



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMMENARRATIVE REPORT - VERSION 1
DATE: 26 JULY 2017**

<p align="center">Project Number(s) and Title(s)</p> <p># 43: Strengthening the Community Recovery and Resilience in Post Ebola Guinea</p> <p>Project ID: 96705 (Gateway ID)</p>
<p align="center">Strategic Objective & Mission Critical Action(s)</p> <p>RSO#4 Socio-Economic Revitalization</p>
<p>Location:</p> <p>Guinea: N'Zerekore and Kindia regions</p>
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project proposal document: UNDP: \$ 458, 651 MPTF: UNFPA: \$ 290, 077</p> <ul style="list-style-type: none"> • <i>by Agency (if applicable)</i> <p>Agency Contribution</p> <ul style="list-style-type: none"> • <i>by Agency (if applicable)</i> <p>Government Contribution <i>(if applicable)</i></p> <p>Other Contributions (donors) <i>(if applicable)</i></p> <p>TOTAL:</p>
<p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Evaluation Completed <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No Date: <i>15.11.2016</i></p> <p>The project is covered by the Country Programme action Plan (CPAP) evaluation conducted in November 2016</p> <p>Evaluation Report - Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>

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<p align="center">Implementing Partner(s)</p> <ul style="list-style-type: none"> - Ministry of Health - CSOs/CBOs 								
<p align="center">Sub-National Coverage Area:</p> <p>Country: Guinea</p> <p>Prefectures: N'Zerekore, Macenta, Gueckedou, Lola and Kindia</p>								
<p align="center">Programme Duration</p> <table border="0"> <tr> <td>Overall Duration (<i>months</i>)</td> <td>11 months</td> </tr> <tr> <td>Project Start Date</td> <td>21 Oct 2015</td> </tr> <tr> <td>Originally Projected End Date</td> <td>31 Mar 2016</td> </tr> <tr> <td>Actual End date</td> <td>30 Sep 2016</td> </tr> </table> <p>Agency(ies) have operationally closed the programme in its(their) system <input checked="" type="checkbox"/> Yes No <input type="checkbox"/></p> <p>Expected Financial Closure date: 30 September 2017</p>	Overall Duration (<i>months</i>)	11 months	Project Start Date	21 Oct 2015	Originally Projected End Date	31 Mar 2016	Actual End date	30 Sep 2016
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PROJECT/PROPOSAL RESULT MATRIX

Project Proposal Title: # 43 - Strengthening the Community Recovery and Resilience in Post Ebola Guinea						
Strategic Objective to which the project contributed	RSO#4 Socio-Economic Revitalization					
Output Indicators	Geographical Area	Target		Cumulative results	Means of verification	Responsible Organization(s).
Number of households economically reintegrated through an income generating activity	N'Zérékoré, Macenta and Gueckedou	450		708	Project report	UNDP
Number of community recovery initiatives launched	N'Zérékoré, Macenta and Gueckedou	20		29 (cf list in annex II)	Project report	UNDP
Amount disbursed to community groups / households in \$US	N'Zérékoré, Macenta and Gueckedou	200,000		256,685	Project report	UNDP
Number of community consultations and orientation sessions on the post-recovery strategies and community action plan	N'Zérékoré, Macenta and Gueckedou	20 sessions/1,000 persons		20	Project report	UNDP
Number of thematic training sessions on income generating activities, business and financial literacy, creation of jobs	N'Zérékoré, Macenta and Gueckedou	20 sessions/1,000 persons		72	Project report	UNDP
Percentage of pregnant women who conducted four antenatal visits, including one on the 9th month of the pregnancy	NZerekore, Macenta, Lola, Conakry, Dubreka et Forecariah	85%		(86%) 23029 women	Project report	UNFPA
Number of breast-feeding women who made the post-natal consultation	NZerekore, Macenta, Lola, Conakry, Dubreka et Forecariah	6,000		10099	Project report	UNFPA
Number of health workers trained in health-related topics like reproductive health, HIV, Ebola virus disease, gender – based violence, reproductive health etc.	NZerekore, Macenta, Lola, Conakry, Dubreka et Forecariah	40		68	Project report	UNFPA
Number of health facilities provided with logistic support by the project in terms of equipment	NZerekore, Macenta, Lola, Conakry, Dubreka et Forecariah	20		20	Project report	UNFPA
Effect Indicators	Geographical Area (where the project directly operated)	Target		Final Achievements	Means of verification	Responsible Organization(s)
Number of communities whose socio-economic conditions have improved	NZerekore, Macenta and Gueckedou	18		19	Project report	UNDP

FINAL PROGRAMME REPORT

EXECUTIVE SUMMARY

The project has significantly contributed to the socio-economic recovery of the communities affected by the Ebola epidemic in the prefectures of Gueckedou, Macenta, N’Zerekore and Kindia.

708 households, directly affected by Ebola, were granted cash subsidies which enabled them to meet immediate needs and carry out economic activities. Among the targeted heads of households, 45% are women and 110 are Ebola survivors (cured). Income-generating activities and awareness-raising by the project staff contributed to the reduction of stigmatization and the socio-economic reintegration of Ebola survivors.

In addition, the grants awarded by the project enabled the rehabilitation of social and economic community infrastructures. A total of 17 water points, 10 blocks of public latrines, 7 public buildings, 2 health centers etc. have been rehabilitated or freshly built under community initiatives. These actions have not only helped to improve the living conditions of the populations but they also allowed to restore the social cohesion altered by the Ebola epidemic.

The capacity building of 20 health facilities with reproductive health kits and motorcycles have facilitated access to quality basic services to women and youth in the regions of N’Zerekore and Kindia.

Current Situation and Trend

The Ebola outbreak and the psychosis it generated have completely changed the dynamics of development in Guinea. The economic activities and social dynamic were negatively affected by two years of epidemic. This situation exposed the already fragile health system and overall health service delivery. It also created negative socio-economic effects on the most vulnerable populations, thus increasing their poverty level.

In this context, the support to vulnerable populations in affected areas of Guinea was essential. It helped them to cope with the negative socio-economic impact of the Ebola outbreak. It also facilitated a seamless transition to early recovery and prevented the country from sliding back to vulnerabilities by ensuring the socio-economic revitalization and delivery of basic services.

This project has two outputs implemented by UNDP and UNFPA. The output 1 was implemented by UNDP through the partnership with one national NGO, “*Association des animateurs communautaires de Guinée (AACG)*”. The second output was implemented by UNFPA and the Ministry of Health decentralized services.

Output 1: 20 most affected communities by the EVD or 1000 individuals in three regions improve their living conditions, have financial autonomy to support their family members through income generating activities, training opportunities on business and financial literacy, and creation of job opportunities.

Output 2: Most vulnerable populations, especially those in rural areas have access to reproductive health service, family planning and social protection plans.

Key Achievements:

Output 1: 20 most affected communities by the EVD or 1,000 individuals in three regions improve their living conditions, have financial autonomy to support their family members through income generating activities, training opportunities on business and financial literacy, and creation of job opportunities.

- 708 affected households were granted cash assistance (315 USD / household from which 50% to address community recovery needs¹ from the Ebola impact in three prefectures of Gueckedou, Macenta and N’Zerekore. This figure includes 45% of women (320) and 110 cured from Ebola. These households were selected through a rigorous and participatory process based on three criteria: i) deaths due to Ebola in the household, ii) Ebola survivors in the household, iii) households with Ebola orphans. These criteria were applied in doing an exhaustive census of Ebola affected households with the involvement of Ebola survivors and health posts personnel. Then, the most vulnerable households were selected for project assistance. After the selection process, the beneficiaries were trained in small scale business planning and basic accounting notions to successfully conduct their income generating activity (IGA). Finally 155 individuals’ initiatives and 94 associative income generation activities were realized by the 708 households. Most of the beneficiaries have shown a significant improvement of their living conditions. The statistic of beneficiaries per community is included in annex I.
- In addition to the direct assistance to affected households, their communities have benefited from the project. The 28 social and economic infrastructures were realized in the 19 targeted communities to address the access to basic services and relaunch economic activities. Among those initiatives, we noted the construction of public latrines, water pumps maintenance, small agricultural equipment, health centers and administrative buildings rehabilitation. The list of community initiatives supported is in annex II.

Output 2: Most vulnerable populations, especially those in rural areas have access to reproductive health service, family planning and social protection

UNFPA has equipped maternities of 20 health facilities with reproductive health kits in 3 regions namely Kindia, N’Zerekore and Conakry and provided 30 motorcycles in 30 health facilities to facilitate outreach activities in the regions of N’Zerekore and Kindia.

In addition to that, UNFPA in collaboration with MOH conducted a workshop of 68 midwives from 9th to 13th November 2015. The objectives were to strengthen and improve knowledge and skills of midwives in obstetric and neonatal emergency care (EmONC), Partogram, prevention and treatment of postpartum hemorrhage and pre-eclampsia/eclampsia and management of birth asphyxia, HIV, Ebola virus disease, gender – based violence, and the management and control of infection.

¹ See annex I: Number of beneficiaries and grant received

Distribution of reproductive health kits and maternity equipment at Conakry

Health facilities	Delivery kit (6A)	Delivery kit (6B)	Ventouse(kit 10)	C-section kit 11 A	C-section kit 11 B	Gynecologic table	Reanimation table	Refrigerator	Surgery table	Hospital bed
Conakry										
CMC Ratoma	1	1	1	1	1	1	2	1	2	
CMC Matam			1	1	1	2	1	1	2	5
CMC Coleah	1	1	1			2		1		3
CMC Flamboyah	1	1	1			2		1		2
CMC Miniere	1	1	1			1		1		2
Cs Bernard Couchener	1	1	1	1	1	2	1	1	2	4

Health facilities	Delivery kit (6A)	Delivery kit (6B)	Ventouse(kit 10)	C-section kit 11 A	C-section kit 11 B	Health structures	Delivery kit (6A)	Delivery kit (6B)	Ventouse(kit 10)	C-section kit 11 A	C-section kit 11 B
Pref:Nzerekore						Pref: Kindia					
HP Nzerekore				2	2	HP kindia				1	1
Cs Koropara	2	2				Hp Dubreka				1	1
Cs Gonia	2	2				Cs Tanene	2	2			
Hopital de macenta				2	2	Cs Tondon	2	2			
Hopital de Lola						CSA Dubreka	1	1			
CS Bofossou	2	2				CS Khorira	2	2			
CSU Lola C	2	2				Cs Maferinya	2	2			

Delays or Deviations

The implementation of the project has experienced delays for the following reasons:

- During the last quarter of 2015, the presidential election was the top priority in Guinea for national, regional and local authorities. The elections process which started in early October ended on 21st of December 2015 with the official installation of the President for his second mandate. The local authorities were entirely mobilized in that process and the project field activities started only in December, two months after project original start date.
- For the recovery perspectives through income generating activities, the participatory process revealed to be longer than expected given the sensitivity of the subject in the communities. It is a must that local authorities and communities agree on the selection criteria and the discussions resulted in delays

in signing the operational agreement in each "sous prefecture". The project approach to support community recovery consists of providing direct assistance to affected households to rebuild their lives and also the whole village for other community needs (for example rehabilitation of water point), The selection of community needs would take longer time in case of lack of consensus among all social groups (youth, women).

- There is a need to maintain longer advisory support to beneficiaries to succeed in their recovery activities: income generating activities are not a common practice for many beneficiary households. The success of recovery initiatives launched by the beneficiaries depends on the monitoring and advisory support. To this end, it is necessary that the project community advisors pursue their support to beneficiary households after disbursement of grants;
- The resurgence of Ebola in Koropara (prefecture of NZerekore) in March and the dispersion of contact persons across NZerekore Macenta prefectures has affected the project activities. The National Ebola response Cellule redirected all partners to focus on the resurgence

The delay has resulted in a non-cost extension of the project until 30 September 2016.

Best Practice and Summary Evaluation

The approach used to implement the project has an impact both on directly affected households and their communities. An amount of approximately 315 USD granted per affected household was divided into two parts: 50% was paid directly to the households for immediate needs and IGA; and 50% to the community to support community initiatives. All grants were managed directly through community committee and this approach enabled them to achieve community initiatives at the reasonable costs. The annexed list of community initiatives supported shows how the approach was efficient.

Lessons learned

- The forest region is the poorest in Guinea and Ebola had worsen the vulnerability of populations. During the training for beneficiaries and selection of their IGA, almost all of them have chosen the activity which can procure immediate revenue and not long term activities. Their precarious living conditions and the modesty of project assistance drove them in the short term surviving attitude.
- Community recovery initiatives were selected by the local population with the facilitation of the project staff. The activities were carried out by the communities themselves on the basis of their local expertise. This approach has enabled substantial actions to be carried out at reasonable cost. This approach had developed a strong local ownership.
- Community initiatives supported by the project helped to restore social cohesion altered by Ebola epidemic. Indeed, the construction or maintenance of the water points for example help to reconcile the villages in conflict since the epidemic of Ebola. The infrastructure of common interest and the awareness of the project facilitators enabled them to transcend their divergences. The project had a catalytic effect in peace building.

Story from the Field



Ms Kolikolo Loua, Gbouo village,
N'Zerekore Prefecture

My name is Kolikolo Loua, mother of three children, including a boy and two daughters. I have been a widow for four years now and after the death of my husband, I have been supporting my children with difficulties. I fell ill with Ebola in 2014. I was waiting for my death at any moment knowing that any person who was ill of Ebola at that time was condemned to death. It was said everywhere that any patient infected with Ebola should be killed in the treatment center as there is no available medical treatment. Thank God I have recovered from the disease after four weeks of hospitalization at the treatment center. But, back to the village, I was stigmatized and marginalized. The UNDP project came to the village to identify the Ebola survivors and all those who have lost a family member. Thanks to the

project, I have received 500.000 GNF for my immediate needs and then 1000.000 GNF for income generating activity. This was a lot of money for me. I opened a restaurant in the village, business that I was doing before my husband died. Through this economic activity, I can earn between 25,000 to 40,000 GNF of profit per day, 4 to 5 days a week. I was able to enroll my daughter and my boy at school. I am now well integrated into my community and I have a peaceful life. In addition, I am participating in a “tontine” in view of realizing my project of building a small house. I thank UNDP and all the project staff for their assistance.

Annex I: Number of beneficiaries and grant received per commune

Location		Number of beneficiaries	Total grants per commune in GNF
Prefecture	Commune		
Macenta	C U MACENTA	90	208 800 000
	SEREDOU	31	71 920 000
	BALIZIA	18	41 760 000
	DARO	27	62 640 000
	BOFOSSOU	29	67 280 000
	BINIKALA	16	37 120 000
	KOUANKAN	30	69 600 000
	N'ZEBELA	29	67 280 000
	FASSANKONI	95	220 400 000
	KOYAMAH	16	37 120 000
	PANZIAZOU	10	23 200 000
Total Macenta	11	391	907 120 000
Gueckedou	CU GUECKEDOU	61	141 520 000
	NONGOA	17	39 440 000
	KOUNDOU –L B	10	23 200 000
	FANGAMADOU	7	16 240 000
	OUENDEKENEMA	50	116 000 000
	TEKOULO	49	113 680 000
	GUEDEMBOU	90	208 800 000
Total Gueckédou	7	284	658 880 00
N'Zerekore Agriculture small equipment for transformation	Koropara	33	400 493 800
	1	33	400 493 800
TOTAL INVESTISSEMENT	18	708	1 966 493 800

Annex II: List of community initiatives supported by the project

No	Initiative	Location	
		District	Commune
1	Rehabilitation of a cultural center building	Tekoulo	Tekoulo
2	Rehabilitation of communal office building	Fangamadou	Fangamadou
3	Construction of 1 shelter in the health center	Nongoa centre	Nongoa
4	Equipment of the Communal Office with chairs		
5	Rehabilitation and equipment of visitors' house	Ouendé Kènèma	Ouendé Kènèma
6	Rehabilitation and equipment of the health center	Guedembou	Guedembou
7	Construction of a 3 doors latrine block	Guedembou	Guedembou
8	Construction of 2 doors latrine block	Belessa	Koundou Lengo Bengou
9	Maintenance of communal waste truck and	Gueckedou center	Gueckedou

No	Initiative	Location	
		District	Commune
	equipment of the conference room with chairs		
10	Construction of generator shelter in the market	Gueckedou	Gueckedou
11	Construction of one latrine block with 3 doors	Houndonin	Gueckedou
12	Repair of 3 manual water drilling	Zoumakoidou(1), Voloa(1), Kotidou(1)	Balizia
13	Repair of 8 manual water drilling	Bofossou centre(2), Segbemè(1), Lofama(1), Kpétéwalamè(1), Zaoulazou(1), Vonezou(1), Gbovalavou(1)	Bofossou
14	Construction of 2 blocks of latrines, 2 doors each	Fonissou(1), Sogonimè(1)	Binikala
15	Construction of 1 latrine block wit 2 doors	Daro center	Daro
16	Construction of one latrine block with 2 doors	Macenta center	Macenta
17	Equipment of the communal office with solar energy system and chairs		
18	Creation of garbage collector		
19	Construction of a latrine block with 2 doors	Kouankan	Kouankan
20	Rehabilitation of administrative visitors house	Koyamah	Koyamah
21	Rehabilitation of administrative visitors house	Fassankoni	Fassankoni
22	Construction of a latrine block with 2 doors	Fassankoni	
23	Maintenance of 2 manual water drilling	Fassankoni	
24	Construction of fence around 2 manual water drilling	Sérédou centre, Sérédou centre(3), Maliwoueta(1)	Sérédou
25	Maintenance of 2 manual water drilling		
26	Construction of block of latrines (2 doors)	Botèma	Panziadou
27	Installation of a rice hulling machine	Koropara	Koropara
28	Installation of an oil press machine	Koropara	Koropara
29	Installation of a rice hulling machine	Gbouo	Soulouta



Water drilling pumps renovated by the project



Palm oil press machine in Koropara



Water drilling pumps rehabilitated in Nongoa and



Rice hulling machine in Gbouo



Shelter for hulling machine in Gbouo



Donation of reproductive health commodities in Nzerekore region during the resurgence of Ebola virus disease



Donation of motorcycles in Kindia and Nzérékore regions to facilitate outreach activities in order to increase the utilization of health services



Training of 68 midwives in obstetric and neonatal emergency care (EmONC).