



**UN EBOLA RESPONSE MPTF
FINAL PROGRAMME¹ NARRATIVE REPORT
DATE: 16/11/2018**

<p style="text-align: center;">Project Number(s) and Title(s)</p> <p>#65- Enhancing the post-Ebola national preparedness capacity to efficiently respond to future health outbreaks 00106881 (Gateway ID)</p>	<p style="text-align: center;">Recipient Organization(s)</p> <p>RUNO(s): UNDP, UNICEF, UNFPA, WFP & WHO Project Focal Point: Name: Mathurin Irie Boue E-mail: irie.boue@one.un.org</p>
<p style="text-align: center;">Strategic Objective & Mission Critical Action(s)</p> <p>SO (STEPP) 5 – Prevent Outbreaks MCA 13 – Multi-faceted preparedness</p>	<p style="text-align: center;">Implementing Partner(s)</p> <p>National counterparts (Government, private, NGOs & others) and/or other International Organizations</p>
<p>Location:</p> <p>Guinea Nationwide</p>	<p style="text-align: center;">Sub-National Coverage Area: Regions of Conakry, Faranah, Kankan and Nzerekore</p> <p>Full list of countries and/or districts</p>
<p style="text-align: center;">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project proposal document: 2,500,000\$ MPTF²: 2,500,000\$</p> <ul style="list-style-type: none"> • by Agency (if applicable) Agency Contribution: 0 • by Agency (if applicable) <p>Government Contribution (if applicable)</p> <p>Other Contributions (donors) (if applicable)</p> <p>TOTAL: 2,500,000\$</p>	<p style="text-align: center;">Programme Duration</p> <p>Overall Duration (14 months) Project Start Date³ (30.08.2017)</p> <p>Originally Projected End Date⁴ (30.09.2018) Actual End date⁵ (30.11.2018)</p> <p>Agency(ies) have operationally closed the programme in its(their) system Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Expected Financial Closure date⁶: 31.12.2018</p>
<p style="text-align: center;">Programme Assessment/Review/Mid-Term Eval.</p>	<p style="text-align: center;">Report Submitted By</p>

¹ Refers to programmes, joint programmes and projects.

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

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

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

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

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

<p>Evaluation Completed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Evaluation Report - Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<ul style="list-style-type: none"> ○ Name: Mathurin Irie Boue ○ Title: M&E RC Office ○ Date of Submission: 14/11/2018 ○ Participating Organization (Lead): UNDP ○ Email address: irie.boue@one.un.org
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PROJECT/PROPOSAL RESULT MATRIX

Project Proposal Title:	Enhancing the post-Ebola national preparedness capacity to efficiently respond to future health outbreaks					
Strategic Objective to which the project contributed	SO5 – Prevent Outbreaks					
MCA [...] ⁷	13 - Multi-faceted preparedness					
Indicator	Geographic Area	Target²	Budget (USD)	Final Achievements	Means of verification	Responsible Organization(s).
Priority 1: Strengthen the community-based surveillance system and early warning mechanisms						
<i>Output 1.1.: Increased capacity of Community health volunteers (CHVs) and community leaders (CLs) on event-based surveillance</i>						
<u>Indicator 1.1.1:</u> Number of trained CHVs and CLs	Gaoual, Koundara, Fria.	764	12,000	759	Training reports attendance sheets	99%
<u>Indicator 1.1.2:</u> Number of CHVs equipped with necessary materials to perform their duty	Gaoual, Koundara, Fria.	764	146,306	759	Distribution reports Donation forms	99%
<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	4,602	21	Supervision reports Weekly and monthly health facilities reports	100%
<i>Output 2.1. Private health facilities integrated into the surveillance and early warning system and their surveillance capacity strengthened</i>						

⁷ Project can choose to contribute to all MCA or only the one relevant to its purpose.

<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.	250	0	230	Identification reports Prioritization reports	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	50,000	192	Training reports Training attendance sheets	38% (Explanation in Deviation section)
<u>Indicator 2.1.3:</u> Number of private health facilities reporting on weekly epidemiological data	Forecariah, Coyah, Gueckedou, Macenta, Nzerekore, Telimele, Gaoual, Koundara, Fria	250	0	17	Weekly notification reports	7% (Explanation in Deviation section)
<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	60,000	38	Technical report of risk assessment	100%
<u>Indicator 3.1.2.: Proportion of priority sites assessed (#assessed/ #identified during participatory mapping)</u>	Forecariah, Gueckedou, Macenta, Boke, Siguiiri and Koundara	50%	0	50%	Technical report of risk assessment	100%
<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	4	DPS official document Supervision reports Cross border meetings reports	100%
<u>Indicator 4.1.2:</u> Number of workshops conducted	Gaoual, Koundara, Kankan and Faranah	4	9,972	4	Workshops reports	100%
<u>Indicator 4.1.3.:</u> Number of cross-border meetings organized	Gaoual, Koundara, Kankan and Faranah	4	9,972	4	Cross border meetings reports	100%
<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, Siguiri Kankan, Mandiana Mamou and Faranah (The selection criteria are based on the fact that these health districts have border to another country in the West-African sub-region)	16	0	16	Workshops reports	100 %
<u>Indicator 4.2.2:</u> # of health and non-health officials trained	Boke, Gaoual, Koundara, Siguiri, Kankan, Mandiana, Mamou and Faranah	304	23,392	304%	Training reports Training attendance sheets	100%
<i>Output 5.1.: Reinforced health security at borders with neighboring countries</i>						
<u>Indicator 5.1.1.1:</u> # of SOPs revised after assessments at PoE	Boke, Gaoual, Koundara, Siguiri, Kankan, Mandiana, Mamou and Faranah	4	0	4	After action meetings reports	100%
<u>Indicator 5.1.2.:</u> # of assessments and restitution meetings conducted at PoE	Boke, Gaoual, Koundara, Siguiri, Kankan, Mandiana, Mamou and Faranah	4	4,000	4	Assessment reports After action meetings reports	100%
Priority 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics						
<i>Output 1.1.: Conducting a study on the utilization of public healthcare services</i>						
<u>Indicator 1.1.1:</u> Number of studies carried out (rapid mixed study, qualitative and quantitative identifying the health facilities less attended and the socio-anthropological considerations)	Forecariah, Nzerekore, Gueckedou and Macenta	1	10,000	1	Technical report	100%
<i>Output 1.2.: Renovation, equipment and support of health posts, health centers and hospitals least attended</i>						
<u>Indicator 1.2.1.:</u> Number of health facilities renovated and equipped	Forecariah, Nzerekore, Gueckedou and Macenta	4	80,000	3	Delivery report sheet Supervision report	75%

<i>Output 2.1.: Purchase of laboratory equipment and consumable for ELISA (Measles)</i>						
<u>Indicator 2.1.1.</u> Number of equipment and consumable purchased	KANKAN	7	54,000	3	Delivery report sheet	43% (see explanation in narrative section)
<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	5,000	0	Technical report of the training Attendance sheet	0% (explanation provided in narrative section)
<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	40,000	4	Delivery report sheet	100%
<u>Indicator 3.2.2.:</u> Number of kits distributed	Forecariah, Nzerekore, Gueckedou and Macenta	4	5,000	4	Delivery report sheet	100%
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						
<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	113,090 USD	420 (19 trainers, 112 districts and regional health personnel, 271 health service providers and 178 community health workers)	Recruitment report, NGO's training report	172% The increase will boost the number of trained health workers to respond to future humanitarian crises
<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 communities prepared and equipped with MISP for the provision of safe deliveries and other related services	Sous-prefectures of Nzerekore, Macenta and Lola districts	40	272,740	118	Delivery note and reports	295%

<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	2,700	1	Recruitment report	100%
<u>Indicator 3.2.</u> Number of technical supervision missions conducted	Nzerekore, Macenta and Lola	9 (3 by district)	29,000	14	Monitoring report	155%
Priority 4: Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Faranah						
<i>Output 1. Community engagement enhanced to improve routine immunization and increasing health service utilization</i>						
<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	39,000	9 districts (13 communes of convergence)	Quarterly reports	100%
<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, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	80 youths/women groups (in 13 communes of convergence)	46,500	80 community youth / women	Quarterly reports	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, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	100 community platforms (13 communes of convergence)	38,500	100 community platforms (13 communes of convergence)	Quarterly reports	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, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	1,130	27,000	1,130 community workers	Quarterly reports	100%
<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, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou	70	60,000	70 districts	Quarterly reports	100%
<i>Output 4.: Routine vaccination services is strengthened by providing technical assistance at both national and regional 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	146,853	3 (also 13 local development agents trained and supervised)	Quarterly reports	100%
Priority 5: Enhancing the national emergency preparedness through improved logistics service delivery						
<i>Output 1.1.: ANSS's Emergency Operations Centers "Centres d'Operations d'Urgence" in most vulnerable disease prone prefectures to host simulation exercises are provided with managerial skills in emergency logistics programming as well as logistical support for emergency response preparedness</i>						
<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	60,000	4	Purchase documentation Handover report	100%
<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	87,000	Purchase of : -3,000 boxes of pairs of hand gloves to perform tests (100 pieces per box) ; -3,000 pieces of single use gowns (box of	Purchase orders physical inventory Handover notes	100%

				10) ; - 595 boxes of hand gel of 500ml ; - 117 cans of 45kg of HTH 70% ; - 3,000 full uniform kits - 2 Wiikhall 10X24.		
<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	12,500	65	Training modules Training attendance sheet	85%
Priority 6: Improvement of the national emergency response coordination capacity in post-Ebola Guinea						
<i>Output 1.1.: Consolidate the institutional capacities enabling Government and inter-agency standing committee (CoPIA) to become functional, efficient and effective to cope with the response coordination for a wide range of diseases posing an epidemiological threat in Guinea</i>						
<u>Indicator 1.1.1</u> Number of staff from the national institutions involved into emergency response coordination (MATD, DGPC, ANSS, Ministry of Health, Red Cross) having benefited from training on health emergency coordination aspects and other types of capacity building support	Conakry and prefectures of Forecariah, Kindia, Gueckedou and Macenta	150	98,525	198 (all regions covered + Strategic planning officers within Ministries)	List of attendance	132%
<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	72,275	4	Purchase orders physical inventory	100%

		(SENAH, DGPC, Weather Service and Center for Disaster Management)				
<u>Indicator 1.1.3.</u> Number of meetings, conference and coordination events convened by CoPIA to address response strategies to national health related matters	Conakry	1 per month starting in October 2017	45,725	12	Meeting minutes	100%
<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	114,825	4 (in Conakry, Forecariah, Boffa and Boke)	Report on lessons learned from the simulation exercises and the joint stress simulations	100%
<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		25	Simulation reports	208%
<u>Indicator 1.2.3.:</u> Current DRR framework is validated and resourced through development of support	Nationwide	At least 2 technical coordination	54,330	15	DDR support projects list Donor	62% (variation explained in the

projects		meetings per month to finalize project and submit to donors			database Project implementation report	narrative section)
<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	94,540	4 (Forecariah, Koundara, Gaoual and Boke) per ANSS request		100%
<u>Indicator 1.2.5.:</u> Local Emergency Operations Centers' operational capacity is reinforced through training activities and logistic support		In 4 prefectures				4
Effect Indicators	Geographical Area (where the project directly operated)	Baseline⁸ In the exact area of operation	Target	Final Achievements	Means of verification	Responsible Organization(s)
Priority 1: Strengthen the community-based surveillance system and early warning mechanisms						
<i>Outcome 1: Increased capacity of communities in detecting, reporting and responding to Epidemic prone diseases and public health events</i>						
<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%	50%	100%		48% ⁹
	<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%	50%	50%		100%

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

⁹ Performance indicator measured during the final internal evaluation of the project (Annex 7)

<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%	50%	50%		100%
<i>Outcome 3: Improved understanding of areas with increased risk of spread of epidemic prone diseases and other health threats</i>						
<u>Indicator 3.1.:</u> Proportion of health districts having benefited with risk assessment	Forecariah, Gueckedou, Macenta, Boke, Siguiiri and Koundara	100%	100%	100%		100%
<i>Outcome 4: Strengthened public health information sharing and capacities to respond to public health emergencies across borders</i>						
<u>Indicator 4.1.:</u> Number of joint investigations based on information shared	Boke, Gaoual, Koundara, Siguiiri, Kankan, Mandiana and Faranah	7	7	7		100%
<u>Indicator 4.2.:</u> ANSS integrate regional epidemiological data in their planning	Country and neighboring countries	Weekly	Weekly	Weekly		100%
Priority 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics						
<i>Outcome 1: Utilization of public healthcare services is improved in the prefectures that were most affected by the epidemic of Ebola</i>						
<u>Indicator 1.1:</u> Utilization rate of public health services	Forecariah, N'zérékoré, Guéckedou and Macenta.	75%	46%	46%		61%
<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	2	2 (measles and cholera)	2 (measles and cholera)		50%
<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% (Explanation provided in narrative section)
<i>Outcome 3: Epidemic prone disease management capacities are strengthened in the Epidemic Disease Treatment Center (EDTC)</i>						
<u>Indicator 3.1.</u> Case Fatality Rate of epidemic-prone diseases in the Epidemic Disease Treatment Center (EDTC)	Forecariah, Nzérékoré, Guéckedou and Macenta.	Decrease of 50% from to current case fatality rates	50%	50%		100%

Priority 3: Strengthen the health system through implementation of the Minimum Initial Service Package (MISP) for emergency preparedness and response for safe deliveries and other related services in the Prefectures of the Nzerekore region

No effect indicators for this priority.

Priority 4: Strengthening health service delivery through community engagement in the 9 health districts of the Ebola affected regions of Kankan and Faranah

Outcome 1: Reinforced community engagement to improving routine immunization and increased service utilization through community platform, youth and women groups

<u>Indicator 1.1.</u> % of Districts or equivalent administrative units with at least 80% coverage of DTP-containing vaccine for children < year	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	80%	In process in the 9 health districts (33 %) achieved	Work plan with budget elaborated for September-December 2017.	Quarterly reports	100%
<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, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	80	880	Identification of youth and women groups started by UNICEF and the local authorities of Kankan and Faranah regions	Quarterly reports	100%
<u>Indicator 1.3.</u> Number of community platforms supported quarterly to increase the community involvement in the decision-making	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	100	In process 13 platforms set up in 13 communes	Ongoing process to set up and reinforce existing platforms in the 9 health districts	Quarterly reports	100%
<i>Outcome 2: Strengthened community-based and response systems, especially real-time routine reporting and monitoring mechanisms to trigger timely actions</i>						
<u>Indicator 2.1:</u> Number of CHW/youth trained on the use of community-based register and reporting community events	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	1,130	Identification of 1065 CHWs already working in community-based intervention	The training of CHWs on reporting continues and be effective by the end of January 2018	Quarterly reports	100%

			and 160 youth already trained in U-reporting			
<i>Outcome 3: Decentralized governance and accountability systems facilitate service delivery and district, health facility and community levels</i>						
<u>Indicator 3.1:</u> Number of Districts with health cadres in local governance, management, data reviews, quality supervision and coaching capacities are reinforced	Districts of Kankan, Mandiana, Kerouane, Kouroussa, Siguiiri, Dabola, Dinguiraye, Faranah and Kissidougou	70	Work plan developed with the government partner (MATD)	23 out 70 acceptability frameworks already functional are reinforced by MATD	Quarterly reports	100%
<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	Quarterly reports	100%
Priority 5: Enhancing the national emergency preparedness through improved logistics service delivery						
<i>Outcome 1: The local capacity to integrate logistics aspects in health emergency response is reinforced</i>						
<u>Indicator 1.1.:</u> Number of health staff from prefectural epidemic disease treatment centers (EDTC) benefiting from training activities on operational supply chain and logistics service delivery in emergencies	(34 disease treatment centers, one per prefecture) in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, Kankan, and Conakry	Unknown	76 (at least 2 staff per prefecture plus additional staff at regional level)	Training modules Activity report		100%
<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.	(34 disease treatment centers, one per prefecture) in regions of Kindia, Mamou, Labe, Nzerekore, Boke, Faranah, Kankan and Conakry)	Unknown	76 (at least 2 staff per prefecture plus additional	Handover note		100%

			staff at regional level)			
Priority 6: Improvement of the national emergency response coordination capacity in post-Ebola Guinea						
<i>Outcome 1: The national health emergency preparedness and coordination capacity is enhanced</i>						
<u>Indicator 1.1.</u> Number of national stakeholders trained on emergency preparedness and response coordination aspects at the local level	Nationwide and at local level in the prefectures of Forecariah, Gueckedou, Macenta and Kindia	48	200	198	List of attendance	99%
<u>Indicator 1.2.</u> Number of training workshops and thematic topics developed and dispensed to health emergency responders including at the local level	Nationwide and at local level in the prefectures of Forecariah, Gueckedou, Macenta and Kindia	0	2 workshops 6 topics	3 workshops/ 6 modules developed	Training modules	150% 100%
<u>Indicator 1.3.</u> Number of national institutions benefiting from the IT support and logistic supply to facilitate follow of information and coordination capacity of key emergency response functions	Conakry	0	4	4 (SENAH, DGPC, Direction de la Meteo, CNGCUE)	Purchase modules, Inventory, MoU of handover	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, Gueckedou, Macenta and Kindia	0	4	4 (Conakry, Forecariah, Boffa and Boke) per ANSS request	Plan documents Lists of actors involved Pictures of the activity	100%
<u>Indicator 2.2.</u> Number of simulation exercises to test the efficiency of the locally-based emergency response and alert units (ERARE)	Prefectures of Forecariah, Gueckedou, Macenta and Kindia	0	4	4	Simulation reports List of participants	100%

<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	List of stakeholders Amended document	100%
<u>Indicator 2.4.</u> Number of DRR support projects implemented as a part of its operationalization and domestication	Nationwide	1	4	3 (at local level in Nzerekore, Gueckedou and Conakry)	List of projects and funding donors	75%
<u>Indicator 2.5.</u> Number of strategic and technical meetings held in the preparation and follow up of the simulation exercises	Conakry, Forecariah, Gueckedou, Macenta and Kindia	0	10	12	Meeting minutes	120%
<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	List of teams Inventory of support provided	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	List of plans List of participants in the simulations	112.5%
<u>Indicator 3.3.</u> Number of SOPs for EDTC produced and distributed	Nationwide	0	1	1 (500 copies)	Handbooks List of distribution	100%

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

- In ½ to 1 page, summarise the key achievements of programme.

Background and Situational Evolution

Situation Update

This joint project was implemented by five UN agencies (UNDP, UNICEF, UNFPA, WFP and WHO) with the aim to enhance the post-Ebola preparedness capacity required in order to efficiently respond to future health emergencies and other forms of disasters or crises. The primary purpose of the project was to fill the gaps experienced during the response to Ebola outbreak. The project was built around the following six 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 fourth quarter (July -September 2018) towards the final stage of its implementation by finalizing the remaining activities mainly including the facilitation of simulation exercises led by the National Public Health Security (ANSS in French acronym).

The project was initially set to complete by the end of August. However, an extension was granted through November 30th, 2018. The present quarterly report addresses the achievements for the period between July and September 30th, 2018. All the five agencies (UNDP, UNICEF, UNFPA, WFP and WHO) involved in the implementation have successfully completed all scheduled activities and working on last details towards the final narrative reporting. Only the WHO still supervises the renovation work of some health facilities which will complete before the project ends. UNDP is working on the validation process of key national strategy documents which it supported in areas of humanitarian interventions coordination and national disaster risk management strategy.

More specifically, WHO handled priority #1 and #2 in partnership with the International Organization for Migrations (IOM). The two successfully finalized the implementation of activities under the area of improvement of country's community-based surveillance and early warning system. Additionally, WHO Guinea country office hosted a workshop to validate a study carried out by a consultant on health facilities less attended in the prefectures of Forecariah, N'zerekore, Gueckedou and Macenta. This study also allowed the identification of the health structures to be renovated in accordance with the Prefectural Health Directorates request as one of the reasons for the low frequentation by users. The following health structures were thus identified and considered for the renovation.

- N'zerekore Prefecture: Koule health center
- Macenta Prefecture: Oremai health center
- Gueckedou Prefecture: Temessadou health center
- Forecariah Prefecture: Kaback health center

However, Forecariah was later excluded following a high cost presented by the bidder. Renovation works are still ongoing and will be finalized before the end of November 2018.

On the other hand, the procurement processes is now closed for the acquisition of equipment and drugs for health facilities renovated as well as for the equipment for epidemic diseases treatment centers (EDTC) in kits for the management of epidemic-prone diseases. The procurement of laboratory equipment and consumable for ELISA is ongoing and should be closed by November 12, the training of staff on the use of ELISA is scheduled for week3 of

November. IOM has also finalized the implementation of cross-borders activities planned under this project with a good rate of around 95%. These activities are aligned with outputs related to the strengthening of the community-based surveillance system and the early warning mechanism in the prefecture of Fria, Koundara and Gaoual, and the strengthening of public health information sharing, and the reinforcement of local capacity to respond to public health emergencies at the borders. The implementation of cross-border protocols for public health information sharing in Boké, Faranah and Kankan administrative regions was also done.

UNFPA successfully completed all priority #3 activities consisting of strengthening the community health workers' capacity on Minimum Initial Service Package for safe deliveries and other related services in the target high risk zones on Nzerekore prefecture. Planned training activities have been conducted and kits purchased and remitted to the health facilities.

With regards to the project priority #4, UNICEF emphasized on tackling the negative impact of Ebola on the routine immunization coverage for children between 12 and 23 months. A decrease from 37% in 2012 to 26% in 2016 was reported. UNICEF used the strategy consisting of reinforcing community dialogue with caregivers for children under 5 to improve knowledge, attitudes and practices and address related social/cultural norms on maternal newborn and child health and development in the 13 communes of convergence across nine districts of Kankan, Madiana, Kerouane, Kouroussa, Siguiri, Dabola, Dinguiraye, Faranah and Kissidougou.

Integrating logistics into emergency response programming was another component activity #5 of the project carried out by the WFP. It was implemented through training workshops to health workers in Epidemic Disease Treatment Centers on emergency logistics, and through purchase and delivery of PPE kits to those centers in consultation with the National Public Health Agency (ANSS).

Priority #6 consisted of supporting the simulation exercises and reinforce the overall emergency response/humanitarian coordination capacity for national institutions. To that end, a series of training activities were organized for the local emergency response actors in all regions of Guinea. An additional one at the request of the Ministry of Planning, to allow senior strategic planning officers in all Ministries to integrate disaster risk reduction and other humanitarian aspects into development planning process at national and local levels. Table and DRILL simulation exercises were conducted in early August 2018 by the ANSS' regional emergency response teams "ERARE" in the prefectures of Forecariah, Conakry, Boffa and Boke under close supervision and facilitation by UNDP/RCO and other UN agencies such as UNICEF, WHO, WFP, IOM and UNFPA.

Also, there is another major progress made in the area of strengthening the national capacity to coordinate future emergency situations. Besides the logistical and IT support previously provided by the UNDP/RCO to national members of the Inter-Agency Standing Committee known as CoPIA in Guinea, the same members have also benefited from training opportunities that boosted their emergency response capacity. Additionally, existing tools were updated and many of them tested for efficiency. Furthermore, the project supported the elaboration of two major strategy documents to strengthen the disaster risk reduction management and the harmonization of humanitarian interventions in Guinea. Those include the National Disaster Risk Reduction Strategy which was validated on the 28 September 2018, and the mapping exercise of all humanitarian interventions in Guinea and their harmonization strategy to allow a better coordination by CoPIA. The related strategy document was also validated by CoPIA in September 2018.

Narrative section:

- **Key Achievements:**

The following are some keys results attained by this project:

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

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

- CEBS data management strengthened in the targeted areas through the set-up of Epidemic Early warning system (EWS) databases for all the health centers in Fria, Gaoual and Koundara and the training of 48 health agents (Health center nurses including their substitutes as well as Prefectural Health Directorate (DPS) senior staff).
- The Vulnerability Risk Assessment and Mapping study has been conducted in the targeted areas. A validation workshop is planned for week three of November with national counterparts, which will be followed by the dissemination of the study. The high risks identified by the study are the following: Cholera, Ebola virus disease,

yellow fever, measles, floods and conflicts.

- Community health volunteers (CHVs) and community leaders (CLs) capacity on event-based surveillance is increased with the deployment of a permanent IOM technical team with a Field Coordinator, 03 Project Assistants (PA) and 03 Field Officers (AT) to support DPS on CEBS activities implementation and supervision.
- A total of 769 CHVs were identified as active for surveillance activities and finally **759** were trained and equipped with the necessary materials to perform their duties as planned, including 155 in Fria, 358 in Gaoual and 246 in Koundara. 192 staff of private health structures have been trained on IDSR in the regions of N'zerekore (51), Boke (86) and Kindia (55)
- Internal evaluation of the project in the areas of Fria, Gaoual and Koundara.
- The capitalization workshop of community-based surveillance activity was organized under the leadership of the Regional Health Directorate of Boké in order to promote the appropriation and the sustainability of community-based surveillance activities as a routine health activity. This workshop which saw the participation of 22 persons including administrative and health authorities of the administrative region and the 03 targeted districts focused on the activities carried out during the last six months which aimed at strengthening the technical and logistical capacities of its prefectures. This workshop was also an opportunity to introduce a new partner interested in taking over the CBS activities in Fria (Solthis) to health management of this district.

As to the outcome 4 on strengthening the public health information sharing and capacities to respond to public health emergencies across borders, there were some key achievements such as:

- The development and validation of 03 MoU (Memorandum of Understanding) for information sharing on public health and cross-border collaboration
- Overall 172 Points of Entry (PoE) agents were trained and their capacities strengthened in the identification of epidemic-prone diseases and the Public Health event management at PoEs, including 19 in Faranah, 29 in Kankan and 124 in Koundara. Organization of two cross border meetings on health information sharing and collaboration in Koundara and Faranah (Heremakono)
- **PRIORITY 2: Strengthen the capacity of health facilities and the case management system to better cope with future epidemics**

Output 1.1: Conducting a study on the utilization of public healthcare services

- A study has been conducted to identify the health facilities less attended in the prefectures of Forecariah, N'zerekore, Gueckedou and Macenta. The results of this study have been discussed in a workshop on 3rd July with various stakeholders from Ministry of Health, IOM and UNDP. The final report has been provided and will be disseminated by the end of August.

Output 1.2: Renovation, equipment and support of health posts, health center and hospitals least attended.

- Renovation is ongoing and set to complete in October 2018.

Output 2.1: Private health facilities integrated into the surveillance and early warning system and their surveillance capacity strengthened

- Purchase of Laboratory equipment and consumables for ELISA (Measles) and available in Kankan region. They will be installed after the training session which is scheduled from November 19th in the Region of Kankan.

○ **Output 3.2:** Purchase of equipment for epidemic disease treatment centers (EDTC) in kits for the management of epidemic-prone diseases

- The kits have been purchased and distributed to the government (See in Annexes)

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

- Capacities of health and non-health officials in border areas on cross-border public health event response are increased. 16 SOPs have been developed and 04 updated in Kankan, Faranah and Boke regions. 70 Points of Entry

(PoE) agents were trained and their capacities strengthened in the identification of epidemic-prone diseases and the Public Health event management at PoE.

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

PRIORITY 3. “Strengthen the health system through implementation of the Minimum Initial Service Package (MISP) for emergency preparedness and response for safe deliveries and other related services in the Prefectures of the Nzerekore region” by UNFPA

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

Also, the total number of sites covered shifted from 3 to 17 prefectures, and from 243 to 401 people trained. This extension of sites and number of beneficiaries was made possible by the fact that the project affected funds originally set for purchase of equipment for community health workers (which were covered by another funding source).

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

Output 1. Community engagement enhanced to improve routine immunization and increasing health service utilization

Thanks to MPTF funding, accountability units in 13 communes throughout 9 prefectures of Kankan and Faranah were reinvigorated and made functional. The 13 accountability units which were revitalized at the commune level are key framework for the management and coordination of development activities within the communes in the two regions. They ensure awareness raising sessions by and towards communities for health services package appropriation for the benefit of children and pregnant women with an emphasis on increased immunization coverage. They also contribute to improving Community registers management, and their members have been trained on how to analyze data collected on basic social services (immunization, birth registration, malnutrition screening, etc.) and ensure immediate decision-making for children and pregnant women. They carry out information and awareness campaigns on vaccination, birth registration, use of sprayed mosquito nets, handwashing, etc. (Essential family practices- EFP).

This MPTF’s support also allowed UNICEF to set up and promote 490 youth associations and 490 women's groups which are now fully functional in the 490 villages of the 13 convergence communes in the two regions. A total of 80 youth/women groups were directly supported through MPTF grant, others were supported by Japanese, the World Bank, Bill and Melinda Gates Foundation and UNICEF funds. In addition, 100 community platforms out of the 320 Platforms in the 320 villages of the 13 convergence communes were set up with MPTF funding as well. Community platforms held regular community dialogue with caregivers of children under five to improve knowledge, attitudes and practices and address related social/cultural norms on maternal newborn and child health and development. One hundred community platforms were supported quarterly to increase the community involvement in the decision-making, need assessment and interactions with technical and financial partners.

At last technical support were provided to elaborate 13 Immunization Advanced Strategy Action Plans enabling 13 health centres to catch up with missed children and women, which improved immunization coverage in these health centres areas.

Output 2.: Community-based reporting, monitoring, and response systems strengthened through real-time routine reporting

The project also funded the training activity for 1,130 community health workers (CHW) on the use of community-based register and community event reporting. In addition, 27 high level professionals of District Development services and 47 professional at community level were trained on local governance practices and Essential family

practices, real-time monitoring tools as Rapid Pro for health and U-Report for youth mobilization in favor of health services.

The Community Register is a document held by the community agent in which he/she ensures the registration of all children aged 0-59 months per village/district/sector while considering all aspects related to the prevention and health promotion. The register includes three sections: an identification section, an immunization section and a section for other prevention interventions (Exclusive Breastfeeding, use of Micronutrient Powders; Vitamin A supplementation; Deworming/Mebendazole; use of long-lasting insecticide-treated nets; adequate use and management of latrines; Birth Certificate). UNICEF held trainings on the proper use of community register, Essential family practices- EFP monitoring in households with trained 629 CHW. They supported community platforms in analyzing and reporting vaccination data to reach as many children as possible in the most remote communities.

Output 3.: Local governance and accountability systems improved

Local communities were trained on how to conduct consultations and to host meetings with the aim to build resilience through participatory planning and monitoring training sessions. Local community leaders gained competencies to conduct joint participatory monitoring activities. In addition, hygiene committees in health structures and communal councils have been strengthened in the two regions in local governance and close monitoring. The most efficient communes were held responsible for knowledge sharing. In 9 districts 70 health cadres were on the job trained in local governance, management, data reviews, quality supervision and their coaching capacities were reinforced. Trained professional provide support to accountability units and community platforms in their day to day work with regular coaching and monitoring visits. The framework of accountability set up at the decentralized level (regional and prefectural) facilitated the community engagement (field visits, meetings) in holding the health sector accountable for the delivery of quality services. A total of 182 meetings were held by various multi-sectoral platforms (Civil societies, youths, and women groups) in collaboration with the local authorities, elected officials, and brought together the technical service executives from all fields (health, education, protection, nutrition, agriculture, religious...) to raise awareness on maternal and child health key issues and to facilitate the follow-up at the community level.

Output 4.: Routine vaccination services is strengthened by providing technical assistance at both national and regional level

For Technical Assistants (TA), at the commune level, and in concertation with the MATD, a technical assistance was provided in each of the 13 communes of convergence in Kankan and Faranah regions for a better ownership by communities instead of the 3 initially planned in the proposal for the region of Kankan, Faranah and Conakry. Thus, 13 local development agents were supported in providing technical assistance to strengthen routine immunization at national and district level. Thanks to MPTF's funding, they received assistance for their field visits and 13 health centers cold chain were strengthened. This assistance was key to supporting community platforms in analyzing and reporting vaccination data to reach as many children as possible in the most remote communities. 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. UNICEF also provided technical assistance to local health staffs to guide them on a regular basis to facilitate this reporting exercise. Surveillance data were also collected through the national alert system and UNICEF advocated to ensure that data from RapidPro are used for triangulation exercises to inform decision-making.

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

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

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

During this quarter, other aspects of this component were largely covered. Purchase orders for tents and emergency kits were made and the delivery to the ANSS successfully done. Those tents were also availed and used at all sites where the simulation exercises were held.

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

Below are some of the big achievements by UNDP/RCO component during this reporting period.

Result 1.1.1. In addition to the 105 actors previously trained in the first two quarters, a total of ninety-five more local humanitarian actors benefited from further training and capacity building opportunities. This boosted their operational capacities pertaining to the emergency response preparedness. That brings to 1987 the total number of locally-based humanitarian actors in all regions of Guinea who are now well trained and efficiently skilled to play a role in key humanitarian crisis management aspects.

Sixty-two local actors (thirty-three in the regions of Faranah, Kankan and Nzerekore and thirty senior technical experts within key ministries) had previously benefited from a three day workshop and six modules on basic and advanced emergency response preparation, about the Sendai Disaster Risk Reduction Framework and its implementation in Guinea context, Mainstreaming the Disaster Risk Reduction into local development plans and Strengthening the community capacity to cope with disaster risks towards resilience. An additional two-day workshop took place in Kindia and gathered 26 senior strategic planning officers with relevant ministries who were induced on the concepts of mainstreaming disaster risk reduction into national and local development planning process.

Result 1.1.3. The project technical team held their monthly technical meetings to discuss the project progress. A total of ten consultations with the simulation exercise taskforce were held on a biweekly basis both prior and after the exercise. The taskforce was led by the National Agency for Public Health Security. The result was the conduct of simulation exercises in four sites of Conakry, Bofa, Boke and Forecariah. Both Table and DRILL functions were conducted on a cholera simulated epidemic in each site. The simulation experienced a big turnout as all key humanitarian actors and all the five UN agencies were represented for this two-week-long event. The exercise allowed for a deep diagnosis of strengths and weaknesses in the health security management system. A follow up team was put in place by the ANSS to think of ways of overcoming those weaknesses. It was also expressed by the ANSS during the closing ceremony held on the 14th of August 2018 the need of extending similar exercises to other regions. This would enhance the capacity of ERARE (Regional Epidemic Alert and Response Teams) and EPARE (prefectural teams) to perform more efficiently.

The CoPIA members were regularly kept abreast of the project progress through monthly statutory meetings or via regular communication channels such as mailing groups or any other side events held occasionally by various stakeholders to that end. Additionally, mapping and harmonizing all humanitarian interventions became a top priority for the CoPIA platform which ordered a mapping activity which ended up in the elaboration of a strategy document meant to harmonize the coordination of humanitarian interventions in the future. This activity was successfully carried out by a consultant under the strategic and technical guidance of the UN RCO and CoPIA Secretariat.

Output 1.2.

Result 1.2.2. During this reporting period, activities undertaken in support to the National Center for Environmental Risk Management’s initiative to strengthen adaptation capacity and resilience in disaster risk prone sites in the regions of Conakry, Nzerekore and Kankan completed and relevant local committees were put in place to work with local communities and authorities on some risk prevention and management of risks and also on how to increase the community capacity to adapt to emergency situations. The end result was that this rainy season did not lead to floods in the Nzerekore as it used to be the case before. Additionally, a consultant was recruited to work with the Center on the elaboration of the national strategy on disaster risk management in Guinea, including health related risks.

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

• Delays or Deviations

Many WHO activities have been delayed by late receipt of some equipment that needed to be purchased. The number of items needed for 4 measles kits couldn’t be obtained with the available funds, just one kit has been purchased.

The renovation was initially planned for 4 health structures but Forecariah was excluded due to the high cost of the needed repair works. The renovation is being finalized in other health posts of N’zerekore, Gueckedou and Macenta.

Due to administrative issues related to signature of the MoU Between WHO and IOM, IOM's project implementation was delayed by 8 months. Despite this situation, the global implementation rate is good for the main indicators. However, the target of 304 health and non-health officials trained at Points of Entries was not reached during this 6-month implementation period even if all the targeted point of entry were totally covered.

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

With regard to the output indicator 2.1.2 about the training activities, the budget only allowed for the training of 192 personnel out of the 500 initially planned. The result showing in indicator 2.1.3 reflects only the number of health structures working with prefectural health departments within the mentioned geographical region.

- **Gender and Environmental Markers** *(Please provide disaggregated data, if applicable)*

No. of Beneficiaries (Direct only)							Environmental Markers
	WHO	UNICEF	UNDP	UNFPA	WFP	TOTAL	N/A for this project
Women	410	506	121	10	63	1,110	<i>e.g. Medical and Bio Hazard Waste</i>
Girls	316	2,811	67	100	37	3,331	<i>e.g. Chemical Pollution</i>
Men	551	602	126	30	72	1,381	
Boys	423	3,297	67	100	58	3,945	
Total	1,700	7,216	381	240	230	9,767	

- **Best Practice and Summary Evaluation**

Working together on this joint project was a great experience for all the five agencies and within their respective mandates. 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 to seek workable solutions to few concerns. The project coordination team facilitated consultations on relevant aspects requiring strategic guidance from the management. This allowed for a timely problem solving and a smooth implementation of planned activities.

It is also extremely important to mention here some thoughts about the implementation of this project along with key national humanitarian stakeholders. Their involvement in the project formulation process and all the way throughout all phases of the implementation opened doors to a quick ownership and full cooperation. It should also be noted that the implementation of this MPTF project was slightly delayed due to overlapping priority issues within some agencies. 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 were made to prepare a work plan to reach an agreement with the main partners: Ministry of Health (MoH), the Ministry of Territorial Administration and Decentralization (MATD) and the communes of convergence. Additionally, the project faced the disruption of the implementation schedule due to the electoral process in early 2018 and a slight delay in the establishment of municipal councils.

- **Lessons learned**

The implementation of this joint project is a good experience as it nurtured the teamwork spirit a joint delivery challenge. The project activities were mostly inter-linked, and, in few instances, one could not advance without the commitment 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 make 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 in the beginning. This had minor consequences on the effective start of the planned activities with the ANSS. That delayed activities planned by WFP mainly, but also some of the simulation exercises which had to wait until early August 2018 in order to take place.

Establishing systems to strengthen the linkages between health facilities and communities is a long-term process at all levels. The national community health policy has been finalized in March 2017, but the national community health strategic plan is still under development. The strategic plan will describe pathways for developing harmonized

community systems and tools (governance, human resources, supportive supervision, communication, and monitoring), in addition to what is currently available (guidelines for service provision). The results of this initiative, funded by donors such as MPTF, will provide insights on how to implement interventions to reinforce governance, supervision, surveillance, and monitoring systems to build resilience.

Building effective community systems requires leveraging investments from the government, local communities, and partners. This initiative aims to reinforce community participation and ensure that communities are responsible and able to make decisions for their own health. This requires more time and resources for local capacity building to ensure a better resilience to shocks. UNICEF is working with the regional health team and partners to advocate for a better coordination and interaction between different sectors.

Strengthening health systems requires multi-sectoral interventions and engagement from partners. Globally, this initiative is contributing to building the system at the regional level so that thirteen districts of Kankan and Faranah can benefit from technical assistance from the regional health team, capacity building of managers and immunization systems and supply chain strengthening. At the community level, UNICEF coordinated with other partners to ensure that there was no duplication of efforts.

Running a last-chance health management capacity strengthening project was like a marathon race. Especially having to deal with the non-extension spirit of the project. Some activities such as training opportunities had to be rushed to comply with the project deadline. It would have been helpful if the recently announced extension by MPTF to end of November had been granted earlier during the project. It would have allowed for a hassle-free implementation.

The key gap priorities initially identified have been mostly addressed. However, the simulation exercises proved that there still some road to go in order to be effectively certain that the maximum operational capacity does exist at all level, especially in the remote areas where oftentimes do break out. It is within national health authorities to keep exploring ways of addressing the remaining needs for reinforcement, as those never end.

- Story on the Ground

“Many thanks to the UN system and the Ministry of Health for having considered Forecariah as the site for today’s simulation exercise. Given its high exposure and level of vulnerability to all kinds of hazards and risks, it is certain that testing the preparedness capacity of our regional rapid response teams will allow them to improve their performance and thus be more effective for future health emergencies in our region” Prefet of Prefecture of Forecariah during the recent simulation exercise held August 2018.

