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## Combating Ebola Outbreak in Guinea through Intensified Social Mobilization and Improved Contact Tracing

**Final Program Results Report**  
(15 Sept-2014 – 30-Jun-2015)

**Cooperative Agreement No: AID-OFDA-G-14-00211**



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## 1. PROJECT SUMMARY

In February 2014, Guinea experienced the first identified cases of Ebola hemorrhagic fever in the southeast of the country. Following confirmation of the disease, the Government of Guinea officially declared the outbreak on 22 March 2014. The spread of the epidemic was rapid and unpredictable; According to the National Coordination Commission, from February to August 2014, the disease had affected 14 districts, including the capital city of Conakry. As of September 10, 2014, there were 716 confirmed cases of Ebola infection across Guinea (from 899 confirmed, probable, and suspected cases). The death toll from this outbreak was 413 confirmed, increasing to 568 including probable fatalities. The nationwide fatality rate (confirmed and probable) was approximately 63%.<sup>1</sup>

The lack of appropriate information and low level of awareness of preventive measures among the general public created a major risk of increased transmission of the Ebola virus throughout Guinea. Related to and compounding this risk was an inadequate contact tracing system within the country. In addition to insufficient staffing and resources, a general lack of awareness of the importance of monitoring those having had contact with infected individuals were impeding efforts to limit the spread of the outbreak.<sup>2</sup>

Addressing this risk and combating the spread of Ebola would require a number of related measures: increased social mobilization and awareness campaigns both media and interpersonal communication; strengthened epidemiological surveillance; disinfection of victims' dwellings; proper management of dead bodies of those infected with Ebola; and preventive measures, including the installation of hand washing stations in schools and other public facilities.

In this context, Plan began implementation of an OFDA-funded project to intensify public communication – increasing general knowledge and understanding of the Ebola virus and how to reduce the risk of transmission – and contact tracing in order to break the chain of transmission of Ebola in Guinea.

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<sup>1</sup>IBID. WHO and GOG fatality rate is calculated by dividing the number of deaths among confirmed and probable Ebola cases by the total of confirmed, probable, and suspected cases.

<sup>2</sup>In some cases, fears – often fueled by rumors of dire consequences for those named and contacts – have led to an unwillingness to cooperate in tracing efforts and, in some cases, even denial of the existence of Ebola Virus Disease. See, for example, “Ebola Contacts in Africa Go Missing”, Elizabeth Cohen, CNN International, accessed via: <http://www.cnn.com/2014/08/25/health/ebola-contact-tracing/> and “Accelerating WHO Emergency response to Ebola outbreak: Contact Tracing”, WHO, accessed via: <http://www.who.int/features/2014/emergency-response-ebola/en/>

## 2. SUMMARY OF ACHIEVEMENTS

The results analysis of the basic surveys (KAP) on perception, knowledge, attitude and behavior of the population in the face of the epidemic (carried out in January and April 2015) and the results of project implementation activities indicate that a sizable majority of the population (dipping to 70.3%<sup>3</sup> from 86%<sup>4</sup>) recognizes that the epidemic of Ebola is lethal. Though the April level of awareness remained high at over 70%, the dip from January's 86% was unexpected. While it could be indicative of greater popular resistance to Ebola messaging in April, it is also possible that witnessing people survive and recover from EVD, as well as a reduction in the rates of infection, might have led some respondents to minimize the seriousness of Ebola infection. Large majorities also report knowledge that the sick and the bodies of those who died from Ebola remain the major sources of transmission, as well as that washing hands with soap and chlorine is one major measure to help avoid transmission of the disease. Similarly, large proportions of the population (61%<sup>5</sup> to 80.5%<sup>6</sup>, respectively in January and April surveys) reported agreement that families of victims of Ebola should be assisted and favored the social reintegration of people cured of Ebola.

These results are encouraging as to the perspectives of non-stigmatization of patients cured and their relatives since they can no longer transmit the disease. In the same range, 78% report their agreement that one should seek the assistance of health services in case of manifestation of possible signs of Ebola infection.

Worryingly, while respondents to the April survey reported direct knowledge of 111 cases of EVD across the nine prefectures, they indicated personal awareness of only 29 of these cases (or approximately 26%<sup>7</sup>) being directly referred for appropriate care, support, and contact tracing. This apparent lack of compliance with treatment protocol highlights remaining challenges to breaking the cycle of EVD transmission in Guinea.

Key accomplishments of the project include the following:

- Reaching 256,844 households with inter-personal communications on Ebola, prevention measures, and key hygiene messaging. (see table 2 blow).
- Cooperation Agreements with the youth bodies, CECOJE and CCJG, were created. This enabled CECOJE and CCJG to launch their inter-personal communication activities, such as door to door household visits and the distribution of hygiene kits in rural and urban communities.
- Signing of the addendum with no cost extension with CECOJe of Telimele. Due to interbank technical reasons, the first transfer of funds to this CECOJe was delayed by approximately two (2) months. This delay negatively impacted the implementation of the project's activities of CIP (Interpersonal communication) in Telimele. To allow this CECOJe to catch up and achieve the objectives of its contract, the period of the agreement originally scheduled for January 1<sup>st</sup> to March 31<sup>st</sup>, 2015, was extended until May 30<sup>th</sup>, 2015. The other articles of the initial Agreement remained unchanged including the cost of services.
- Nine (9) capacity building training sessions, were delivered. Attendees were comprised of the actors involved in the implementation of project activities. Of the planned 129 Health workers to receive training, 102 (12 women) or 79.06% of the target received training; 841(140 women) of the target 841 Facilitators or 100% were also trained. In summary, 97.21% of the total training target was achieved;

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<sup>3</sup> KAP survey report with the methodology LQAS, on knowledge, attitude and behavior of the population to the epidemic of bola, April 2015, page 48.

<sup>4</sup> Quick Survey Report on the perception, knowledge, attitude and behavior of the population to the epidemic of bola, January 2015, page 11.

<sup>5</sup> Quick Survey Report on the perception, knowledge, attitude and behavior of the population to the epidemic of bola, January 2015, page 12.

<sup>6</sup> KAP survey report with the methodology LQAS, on knowledge, attitude and behavior of the population to the epidemic of bola, April 2015, page 48

<sup>7</sup> KAP survey report with the methodology LQAS, on knowledge, attitude and behavior of the population to the epidemic of bola, April 2015, page 48

- Educational aids and IEC materials were developed and hygiene kits were procured and distributed within the nine (9) prefectures covered by the project (Coyah, Dubreka, Forecariah, Gueckedou, Kissidougou, Macenta N'Nzérékoré, Téliimélé, and Yomou). The media and educational aids consist of images illustrating, for example, that one should avoid eating bush meat or that a patient should be placed in a sitting position instead of lying down. The images directly supported the guidelines of the National Coordination for the Fight against Ebola;
- Two basic surveys (KAP) on perception, knowledge, attitude and behavior of the population in the face of the epidemic were completed (carried out in January and April 2015);
- Per the national strategy on social mobilization, Plan participated in the global effort to create Village Watch Committees (VWC) in 8 prefectures and received the support of UNICEF for the payment of these committees. By December 31, 2014, 197 VWCs had been created by Plan. Further, 4198 Village Watch Committee members, including 674 Community Health Workers, were trained;
- The project sponsored inter-personal communication activities on prevention measures, transmission measures and demonstration on chlorine utilization for drinking water and soap for washing hands. This specific activity had a key impact on reducing community resistance for using these kits.
- During implementation, inter-personal communications targeted a total of 256,844 households (equivalent to 1,368,870 individuals, including 726,593 adults [377,298 women] and 675,087 children [345,101 girls]). Overall, the project exceeded the intended population (1,058,808), reaching 138% of the target. During these interpersonal communication sessions: 81,799 bars of soap, 62,708 bottles of chlorine, 44,283 leaflet posters, and 39,550 wall posters were distributed to target households.
- 1,693 out of 4,923 planned hand washing devices have been installed, along with the distribution of 7,623 bars of soap, and 2,508 bottles of chlorine.
- Do the mapping of the database and the inventory of inputs (chlorine and soap) in stores/deposits of CECOJe and hygiene kits in all schools of the prefectures covered by the project (Beyla, Coyah, Dubréka, Dabola, Dinguiraye, Forécariah, Faranah, Gueckedou, Kissidougou, Lola, Macenta, NZerekore, Téliimélé and Yomou).
- Distribution of 5,722 cartons of soap (70 pieces per carton), for the second supply aimed to cover the rest of the school year.
- Twenty-four (24) round table discussions, two (2) magazines, twenty-one (21) interactive radio broadcasts for the mass sensitization through rural radios in the prefectures of Coyah, Kissidougou, Macenta, N'Zérékoré and Téliimélé.
- Three (3) sensitization mass media campaigns for three (3) secondary schools of Guéckédou reached 293 pupils ( including 86 girls), 11 teachers, and three (3) members of parents associations.
- Production of one case study on Ebola in the prefecture of Macenta and a documentary about Ebola.
- Participation in the second awareness campaign and active search of cases from May 16<sup>th</sup> to May 19<sup>th</sup>, 2015 in all communities of Forecariah. During this campaign, 73 alerts were recorded including 29 community death cases and 39 suspect cases. In all cases of death, the deceased were provided a safe and decent burial through referral of such cases to the Red Cross. Six (6) cases of 39 suspected were confirmed positive for Ebola (15.38%), including one without a known or traced epidemiological link. The earlier first campaign conducted in April 2015 (from 12<sup>th</sup> to 15<sup>th</sup>) had registered 4 positive cases.
- Plan team's participated in the "Ebola zéro en 60 jours" ("Zero Ebola in 60 days") campaign in the prefectures covered by the project. This workshop, facilitated by the National coordination against

Ebola delegates, gathered all involved organization representatives. Plan ensured the participation of engaged youth group delegates and Community Watch Committees.

- Through the project, Plan coordinated and assisted in organizing the participation of project partners, such as Prefectural Health Departments, Regional Health Departments, WHO, UNICEF, civil authorities and local officials, in the delivery of capacity building training to Health Workers, Interpersonal Communication Facilitators and Village Watch Committees.
- Plan participated in three (3) cross-border meetings with Sierra Leone and Liberia key partners in Guéckédou (1) and Forécariah (2). The 2 meetings in Forécariah led to the collaboration agreement signature between the Republics of Guinea and Sierra Leone. The main objectives were the following: strengthen surveillance mechanism and harmonize strategies on the fight against Ebola.
- Supervision of the effectiveness of the hand washing stations and the activity of awareness on the methods of prevention of Ebola virus in schools. This supervision has been carried out from June 8<sup>th</sup> to June 26<sup>th</sup>, 2015 in 65 schools and has reached 10 prefectures (Dabola, Dinguiraye, Faranah, Kissidougou, Beyla, Gueckedou, Lola, Macenta, N'Zerekore and Yomou). The students in the visited schools demonstrated familiarity with measures to prevent transmission of Ebola. The hand washing stations, installed through the project, were in observed to be in regular use during visits.
- Plan Guinea's Quality Assurance department visited target schools to confirm receipt and use of handwashing stations and supplies (soap and bleach) distributed through the project. The mission took place from April 10<sup>th</sup> to 27<sup>th</sup>, 2015, in the prefectures of Beyla, Lola, Macenta, N'Zerekore and Yomou. This mission has noticed that the kits and inputs (soap and chlorine) are present in the schools and are managed in a satisfactory manner. However, the mission recommended to school authorities to improve the management of remaining soap stocks.
- Plan Guinea conducted a mission to test internal controls of the CECOJe of 9 prefectures to ensure compliance of procedures in relation to administrative and financial management. It has helped to ensure the effectiveness of activities in the field and to identify the strengths and weaknesses of each structure, serving the capacity development of these organizations.

**Table 1: Overview of the Project's Training and Capacity Building Achievements**

No	Prefectures	Trainers						Trained VWC				TOTAL
		CCS		CECOJE/CCJG		CERAD		Sub-Total	Health workers	Community leaders	Sub-Total	
		M	F	M	F	M	F					
1	Coyah	5	0	32	4	8	0	49	51	306	357	406
2	Dubréka	7	0	42	21	11	3	84	112	672	784	868
3	Forécariah	10	1	90	0	19	0	120	101	606	707	827
4	Guéckédou	12	1	76	14	22	5	130	100	400	500	630
5	Kissidougou	13	5	108	24	20	6	176	150	900	1050	1226
6	Macenta	11	0	116	26	28	0	181	70	280	350	531
7	N'Zérékoré	15	3	80	19	17	3	137	20	80	100	237
8	Télimélé	13	1	99	27	28	0	168	0	0	0	168
9	Yomou	6	1	58	5	13	1	84	70	280	350	434
<b>TOTAL</b>		<b>92</b>	<b>12</b>	<b>701</b>	<b>140</b>	<b>166</b>	<b>18</b>	<b>1129</b>	<b>674</b>	<b>3524</b>	<b>4198</b>	<b>5327</b>

Légende:

- CCS: Chef de Centre de Santé
- CERAD : Centre d'Etude, de Recherche et d'Appui au Développement.

### 3. RESULTS BY OBJECTIVE

#### SECTOR: HEALTH

Beneficiaries	Target	Achieved (Reporting Period)	Achieved (Cumulative)
Number of beneficiaries by objective	1,058,808	1,401,680 <sup>8</sup>	1,401,680 (132.38%)
Number of internally displaced persons reached	N/A	N/A	N/A

#### **Objective 1: To combat the spread of the Ebola virus among the population**

##### **3.1. Sub-sector: Community Health Education/Behavior Change:**

Performance against indicators	Target	Achieved (Reporting Period)	Achieved (Cumulative)
Number of CHWs trained and supported (total and per 10,000 population within project area), disaggregated by sex	400 or 3.8/10,000 population within project area	303 <sup>9</sup>	303
Number and percentage of CHWs specifically engaged in public health surveillance	400, or 100% of CHWs trained through the project	303	303 (75.75%)
Number and percentage of community members utilizing target health education messaging practices	1,058,808, or 25% of community members in target areas	911,869 <sup>10</sup>	911,869 (86.12% of target)
Percentage of respondents who can identify three or more key means of reducing the risk of Ebola virus infection	80%	911,869 <sup>11</sup>	911,869 (86.12%)
Percentage of respondents who report understanding the need to monitor those in contact with suspected Ebola cases	80%	911,869 <sup>12</sup>	911,869 (86.12%)

<sup>8</sup> This figure includes only inter-personal communication beneficiaries.

<sup>9</sup> This number includes CCS and AC

<sup>10</sup> Do not includes data of CIP in Coyah, Dubreka and Forécariah, prefectures still actives suspect and confirm cases).

<sup>11</sup> Includes all beneficiaries those attending the CIP sessions in prefectures: Telimélé, Kissidougou, Guéckédou, Macenta, N'Zérékoré and Yomou ;

<sup>12</sup> Includes all the CIP sessions beneficiaries in Telimélé, Kissidougou, Guéckédou, Macenta, N'Zérékoré and Yomou ;

These percentages show trends by crossing them with the results of surveys used to assess the efforts of young people through interpersonal communication sessions.

**Table 2: Overview of the household inter-personal communication activities achievements**

Location	Households	Beneficiaries				Hygiene kits		Educative supports	
		≥18 years		<18 years		Soap	Chlorine	Poster	Adhesive Poster
		F	M	F	M				
Coyah	16,707	45,103	33,569	31,088	31,888	2,413	2,393	479	456
Forécariah	23,630	15,119	48,579	34,893	13,439	56	56	6,124	2,471
Dubreka	19,972	66,826	63,388	48,963	56,956	6,144	2,939	3,024	3,024
Kissidougou	59,220	40,858	36,147	44,183	44,495	13,807	13,807	3,238	2,187
Gueckedou	49,777	35,281	33,341	35,793	34,613	6,467	6,587	4,977	4,977
Macenta	32,470	90,037	62,895	60,534	62,349	11,244	5,608	3,667	3,667
N'Zérékoré	18,200	33,721	29,771	35,283	32,810	14,821	10,190	10,190	10,190
Yomou	16,245	14,583	14,382	14,822	14,719	16,250	12,560	12,560	12,560
Télimélé	20,623	35,770	27,223	39,542	38,717	10,597	8,568	24	18
<b>Total</b>	<b>256,844</b>	<b>377,298</b>	<b>349,295</b>	<b>345,101</b>	<b>329,986</b>	<b>81,799</b>	<b>62,708</b>	<b>44,283</b>	<b>39,550</b>

In total, 303 health workers (of the targeted 400) were trained through the project. The shortfall is explained in part by the limited intervention area (the project covered 9 of 22 affected), as well as by the multiplicity of actors in the zones, and the lack of coordination between those responding organizations in the early and high days of the epidemic. Some health workers may have also been reluctant to engage on training for managing EVD cases, though the specific issue of potential healthcare provider reticence was not queried.

In total, 256,844 households have been reached by the inter-personal communication (CIP) activities implemented through youth groups.

**Progress against Planned Activities:**

***Activity 1.1: Expansion and improvement of communication and awareness of Ebola and the current epidemic through social mobilization and media (radio, TV and social medial) to improve compliance with prevention and response measures***

The project sponsored twenty-four (24) round table discussions and produced two (2) magazines and twenty-one (21) interactive radio broadcasts for the mass sensitization through rural radios in the prefectures of Coyah, Kissidougou, Macenta, N'Zérékoré and Télimélé

Again, thanks to the mass media campaigns and to the inter-personal communication done by the CECOJE/CCJG and other partners, a very positive impact has been noticed on the beneficiaries to adopt responsible attitude to minimize EVD infection spread. These campaigns contributed to, the maintenance of zero cases of EVD in all Forest Guinea's prefectures.

These efforts have been confirmed by the results of the two surveys and by the results of interpersonal communication activities carried out during the quarter.

According to the results of the investigations, indicate that a sizable majority of the population (dipping to 70.3% from 86%) recognizes that the epidemic of Ebola is lethal. These cohorts also report knowing that the sick and the body of those infected with Ebola at the time of death are key sources of virus transmission; and the washing of hands with soap and chlorine are among key prevention measures. In separate January and April surveys, 61% and 80.5 % of the population reported a positive attitude to assist the families of victims of Ebola and favored the social reintegration of people cured of Ebola.

The percentage of people that can identify at least three keys behaviors that can contribute to reduce the risk of the spreading of the Ebola virus which include the necessity to a good follow up of the contact cases and suspected cases was 83.15%.

These results are encouraging as to the prospect of non-stigmatization of patients cured and their relatives since they can no longer transmit the disease. In the same proportion, 78% are favorable to seek health services in case of manifestation of suspect signs.

The percentage of persons that can identify three or more of the means or key behaviors that can help to reduce the risk of transmission of the Ebola virus infection and also including the importance or the necessity of the proper tracking of case contacts and suspects of Ebola has reached to 83.15% per cent (78% of the population believe in the health services) or an increase of 5.15%.

Similarly, the interpersonal communication activities (CIP) have touched (covered) 1,370,165 people, either 129.40% of the level of the indicator "***Number and percentage of community members utilizing target health education messaging practices***".

However, in terms of the behavior, it is still remain of efforts to provide in the awareness because, the same study reveals that only 26% of the 111 cases reported in the whole of the nine (9) prefectures were directly referred for care, support, and follow-up (including contact tracing). Such apparent resistance to engage the official response structures continues to pose a serious challenge to identifying and breaking the chains of transmission of the EVD in Guinea.

## ***Activity 2: Strengthen identification and tracking of contacts in order to curb the transmission of Ebola.***

**Table 3: Overview Ebola cases data in the areas of intervention**

Location	Contact tracing	Suspect cases	Probable cases	Confirmed cases	Confirmed dead	Total	Date of confirmation of the last case
Coyah	0 (121)	1(0)	7(7)	235 (229)	131(128)	371(485)	14/04/2015
Forécariah	1,627 (1,042)	4(1)	52(45)	403 (292)	267(184)	2,353(1,564)	29/06/2015
Dubrèka	207 (68)	4(0)	13(8)	147 (115)	87(67)	458(258)	19/06/2015
Kissidougou	0 (0)	0(0)	36(21)	100 (100)	71(71)	207(192)	07/02/2015
Guéckédou	0 (0)	0(0)	112(112)	269 (269)	203(203)	584(584)	20/12/2014
Macenta	0 (0)	0(0)	27(27)	718 (218)	475(475)	1,220(720)	26/02/2015
N'Zérékoré	0 (0)	0(0)	43(43)	213 213)	138(138)	394(138)	23/01/2015
Yomou	0	0	0	11	5	16(16)	02/09/14
Télimélé	0	0	3	40	17	60(191)	30/12/2014
<b>Total</b>	<b>1,834(1,231)</b>	<b>9(1)</b>	<b>293(266)</b>	<b>2,137(1,487)</b>	<b>1,394(1,288)</b>	<b>3402.738</b>	

Ref: WHO SitRep as of June 30<sup>th</sup>, 2015

As of June 30<sup>th</sup>, Coyah, Forecariah and Dubreka are notifying a large number of confirmed cases to follow. Resistance and no controls displacements of people Ebola contacts remains the main reason for those prefectures being the new epicenter of the EVD (within Conakry).

**Objective 2: To provide hand-washing stations and hygiene materials at schools in Guinea**

**3.2. Sub-sector: Hygiene Promotion**

Performance against indicators	Target	Achieved (Reporting Period)	Achieved (Cumulative)
Number of people receiving direct hygiene promotion	<b>603,349</b>	425,059	425,059
Number of respondents who know 3 of 5 critical times to wash hands	<b>603,349</b> (70% of students)	425,059 (70.44% of students)	425,059 (70.44% of students)
Number of schools with soap and water at handwashing locations	<b>2,786</b>	2,508	2,508

**Activity 2.2: Undertaken Hygiene Promotion, education among students in target school communities**

During the last quarter, the inventory of inputs (chlorine and soap) has been carried out in all the storerooms of CECOJe and schools of prefectures covered by project (Beyla, Coyah, Dabola, Dinguiraye, Dubreka, Faranah, Forecariah, Gueckedou, Kissidougou, Lola, Macenta, N’Zerekore and Yomou). This inventory has allowed a better understanding of the additional needs of current schools year in soap. 5,722 cartons of soap (70 pieces per carton) have been distributed in all schools under the second supply (additional quantity) aimed to cover the rest of the school year 2014/2015.

They regularly engage the washing of hands or cleaning with chlorine.

The supervision visits have been organized in the schools to ensure the effectiveness of the washing hands and of the realization of the awareness of students on the methods of prevention of the of Ebola virus disease (EVD). It has been carried out from June 8<sup>th</sup> to 26<sup>th</sup>, 2015 in 65 schools and has covered 10 prefectures mentioned above. The activity of supervision has allowed Plan to confirm that the facilities for washing hands remain present and functioning in all the schools visited. The students are familiar with actually methods of prevention against Ebola. They are regularly practicing the washing hands to soap or chlorine.

A mission of Internal Control of Plan Guinea (Quality Assurance Department), to ensure the effectiveness of the receipt, distribution and management of kits and inputs from the washing of hands, has been carried out from April 10<sup>th</sup> to 27<sup>th</sup>, 2015 in the prefectures of Beyla, Lola, Macenta, N'Zerekore and Yomou. This mission has overall concluded that the kits and the inputs (soap and chlorine) exist in the schools and are managed in a satisfactory manner. However, this mission has recommended that some school authorities need to improve the stock of soap management.

**4. CHALLENGES**

- Some of the youth groups engaged were new or less well-established, with little experience in emergency response programming. This was a notable challenge in the prefectures of Guinea Maritime prefectures of Dubreka, Forécariah, Coyah and Téliimélé (i.e., those areas in which Plan did not have previous programming presence). Many of these newer youth groups struggled to implement the inter-personal communication programming.
- Lack of water and proper latrines in many schools remain a big challenge as a main concern for hand washing and promoting hygiene and health in schools vicinity.

- There is apparent reluctance to seek medical care at the first indication of possible Ebola infection. Such care-seeking, which would facilitate contact tracing, would help to break the chain of transmission. This is critical especially in the coastal area/littoral (Coyah, and Dubreka Forecariah) which has borne the weight of more recent caseload;
- Strengthening of youth groups in the field to move from social mobilization to direct behavior change and, where appropriate, participation in community watch committees, to enable the country to arrive at zero case of Ebola;
- Review and improvement of the content of messages that takes into account the sociocultural and epidemiological context.

***Actions taken to resolve programmatic issues:***

- Intensification door-to-door sensitization with key leaders (youth, women, community still continues)
- Strengthening the youth bodies in administrative and financial management and quality reporting
- Advocacy for Education in Emergencies action in schools (WASH/Safe school approach);
- Internal control of Plan Guinea had been covered all youth group bodies (CECOJe) to insure the administrative and financial management.

**5. COORDINATION**

1. Participated in National Coordination meetings as well as those of relevant, related Commissions.
2. Participated in Prefectural meetings on the crisis.
3. Coordinated and assisted in organizing the participation of project partners, such as Prefectural Health Departments, Regional Health Departments, WHO, UNICEF, civil authorities and local officials, in the delivery of capacity building training to Health Workers, Interpersonal Communication Facilitators and Village Watch Committees.
4. Attended weekly Local Ebola Group (LEG) meetings and followed up on the National Strategic Plan to combat Ebola in schools.
5. Participating in the ongoing joint supervision of the resumption of schools.

**6. PROCUREMENT**

Purchase of nine (9) motorbikes and 11 digital devices to the project team.

7. **ANNEXES:** One (1) case studies in Macenta and a documentary about Ebola/ OFDA project [http://youtu.be/HLVlum-T\\_jc](http://youtu.be/HLVlum-T_jc)