





SOCIAL MOBILIZATION FOR ACHIEVING AND SUSTAINING A RESILIENT ZERO MPTF OFFICE GENERIC FINALPROGRAMME NARRATIVE REPORT REPORTING PERIOD: FROM Oct. 2015 TO March 2016

Programme Title & Project Number	Country, Locality(s), Priority Area(s) / Strategic Results		
• Programme Title: #47 SOCIAL MOBILIZATION FOR ACHIEVING AND SUSTAINING A RESILIENT	Country/Region: Guinea		
ZERO	Priority area/ strategic results : SO4 Preserve stability;		
• Programme Number (<i>if applicable</i>) :	MCA 11: Social mobilization and community engagement		
MPTF Office Project Reference Number: 0096724			
Participating Organization(s)	Implementing Partners		
• UNICEF	AGIL, CENAFOD, Child Fund, CNOSCG, ZERO PAUVRE EN AFRIQUE		
	 Ministère de la Jeunesse et de l'Emploi Jeune; Ministère des Transports 		
Programme/Project Cost (US\$)	Programme Duration		
Total approved budget as per project document: MPTF /JP Contribution: 909,500.00 • <i>by Agency (if applicable)</i> Agency Contribution	Overall Duration (months) Start Date (01.10.2015) Original End Date (31.03.2016)		
• by Agency (if applicable) Government Contribution (if applicable)	Actual End date (31.03.2016) Have agency(ies) operationally closed the Yes No Programme in its(their) system?		
Other Contributions (donors) (<i>if applicable</i>)	Expected Financial Closure date:		
TOTAL: 909,500.00			
Programme Assessment/Review/Mid-Term Eval.	Report Submitted By		
Evaluation Completed □ Yes No Date: dd.mm.yyyy Evaluation Report - Attached □ Yes No Date: dd.mm.yyyy	 Name: Mohamed Ayoya Title: UNICEF Representative Participating Organization (Lead):UNICEF Email address:mayoya@unicef.org 		

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

From October 2015 to March 2016, UNICEF set up Community Engagement platforms (coordination body regrouping Community Watch Committees, local leaders, Youth & women groups, Traditional healers, etc.) in hot spot areas and Rapid Response teams working in coordination with the platforms to address any alert or event. The setup and the enhancement of active Community-event based surveillance/Active neighborhood watch; social investigation of cases/outbreaks; intense integration of social mobilization across pillars -especially to address every case, contact, quarantine and burial; the coordination, monitoring and evaluation -including feedback to communities and continuous quality improvement aimed to address the objective of the program. Which is to define and interrupt all remaining chains of transmission. In Ebola free areas social mobilization platforms was capitalized on existing and reliable community based organizations from the village up to prefectural level. In each of the 28 prefectures of the country, plus the 05 communes of Conakry (Ratoma, Matam, Dixinn, Matoto, Kaloum), UNICEF set up prefectural and sub-prefectural platforms; each of them being decentralized at the district and village level. Despite a flare up of the epidemic in March 2016, one of the major UNICEF achievement is contributing to controlling and getting to Ebola Zero; as of June 1st, 2016 there is 0 registered cases and 00 contacts to trace.

I. Purpose

At the start of the program started in October 2015, the Ebola epidemic outlook had significantly improved in Guinea (cfr. Graphique below). While the incidence of Ebola across the affected countries had significantly decreased, transmission was still on-going and the persistence of the virus and the risk of reintroduction remained a real threat, as the flare up of the epidemic in March 2016 occurred few weeks before the end of the close surveillance period (90 days). Given the risks, and significance of the consequences, MPTF provided additional funds to UNICEF and its partners in order to ensure the operational excellence of all response interventions to get to - and stay at - zero Ebola cases. With the aim of getting to Zero Ebola and maintaining Zero Ebola, the Ebola epidemic suggests that a

more targeted approach were needed to address every case, contact, quarantine and burial, through deeper community engagement and social mobilization tailored for different settings and segments of the population.

Figure 1: Confirmed weekly Ebola virus disease cases reported nationally and by prefecture from Guinea as of October 7th, 2015¹



II. Assessment of Programme Results

1. Rapid response teams managing alerts through facility or community based rapid intervention

Thanks to MPTF funding, UNICEF worked in partnership with the African Training Centre for development (CENAFOD). The national NGO had in charge the set up and to maintain regular communication mechanisms with the community structures of the response to Ebola disease in affected areas (Kindia, Coyah, Forécariah, Dubréka, Boffa, Boke, Fria and the five communes of Conakry). To identify the occurrence of new cases of Ebola in the targeted communities, the CENAFOD has implemented communication and monitoring system gathering 48 C4D (Communication for Development) coordinators, eight regional supervisors and a national Coordination team. The field coordinators ensured the role of educational facilitators for and with the communities, in order to bring social changes and boosting a community commitment. Therefore supported trainings and capacity building of members of the operational units of the region Conakry, CWC and DWC (District Watch Committees) members sustained animation techniques by the box image. Field coordinators were also in

Door to door visits



charge of the data collection, report and investigation on a daily basis.

CENAFOD, under the supervision of C4D UNICEF professionals, provide also the technical assistance in the planning of the platforms activities and the monitoring of the implementation of activities of communication and social mobilization commissions carried out by municipal and prefectural response teams (CWC, CVQ, operational units, CSA/Who/RTI, LIMS, etc.). Thanks to these activities 172,974 households were reached through awareness messages on the Ebola disease by different NGO partners of UNICEF and members of

operational units in areas at risk (districts, or districts experiencing a suspect/contact/confirmed cases or sheltering a Community Treatment Center that hosted Ebola patients) from October 2015 to March 2016.

UNICEF also entered into a partnership agreement with the NGO Zero Poor in Africa (ZPA). This partnership helped to revitalize operational cooperation frameworks, collaboration, and coordination of action between local actors within the districts. The national NGO supported the setup of 130 operational

¹ WHO, <u>Ebola situation Report</u>, October 7th 2015

units at the rate of an operational unit by district of Conakry and the islands of Loos (Kassa and Fotoba). The 2,530 members including 130 reporters have contributed to better engage community members and to establish a climate of trust between elected local authorities and the members of these units. This led to the following results:

- 130 consultations carried out for the implementation of the operational units of the five communes of the city of Conakry and Loos Islands;
- 16,613 big crowds locations were identified and listed at the level of the 5 communes of Conakry and Loos Islands;
- 1,335 agents and 669 health actors of informal structures identified in Conakry, Coyah and Dubréka.
- 200 health workers from the informal sector engaged in social mobilization (who have conducted 3,200 proximity awareness sessions on the MVE);
- 130 operational units were functional in every districts of Conakry;
- 1,606 alerts reported by operational units;
- 139 motorbikes made available to districts councils;
- 823 actions (lifting of reluctance, preparatory missions, facilitation of the transfer of the suspected cases to Ebola Treatment Center, facilitation of partners field actions, facilitation of the monitoring of contacts,...) conducted by operational units;
- 19,565 actions conducted by 130 operational units, including: 14,540 door-to-door visits, 4,381 educational lectures, 520 public events;
- 22,479 hand washing devices distributed by the 130 operational units (including buckets of large capacity for crowded sites (100 L) and small (20 L) capacity for households, 14,069 soap boxes and 4256 chlorine C boxes)
- 2,600 raincoats and 2600 boots distributed to members of the 130 operational units and project managers;
- 1,051 images boxes distributed to 130 operational units to facilitate awareness sessions on the EVD;
- 3,200 t-shirts and 3,200 caps distributed to members of 130 operational units and project managers;
- 172,974 households were reached by door to door visits, or 1,334,947 persons (including 392 218 men and 460,937 women over 18 years old), and (180,664 men and 198,889 women) with more than 118,890 children reached by awareness raising sessions on preventive measures from EVD.

2. Transport Unions engagement for sensitization and community based surveillance

Also given the fact that population movements were one of the major concerns, MPTF provided funding for Transport Unions engagement for sensitization and community based surveillance. UNICEF therefore implemented a project with the Ministry of Transports in four location: Conakry, Forécariah, Coyah and Dubréka. It has contributed to the setup of an effective system of communication and social mobilization for early warning and the rapid control of all prone epidemic diseases. The project permitted to deliver the here below products.

- The production and distribution of audio messages in 33 bus stations of the targeted communities facilitated by provision of 33 generators, 33 music channels and 44 USB keys containing the spots produced in French, Malinké, Soussou, Poular and Guerzé.

- The mobilization of 03 agents by bus station of the locations targeted for closed surveillance. Thanks to this mechanism 100 alerts have been reported to health authorities. In total 99 agents were trained, supported and engage the fight against the EVD.
- The Production and distribution of 5000 folders and 5000 stickers on key messages of the 3rd phase.
- The involvement of 27 trade unionists agents of bus stations in nine sub-prefectures and in Conakry gave the opportunity to reach 318,602 users of public transports.
- The development of a mapping on maritime boarding on the Guinean territory.

3. Community engagement platforms

In Ebola free areas social mobilization platforms has been capitalized on existing and reliable community based organizations from the village level up to prefectural level. UNICEF engaged then a partnership with the *Conseil National des Organisation de la société Civile Guinéenne* (CNOSCG) in order to strengthen community participation and household access to information on the EVD and on the means of prevention to stop the spread of the EVD. For the achievement of this objective, activities have been planned with the 780 members Community Watch Committees (CWC) and District Watch Committees (DWC) in the prefectures of Kouroussa, Siguiri and in Conakry (Matoto, Dixinn) in the following areas:

- Awareness on the existence of the disease to Ebola.
- Inform people on means of prevention from the Ebola virus disease;
- Explain to people how to manage suspected cases of the disease;
- Awareness on the non-stigmatization of people cured from Ebola;
- Awareness on the importance of reliable and secure funerals (EDS);
- Awareness on the importance of watching over the movement of the population;



- Sensitize communities on reluctances and facilitate the reintegration of persons cured in communities.

Thanks to MPTF funding, UNICEF could contribute to the considerable drop of reluctances through community-based intervention areas. Indeed the effective involvement and collaboration between the heads of districts and local elected representatives in the monitoring of committees meeting and programs implementation.

4. Early warning and report systems using new technology

To achieve and stop definitively the EVD transmission chains, UNICEF and the Ministry of youth and employment of young persons (MJEJ) implemented additional community approaches. Therefore 750 young social mobilizers were identified, trained and deployed in their communities. Using the UNICEF RapidPro system of information a constant watch and reports of alerts on community events were made possible. The RapidPro is a UNICEF Innovation that has been working with SMS systems since 2007, when it created an open source platform called RapidSMS with its partners to support ongoing data

collection efforts and youth engagement activities. RapidSMS is a free and open source framework designed to send and receive data using basic mobile phones, manage complex workflows, automate analysis and present data in real-time. *Alert system in Forécariah*

The goal was to maintain vigilance in order to maintain Zero cases of Ebola through the implementation of a monitoring system based on community for a period of three months. In addition young social mobilizers conducted awareness raising sessions and anti-stigma activities in Conakry, Coyah, Forécariah, Dubréka, Fria, Boké, Kindia, Boffa, Siguiri, Macenta and Lola (One human story attached).

In the Forécariah prefecture, UNICEF trained and engage young social mobilizers as follows: 536 young people from rural and urban municipalities in Forécariah, Coyah, Kindia,



Télemélé, Boffa, Boke, Fria, Dubréka and 130 districts in Conakry. They were trained on the techniques of communication and social mobilization for early warning and rapid control of all epidemic-prone diseases in their communities. Synchronized trainings were organized in four (04) training centers on the means of communication for behavior change, on the use of the Rapid Pro system and community-based surveillance methods.

N°	Locations	Number of Districts	Number of Young persons
1	Conakry	130 districts	130
2	Coyah	4	32
3	Forécariah	118	123
4	Forécariah 2	10 (alternates)	59
5	Dubréka	7	45
6	Boké	10	55
7	Boffa	8	48
8	Fria	4	12
9	Kindia	10	49
10	Télémélé	14	42
11	Siguiri	13	76
12	Lola	8	48
	Total	323	719

5. Sensitization through rural radios

Radio Rurale de Guinea called "voice of voiceless ' is a medium of proximity whose programs are based on education, awareness, information and entertainment. It is the most popular way and the most accessible for the dissemination of information. This is why it remains the medium best suited to promote a behavior and social changes. The *Radio Rurale* of Guinea has produced, broadcast and re-broadcast magazines, interactive broadcasts, roundtables, magazines and reports to awareness populations. The rural

radios was key for stopping the spread of this disease specially it flared up in Koropara, a town 80 km from the capital of the prefecture of N'Zérékoré in the 90-day monitoring phase (March 2016).

Radios programs involved the radios of N'Zérékoré, Yomou, Beyla, Macenta, Gueckedou, Kissidougou and Laila. This intervention helped the 07 radio stations in producing, broadcasting and rebroadcasting in local languages. 25 micro-programs were produced and broadcasted, 148 interactive productions, 18 round tables, 120 reports and interviews. This support given by UNICEF to rural radios contributed to effectively sensitize populations in local languages with moving and attractive messages on the knowledge of the disease, its modes of transmission and prevention measures. It also promoted the the closed surveillance campaign in Koropara (Cerclage) in March 2016 and strengthen the



integration of people cured from Ebola in communities in order to avoid their stigmatization. It contributed to social change as encouraging people in the use of hygiene measures and by explaining to communities social and economic consequences of the existence of the disease in the country and the region. Rural radios also contribute to better acceptance of humanitarian workers.

Seven languages were spoken by the different radios stations namely: Kérouané (Malinké, Kouranko and Kaur), Beyla (Kaur, Malinké Kpélé) and Macenta (Loma, Kaur and Kpélé), Gueckedou (Kissie, Lele and Kouranko), Kissidougou (Kouranko, Kissie, Maninka and Lele), Yomou (Kpélé, Manon and Kaur) and n ' Zérékoré (Kpélé, Manon, Kaur Loma and Kissie).

6. Social mobilisation in support to Infection and Control in formal and traditional health system

Following the declaration of December 29, 2015, of the World Organization of the Health (WHO), notifying Guinea as a country free of transmission of the Ebola virus, UNICEF in partnership with the national NGO Association for the Promotion of governance and of local Initiatives (AGIL) implements various projects in order to engage traditional healers. Indeed traditional healers are trusted by communities. UNICEF engage them in the EVD response for the reference of suspected cases to formal health care structures. In a context of the crisis of confidence caused by the epidemic between health facilities and communities, the platform of Forécariah has defined a strategy for the involvement of healers. It was to organize healers around a common ideal, thereby facilitating their mobilization around issues of individual and collective health. The involvement of the religious in the strengthening of advocacy on the use of health services, struggling against the stigmatization of people cured from Ebola and the strengthening of community-based monitoring was also key in achieving the Zero Ebola case.

Sermons in Mosque



Religious leaders, during the response, occupied a prominent position as they have been used to sensitize communities on the vigilance and on monitoring community-based. Through sermons and daily prayers, religious leaders of the Muslim and Christian faith raised awareness of the faithful on the use of health facilities and the report of alerts. The action of religious leaders is even more accurate on dignified and secure funerals. (Two human story attached).

The deployment of 118 healers around the Watch Sites helped to reinforce the community-based surveillance

through the referencing of the sick individual to health structures. These Watch Sites were also provided with 118 radio in order to improved information of the communities on the vigilance and monitoring community-based measures. At last 461 community platforms were setup and monitored around the of 450 health centers/posts.

7. Psychosocial support to Orphans and survivors

Thanks to MPTF, UNICEF supported the organization of a protective Environment and psychosocial support for Children. MPTF funds contributed to reach 7,400 children, including 457 orphaned children, who benefitted from psychosocial support. At least 15,517 people including 4,123 community leaders have participated in family and community dialogues talks particularly on family separation and solidarity with EVD affected people. In addition 15 foster families established in the Lower Guinea and Guinea Forest areas, headed by Ebola survivor women, are being supported to take care of EVD



unaccompanied/separated children (UASC) and provided services to 10 UASC (Two Human stories are attached).

In addition the national NGO AGIL supported local actors (Association of cured from Ebola) in gathering information on the people cured of Ebola. The NGO in partnership with the Association of people cured of Ebola and sympathizers implemented income-generating activities benefitting to 12 small groups of persons cured from Ebola.

ii) Indicator Based Performance Assessment:

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Outcome 12: Define and interrupt all remaining chains of transmission Indicator: Number of Ebola cases & Identify and manage residual risks in all Ebola free areas Baseline: 01 Ebola cases confirmed on September & 228 contacts as of September 13, 2015 Planned Target: 00 cases	10 cases during the Koropara flare up.	Guinea was declared free of Ebola transmission linked directly to the original outbreak on 29 December 2015. On 17 March 2016 a cluster of 2 confirmed and 3 cases of Ebola virus disease was reported from the prefecture of N'Zerekore in south-eastern Guinea (Koropara).	WHO reports
Output 1.1: Indicator 1.1.1: Number Of Hot Spots Reporting and Managing Events/Alerts on a daily basis Baseline: Planned Target: 11 prefectures platforms	11 prefectures platforms		Civil society and governmental partner's reports
Indicator 1.1.2: Suspected cases using public transport are reported to health authorities Baseline: Planned Target:100% of suspected cases	90%	Most of suspected cases were reported but still 1 individual in Forécariah and 3 in Nzérékoré had escaped and couldn't be found by authorities	Civil society and governmental partner's reports
Indicator 1.1.3: Number of Functional Community Engagement Platforms delivering phase Interventions including supports to Survivors Baseline: Planned Target: 443 platforms and communication units	443 platforms and communication units		Civil society and governmental partner's reports
Indicator 1.1.5: Number of Villages using Early Warning and Report Systems Baseline: Planned Target: 450 villages Indicator 1.1.6: Number of Health post supported with IPC	450 villages		Civil society and governmental partner's reports Civil society and governmental partner's reports

² Note: Outcomes, outputs, indicators and targets should be **as outlines in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

Baseline: Planned Target: 450 health posts			
Indicator 1.1.3: Number of rural radios conducting IPC campaign Baseline: Planned Target: 33 rural radios	23 rural radios setup and supported	Activities followed the epidemic pattern and trends therefore in the course of the program the focus were made on active areas.	

Report reviewed by (*MPTF M&E Officer to review and sign the final programme report*)

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