International Medical Corps – Guinea

Quarter 1 Program Report
AID-OFDA-G-15-00080
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A. PROGRAM OVERVIEW AND PERFORMANCE

Guinea is among the three West African countries most affected by the ongoing Ebola Virus Disease (EVD) epidemic. According to the World Health Organization (WHO), there have been 3,548 cases of EVD there to date, resulting in almost 2,000 fatalities.[1]

As is the case for Liberia and Sierra Leone, the disease has extracted a heavy toll on the country's health workers: 202 are reported to have died from the virus in Guinea alone.[2] However, unlike the other two high-transmission countries, Guinea's healthcare system has continued operating throughout the crisis.

While all three countries have endured a deterioration of confidence in their healthcare systems—illustrated by increased reports of individuals seeking alternative care from traditional healers, not reporting symptoms, hiding sick friends or relatives, and, in some cases, carrying out acts of violence against healthcare workers—Guinea is widely believed to have done so most. In fact, some have attributed the lack of progress made in reducing EVD cases in Guinea, as compared to dramatic declines witnessed in Liberia and Sierra Leone, to this trend. [3]

Recognizing the need to reinforce Guinea's healthcare system, International Medical Corps is undertaking the construction of screening and referral units (SRUs) at hospitals throughout Guinea as frontline defenses against the current epidemic. In the original project proposal, International Medical Corps planned to support 10 prefectures outside in the northern and northeastern parts of the country. In each prefecture, the Guinea Emergency Response Team (ERT) was to build a SRU at the prefectural hospital, usually the largest in each prefecture. That model would both respond to the current epidemic and enhance infection prevention capacities for the future.

However, in March 2015, Guinea saw a major spike in new confirmed EVD cases, notably in the prefectures of Coyah, Dubreka, Forecariah, Kindia, and Conakry itself. After consulting with the WHO, the Centers of Disease Prevention and Control (CDC), the UN Mission for Ebola Emergency Response (UNMEER), other international actors, and the Office of U.S. Foreign Disaster Assistance (OFDA) office in Guinea, International Medical Corps decided to shift its attention from 10 outlying prefectures to provide emergency assistance to areas of highest infection. In particular, the Guinea ERT will now launch operations at SRUs in Dubreka, Coyah, and at some of the worst-affected areas in Conakry, including the reference hospital at Donka, one of the largest in the country.

Along with constructing SRUs, this project will provide other critical elements that ensure a comprehensive approach to the EVD response. These elements include:

- Training for frontline medical staff on infection prevention and control (IPC) practices to operate SRUs and refer suspected EVD cases to appropriate treatment facilities;

[1] WHO, Ebola Situation Report, April 15, 2015, http://apps.who.int/ebola/current-situation/ebola-situation-report-15-april-2015.
[2] Ibid.
[3] Nossiter, Adam. "Fear of Ebola Breeds a Terror of Physicians," *The New York Times*, 27 Jul. 2014: http://www.nytimes.com/2014/07/28/world/africa/ebola-epidemic-west-africa-guinea.html?_r=0.

- Training for WASH staff on effective practices to use personal protective equipment (PPE), decontaminate SRU, create safe isolation spaces, promote appropriate hygiene practices, and carry out safe waste removal;
- Formation of a Rapid Response Team (RRT) that will be able to provide a range of emergency services, including patient transport and the setup of a temporary isolation unit in remote areas;
- Deployment of Community Engagement teams to spread messaging aimed at rebuilding trust in Guinea's healthcare systems and informing residents how to access treatment and care for infectious diseases;
- Provision of mental health and psychosocial services to healthcare workers and community members who suffer from trauma-related symptoms caused by the spread of EVD in Guinea's communities;
- Enhanced logistical and supply chain support to help Guinea's health structures improve provision of necessary EVD response resources to frontline healthcare workers.

B. TABLE OF INDICATORS

Sector 1: Health

Sub-sector 1:	**Health Systems and Clinical Support**		**Target**[4]		**Quarter 1**	
Indicator 1:	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary)		10			
Indicator 2: (Customized Indicator)	Number of health care providers trained in IPC by type (e.g. doctor, nurse, community health worker, midwife, WASH staff, traditional birth attendant, etc), disaggregated by sex and national/international		**M**	**F**	**M**	**F**
		Total	500		**0**	**0**
		Doctor	N/A	N/A	0	0
		Nurse	N/A	N/A	0	0
		Community health worker	N/A	N/A	0	0
		Midwife	N/A	N/A	0	0
		WASH	N/A	N/A	0	0
		International	N/A	N/A	0	0
		National	N/A	N/A	0	0
Indicator 3: (Custom Indicator)	Number of persons screened for EVD at the SRU, disaggregated by sex and age		**M**	**F**	**M**	**F**
		Total	90,000		**0**	**0**
		<1 years old	TBD	TBD	0	0
		1-4 years	TBD	TBD	0	0
		5-14 years	TBD	TBD	0	0
		15-49 years	TBD	TBD	0	0

[4] Targets marked "TBD" will be added following a baseline assessment, set to take place in mid-May.

		50-59 years	TBD	TBD	0	0
		60 and over	N/A	N/A	0	0
Indicator 4:	Number and percent of suspect EVD patients that were transferred to an ETU, disaggregated by suspected and confirmed, by sex, and by age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-59 years, 60+ years), per quarter		**#**	**%**	**#**	**%**
		Total	900, 1%		**0**	**0**
		<1 years old	N/A	N/A	0	0
		1-4 years	N/A	N/A	0	0
		5-14 years	N/A	N/A	0	0
		15-49 years	N/A	N/A	0	0
		50-59 years	N/A	N/A	0	0
		60 and over	N/A	N/A	0	0
Indicator 5: (Customized Indicator)	Number and percent of IMC-supported SRUs that have transitioned to facility ownership		**#**	**%**	**#**	**%**
			10	100	0	0

Sub-sector 2:	**Communicable Disease**		**Target**		**Quarter 1**	
Indicator 1: (Customized Indicator)	Number of Rapid Response Team deployments		TBD		**0**	
Indicator 2: (Customized Indicator)	Number of Safe Burials by the Rapid Response burial team by location		TBD		**0**	
Indicator 3: (Custom Indicator)	Number of patients transported to an ETC by Rapid Response Team		**M**	**F**	**M**	**F**
		Total	**TBD**		**0**	**0**
		<1 years old	TBD	TBD	0	0
		1-4 years	TBD	TBD	0	0
		5-14 years	TBD	TBD	0	0
		15-49 years	TBD	TBD	0	0
		50-59 years	TBD	TBD	0	0
		60 and over	TBD	TBD	0	0
Indicator 4: (Customized Indicator)	Number of patients evaluated by Rapid Response Team		**M**	**F**	**M**	**F**
		Total	**N**		**0**	**0**
		<1 years old	TBD	TBD	0	0
		1-4 years	TBD	TBD	0	0
		5-14 years	TBD	TBD	0	0
		15-49 years	TBD	TBD	0	0
		50-59 years	TBD	TBD	0	0

		60 and over	TBD	TBD	0	0

Sub-sector 3:	Community Health Education/Behavior Change	Target	Quarter 1
Indicator 1: (Customized)	Number of community members reached directly through community outreach sessions	128,000	**0**
Indicator 2: (Customized)	Significant change in community members reporting Ebola as a barrier to accessing health care	**%**	%
		TBD	**N/A**
Indicator 3: (Customized)	Percent change in average daily hospital/primary health center intake	**%**	%
		100%	**N/A**

Sub-sector 3:	Medical Commodities including Pharmaceuticals	Target		Quarter 1	
Indicator 1:	Number of supplies distributed by type (e.g. medical kits, equipment, and consumables)	TBD		Distributions are planned for the upcoming quarter	
Indicator 2: (Customized)	Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables – including PPE in the SRUs	**M**	**F**	**M**	**F**
		500		**0**	**0**

C. ACTIVITY PROGRESS, CHALLENGES & NEXT STEPS

Activity 1: Construction of SRUs in district hospitals, including triage area, an isolation area, donning and doffing sections, patient and staff latrines, separate entries and exits, and physical channels for patient and staff flow

Progress: As the outbreak worsened in Guinea in February and March, the project shifted from its original scope of 10 outer prefectures in order to concentrate efforts in areas of high infection rates. By the end of April, three SRUs are expected to begin full operations (at Dubreka, Coyah, and the reference hospital at Donka in Conakry). The Donka site will have at least three SRUs given its size and patient volume. By late-May, at least two more sites (Kindia and Matoto) will also have SRUs in place.

Challenges: The necessary modifications to the project's geographic scope delayed start of construction by a couple weeks. However, SRUs will now be located in areas of greater need and construction is advancing efficiently.

Next Steps: Construction of SRUs will continue through the coming quarter.

Activity 2: Establishment of WASH protocols to ensure minimum standards, including incinerators, drainage systems, and laundry areas as needed

Progress: Protocols are being finalized and applied to train International Medical Corps WASH personnel to staff ETUs.

Challenges: The government of Guinea has worked closely with international actors to ensure different sets of protocols are not adopted by different organizations. The Guinea ERT is monitoring these efforts to ensure it is applying the right set of effective WASH protocols for its staff.

Next Steps: International Medical Corps will continue training WASH personnel to fully staff SRUs

Activity 3: IPC Training and mentoring of SRU staff
Progress: The first cohort of 15 SRU staff will begin a five-day IPC training module in April. Additionally, a second group of hospital staff working in the Dubreka Prefectural Hospital, where the SRU is based, will attend the same training that month. By the end of April, International Medical Corps expects to have 20 more trained IPC staff to deploy to sites at Coyah and Donka Hospital in Conakry.
Challenges: None at the moment.
Next Steps: Training program will continue as planned.

Activity 4: Handover of SRUs to hospitals
Progress: The project has not yet reached this point. However, International Medical Corps personnel working at SRUs were recruited from hospital staff to enhance their knowledge of triage and screening practices, so the process of knowledge transfer has already begun.
Challenges: None at the moment.
Next Steps: SRUs will begin full operations. International Medical Corps project staff will continue to evaluate the need for SRUs beyond the project scope and what handover activities should take place.

Activity 5: Creation and training of Rapid Response Team
Progress: International Medical Corps will create an RRT that can deploy personnel to provide emergency services such as patient or sample transport and setting up a temporary isolation unit. This team is expected to begin operations in mid-May.
Challenges: None at this point. The RRT component of this project will build upon SRU activities and will advance in the coming quarter.
Next Steps: The first components (ambulances and crews) will begin training on patient transport procedures in late-April.

Activity 6: Procure supplies for response, and repeat procurement as supplies are used
Progress: Procurement of materials for SRUs is advancing in line with SRU construction timelines.
Challenges: International procurement, especially for specific PPE pieces and medications, are dependent upon global vendors whose stocks are limited. Expected shipments arrive in mid-May.
Next Steps: International Medical Corps' logistics teams will continue sourcing supplies to operate SRUs while seeking to fill in supply gaps with resources from regional operations and Guinea's EVD response network.

Activity 7: Respond to any outbreak or hotspot in coordination with other actors
Progress: In addition to working toward establishing an RRT, the Guinea ERT continues to work with key stakeholders to ensure effective and appropriate support in responding to potential outbreaks of EVD.
Challenges: At the moment, no major challenges have significantly affected the Guinea ERT's operations with regard to this activity. However, security issues, especially related to political violence, may hinder staff travel to areas outside Conakry, including SRU sites at Coyah, Dubreka, and Kindia.
Next Steps: International Medical Corps will continue communicating with state and non-state actors to assess Guinea's ongoing EVD response needs, shifting resources where possible to deal with hotspots.

Activity 8: Engagement of key community members to ensure common understanding of EVD, transmission, SRUs and IPC measures

Progress: International Medical Corps' community engagement staff worked closely with administrators and community members at project sites (Coyah, Dubreka, and Kindia) to build acceptance of SRUs at prefectural hospitals. This step enabled construction of SRUs to begin.

Challenges: Countrywide, resistance to EVD response efforts has been constant, with healthcare workers often the targets of violence.

Next Steps: International Medical Corps is finalizing recruitment and training of 40 peer educators to work at the community level to spread messaging aimed at rebuilding trust in Guinea's healthcare system.

Activity 9: Conduct a KAP/Barrier assessment to identify key determinants to be used to develop key messages

Progress: The survey has not yet begun. The CDC has expressed interest in carrying out a survey, either in collaboration with International Medical Corps or alone. International Medical Corps will explore this possibility or provide input to the CDC to conduct the survey.

Challenges: The project is currently lacking a monitoring and evaluation specialist to design and conduct this survey.

Next Steps: Recruit as soon as possible a monitoring and evaluation specialist.

Activity 10: Disseminate key messages based on KAP/Barrier assessment through radio programming, videos, discussions, tours, community outreach, informal groups, and more

Progress: This effort will begin upon completion of the KAP/Barrier assessment. However, community engagement staff have already begun outreach efforts.

Challenges: Due to significant requirements in experience and language proficiency, the project is currently lacking a monitoring and evaluation specialist to work with the community engagement team to integrate survey findings into the current community engagement strategy.

Next Steps: Recruit as soon as possible a monitoring and evaluation specialist.

Activity 11: Initial procurement of supplies for SRU and Rapid Response Team

Progress: International Medical Corps is undertaking procurement of the first two ambulances, to be positioned at an SRU by April 20.

Challenges: None at the moment.

Next Steps: International Medical Corps will begin training staff on ambulance procedures and Rapid Response Initiative protocols. International Medical Corps logistics teams will continue procurement to create a one-month stock of materials for the RRT.

Activity 12: Training in PPE for hospital staff

Progress: Two cohorts of ten WASH staff at Dubreka and Coyah, respectively, will undergo training on PPE in mid-April to work at SRUs.

Challenges: Procurement has had difficulty locating an important piece of PPE (head/shoulder hoods). The recruitment of an additional IPC WASH Specialist has taken more time than expected but is imminent.

Next Steps: Continue recruitement of new WASH staff to operate SRUs at hospitals.

Activity 13: Supply chain training for hospital administrators and staff

Progress: This activity has not begun.

Challenges: None at this point.

Next Steps: International Medical Corps is finalizing the hiring of a Supply Chain Specialist to join its medical teams to conduct trainings on strengthening supply chain and procurement practices.