Women and Child Protection
- b. A Plan of Action and a planning to allocate funds has been agreed between UNDP and IFRC.
- c. Administrative works has been achieved to provide technical implementing partners with the allocation of funding forecast into the plan.
- d. Preparation works has been done to set up the Steering Committee and other technical entities in charge of program governance, keep inform donors and local authorities and review the progress of the activities. The minutes of the first steering committee was shared among participants and get approval during the meeting. (see **Annex I; I.I; I.II; I.III; I.IV**-only available in French)
- e. Technical monitoring tools and indicators have been reviewed and adapted to the field to collect adequate information and set up baseline survey.

**B. Main achievements of the project.**

According to the activities planned the main achievements are:

**Result 1: Psychosocial support through community healing dialogue.**

**Performance: 565 beneficiaries achieved over 8 000 direct beneficiaries selected on a voluntary basis within the community (7% percent of the total population targeted by the project)**

**a) Training**

**Performance: / 4 Red Cross Volunteers trained / 66 Red Cross Volunteers (Guinean Red Cross focal points for the psychosocial support activities in Forest Guinea.) identified by the National Society to provide psychosocial support services.**

**Other results: 4 social workers from the Ministry of Social Affaires have been trained to facilitate follow up and monitoring of the program by the Ministry of Social Action, Woman and Child Protection and facilitate joint planning and sharing information between Red Cross and local authorities.**

The first activity consisted on training Red Cross Guinean volunteers on first psychosocial support and community healing dialogue developed by the World Health Organization (WHO) in Liberia to help community and its members to cope with the trauma of the crisis.

Guinean Red Cross in collaboration with the IFRC has identified 66 volunteers and trained 4 Guinean red cross focal points who will be in charge to replicate trainings for psychosocial support volunteers participating into the program in Forest Guinea. These Guinean red cross volunteers will be in charge to provide psychological first aid to the Ebola survivors and frontline workers in Forest Guinea as well





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as they will facilitate community healing dialogue sessions.

- b) 1 Training of trainers (TOT) was held on CHD (Community Healing Dialogue) for 4 PSS Focal Point in Forest Guinea and 4 Social workers of the Ministry of Social Action. This training on the Therapeutic Community Dialogue was moderated by a WHO expert.
- c) 1 Training of Trainers (TOT) was held. 4 Focal Points were trained on Psychological First Aid and Mini MH Gap (Global Plan to fill the gaps in Mental Health).

These trainings focused on the following topics: crisis events and psychosocial support, stress, psychological support and emergency communications. A particular focus was on the four basic elements of psychological first aid.

In addition, CRG-IFRC organized 4 mini participatory planning workshops that took place at Guékèdou, Macenta, Kerouane and Nzerekoré in the aim to better identify vulnerable groups targeted at community level and develop a baseline of the psychosocial resources available in the area.

Mini workshops organized in collaboration with UNICEF, WHO, prefectural health services (DPS), OIM and WFP by each prefecture contribute to provide the survivors' program with further details about the targeted groups in each one of the project areas. A mapping of stakeholders in the prefectures was done. Moreover, thanks to this activity the Red Cross teams and UNDP could introduce to the local authorities the main objectives of the program and get a better understanding and detail of the vulnerabilities and selection criteria to be applied by each prefecture. (**Annex V**)

**b) Community Healing Sessions**

Second activity consisted on providing community healing sessions (28 sessions per group) in the targeted areas. Twenty-eight sessions were conducted in Macenta, Guékèdou, Nzerekoré (Forest Guinea) and Kérouané (Upper Guinea) with a total number of 565 participants. Following the Koropara crisis and because of the urgent need of psychosocial first aid detected in the areas of concerned by the program, the IFRC advanced funds to start community healing dialogue sessions as it follows:

N°	Districts	Number of CHD sessions	Number of beneficiaries	Male	Female
1	Gueckedou	6	84	30	54
2	Macenta	7	133	105	28
3	N'zérékoré	7	140	105	35
4	Kéréouané	8	208	120	88
	Total	28	565	360	205

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**c) Individual psychosocial support activities**

Due to the delay in the reception of the funding, CRG-IFRC Teams couldn't put in place activities related to the identification of potential psychosocial needs through individual support sessions for survivors. However, psychosocial support activities are planned and teams are ready to be deployed on the field from September 2016. According to the guidelines provided by the Ministry of Health through the National Coordination Cell, the potential psychological trouble cases found will be referred directly to adequate health structures for medical care and follow up. Social workers and Red Cross volunteers at community level will provide psychosocial support during the implementing period through individual sessions or community healing dialogue activities. A baseline is designed to have further information about needs for survivors, especially in what it may concern psychological support activities. Related to socio-economic activities, an evaluation has been done by the UNDP team and the communities affected by Ebola disease in Forest Guinea. (see more information in the Result 4<sup>th</sup>.)

**Result 2: Cured self-support capacity strengthening.**

**Performance 0 cured people benefiting from access to health services/447 cured/**

Following the recommendations coming out from the local authorities and the World Health Program, a dialogue was engaged with the National Agency of Health Surveillance (ANSS) to review the pertinence of activities proposed by the project in order to identify possible gaps, to avoid duplicated activities and to ensure coherence and added value of UNDP actions proposed. Once the analysis was done in collaboration with the ANSS and other response partners, it was agreed that UNDP project will focus its support on improving survivor's health and facilitating access to health facilities and health care as required by local authorities for the post-Ebola recovery period.

Support delivered to the ANSS is based in the methodological approach adopted by the GoG to any survivor's related activity. The methodological approach is compiled into the strategy entitled "*Surveillance en ceinture autour des guerres d'ebola*" (SACEINT). That means that any intervention looking to improve survivor's health must be focused on strengthening SACEINT strategy.

The SACEINT approach is focused on strengthening epidemiological control around survivors, families and



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communities around survivors establishing mechanisms to enhance access to effective and efficient health care services.

In order to avoid duplication of the activities with other actors, especially the ones supported by the World Health Organization and bearing in mind the main and last objective of the program which is to strengthen health care for survivors, the following activity has been retained:

. - Facilitate adequate survivors' health care by supporting health staff (272) working in 34 care centers to attend survivors needs benefiting 1078 people.

<b>Health workers</b>	<b>Quantity</b>
<i>Doctor</i>	<i>102</i>
<i>Nurse</i>	<i>68</i>
<i>Washer</i>	<i>34</i>
<i>Hygiene Promotion</i>	<i>34</i>
<i>Driver/Gards</i>	<i>34</i>
<b>Total health workers</b>	<b>272</b>

This activity is part of a health care activities included into the SACEINT strategy to be done in collaboration with PNUD Survivors Program.

This activity has an added value as it is going to allow the GoG to give a better health support for survivors spread throughout the country and more important than this, the activity contribute to prevent and/or mitigate the consequences of a reemergence of the Ebola outbreak in Guinea.

The activity is ongoing and health staff is recruited by the ANSS and will take position into the CTEPIs to strengthen survivors' care from August 2016.

**Result 3: Fight against stigmatization**

**Performance: 0 beneficiaries sensitized/11, 000 direct beneficiaries targeted.**

A Communication Plan has been drafted by the CRG-IFRC and submitted to the Technical Team for review and validation. (see Annex II). Communication Plan contains the following activities:

- Raised awareness among the population about stigmatization issues through key message broadcasted on radio programs (5 key messages). The content of the key messages has been shared as well with the National Agency of Health Surveillance (ANSS) and discussions are ongoing to validate and operationalize the activity.
- 432 emissions about psychosocial issues will be broadcasted in Forest Guinea starting from mid-September 2016.
- IFRC contacted the National Association of Ebola survivors to identify how to strengthen the capacities of the local associations to better support survivors' needs.

**Result 4: Socio-economic strengthening**



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Main components of this activity are:

**a. Set up of socio-economic projects in favor of communities in Forest Guinea.**

**Performance: 0 beneficiaries achieved/ 4,000 direct beneficiaries/**

A bottom-up participatory identification of community projects and priorities around small economic infrastructure, sanitation infrastructure and income generation activity has been conducted by the UNDP teams in Forest Guinea.

A list of eligible projects has been prepared and submitted to the approval of the Steering Committee. Most relevant, useful and feasible interventions have been identified. (see **Annex III**).

**b. Socio-economic support for civil society.**

**Performance: 0 beneficiaries achieved/ 2,000 direct beneficiaries**

UNDP team has developed the TORs to publish a national call for proposals. The aim of this activity is to implement relevant community projects with positive socio-economic impact by locally based civil society organizations. Criteria of selection have been established and nationwide call for proposal is undergoing.

**c. Training for frontline workers (especially Red Cross volunteers) for their reinsertion.**

**Performance: / 0 beneficiaries achieved/ 360 former frontline workers (ERWs) direct beneficiaries**

First contacts have been held by the CRG-IFRC and UNDP to establish the vulnerability criteria and the scope of the action. Methodologies and tools have been approved and a work plan established to launch the baseline survey in September 2016.

**Result 5: Ministry of Social Action, Children and Women Protection (MASPFE) capacity building.**

**Target: 4 prefectural administrations / 4 number of administration achieved.**

Key achievements for the reporting period are:

- Identification and recruitment of social workers (60) to be deployed in Forest Guinea.
- Methodological tools were developed allowing the social workers to collect key information.
- In addition, indicators to evaluate impact and level of performance were discussed and approved by the technical team.
- Moreover, the technical unite of management (TUM) established a deployment plan in collaboration with the Ministry, defining and approving the TOR for the social workers to be deployed on the field.
- Finally, the technical unite of management (TUM) defined the equipment needed by the Ministry for implementing purposes and start procurement process. It is expected the equipment will be delivered in September.

**As a key impact we would like to highlight that the Ministry (MASPFE) has taken the leadership over the project and the technical staff is fully engaged into the implementation of the program.**



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	<p><b>Delays or Deviations</b> (if any, briefly describe the delays or changes in focus, approach or targets, and provide a short justification for the change (1-2 paragraphs))</p> <p>The resurgence of the Ebola virus in Koropara (April 2016) has negatively affected the start of the project activities because of the fact that UN Agencies and local authorities were more focused on responding Ebola outbreak and avoiding the apparition of new transmission chains until June 2016</p> <p>In addition to that a delay in the reception of the funds and the signature of the collaboration agreements between implementing partners (Ministry of Social Action, Women and Child Protection and International Federation of Red Cross) affected negatively the start of the project activities, especially the activities related to the set-up of the baseline assessment.</p> <p>At this stage, we believe that the delay will not affect significantly the activities planned into the matrix initially submitted but still we do not have enough elements on our hand to evaluate the impact of this delay.</p> <p>Finally, we believe that second activity report to be submitted in November 2016 will allow us to better assess which is the real impact of the delay in terms of execution timeframe for the project. Moreover, this will allow us to have a clear picture of the possible impacts and adopt adequate corrective measures if required.</p>																								
	<p><b>Gender and Environmental Markers</b> (Please provide disaggregated data, if applicable)</p> <table border="1" data-bbox="321 1031 1385 1255"> <tr> <td colspan="2"><b>No. of Beneficiaries</b></td> <td colspan="2"><b>Environmental Markers</b></td> </tr> <tr> <td><b>Women</b></td> <td><b>205</b></td> <td colspan="2"><i>e.g. Medical and Bio Hazard Waste</i></td> </tr> <tr> <td><b>Girls</b></td> <td></td> <td colspan="2"><i>e.g. Chemical Pollution</i></td> </tr> <tr> <td><b>Men</b></td> <td><b>360</b></td> <td></td> <td></td> </tr> <tr> <td><b>Boys</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td><b>565</b></td> <td></td> <td></td> </tr> </table>	<b>No. of Beneficiaries</b>		<b>Environmental Markers</b>		<b>Women</b>	<b>205</b>	<i>e.g. Medical and Bio Hazard Waste</i>		<b>Girls</b>		<i>e.g. Chemical Pollution</i>		<b>Men</b>	<b>360</b>			<b>Boys</b>				<b>Total</b>	<b>565</b>		
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	<p><b><u>Additional Information</u></b></p> <p>Next steps to be accomplished for the project are:</p> <ol style="list-style-type: none"> <li>1) End deployment of social assistants throughout de country.</li> <li>2) Set up, collection and analysis of data coming out from baseline.</li> <li>3) Continue community healing activities and counseling on Psychosocial Support</li> <li>4) Initiate anti-stigmatization activities.</li> <li>5) Operationalize development projects in Forest Guinea</li> <li>6) Operationalize development projects for civil society in Forest Guinea</li> <li>7) End proceedings to supply equipment requested by the MATD.</li> <li>8) Organize next meeting of the Steering Committee.</li> </ol>																								



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