



## International Medical Corps – Guinea

**Quarter 2 Program Report**  
**AID-OFDA-G-15-00080**  
**(April 1, 2015 – June 30, 2015)**

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Reporting Period: April 1, 2015 – June 30, 2015

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Program Title: Strengthening EVD Rapid Response  
Capabilities of Guinea's Health System

OFDA Grant Number: AID-OFDA-G-15-00080

Country/Region: Guinea, West Africa



## 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 3,760 cases of EVD in the country to date, resulting in almost 2,506 fatalities as of July 1, 2015<sup>1</sup>.

As part of the global EVD response in Guinea, International Medical Corps is implementing a project, titled “Strengthening EVD Rapid Response Capabilities of Guinea’s Health System.” Funded by the United States Agency for International Development’s (USAID) Office of U.S. Foreign Disaster Assistance (OFDA), this project has three components: 1) establishment of 10 screening and referral units (SRUs) to triage potential EVD cases at supported medical facilities, 2) operation of Rapid Response Teams (RRTs) that can quickly respond to a potential new EVD hotspot, and 3) community engagement and MHPSS activities geared toward supporting the aforementioned activities as well as, in cooperation with sector leads, general EVD messaging.

### *1. Screening and Referral Units:*

By the end of the second quarter, six SRUs were fully operational—one at Kassapo clinic, in Boké; two at Donka hospital, in Conakry; one at Coyah hospital, in Coyah; one at Dubréka prefectural hospital, in Dubréka; and one at Kindia regional hospital, in Kindia. Another two SRUs are under work at Donka hospital and are expected to be operational by July.<sup>2</sup> The establishment of the Kolaboui clinic SRU at Boké was complete in June, it will also start operation in July.

SRUs triage all individuals—including patients, those accompanying them, and hospital staff—prior to entering a supported hospital or ward. By isolating and referring any potential EVD case, SRUs support the general effort to control the outbreak as well as Guinea’s health system by building confidence of both healthcare workers and the larger community in the safety of accessing public health facilities. SRUs also reflect a general shifting away from using Ebola Treatment Centers (ETCs) as a primary triage and health access point.

SRUs are currently operated by a mix of International Medical Corps personnel—both nationals and expats—as well as staff from the supported hospital. International Medical Corps trainers provide infection prevention and control (IPC) and water, sanitation and hygiene (WASH) trainings to both sets of staff using the national curriculum approved by the Ministry of Health and Public Hygiene (MOH).

To date, 265 full-time staff of SRUs have received IPC and WASH trainings. Between April and June 2015, 20,868 persons—13,064 females and 7,804 males—were screened at supported SRUs.

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<sup>1</sup> “Ebola Situation Report – 15 July 2015,” WHO: <http://apps.who.int/ebola/current-situation/ebola-situation-report-15-july-2015>.

<sup>2</sup> Due to the layout of Donka hospital—which consists of a wards housed in separate buildings and distributed over a large campus—it was decided that separate SRUs would be needed outside of the emergency, maternity, pediatric, and infectious disease wards. SRUs supporting the emergency and maternity wards are already operational.



## *2. Rapid Response Teams:*

After spending the first quarter recruiting, training, and equipping staff, International Medical Corps launched two RRTs during the reporting period. The RRTs consist of an array of specialized personnel with the training and means to undertake a number of activities—including identifying, isolating, referring, and transporting suspected cases as well as specimen extraction, contact tracing, and safe burial—necessary to contain a new potential EVD cluster.

Upon activation, an RRT will quickly deploy to a suspected hotspot, where staff will perform an assessment to identify gaps in the response. After consulting with key partners—including government officials, other humanitarian organizations, and community leaders—an RRT will carry out whichever activities are deemed necessary to facilitate an effective response.

In May, the RRT Coordinator in Liberia visited Guinea to assist with initial training and setup of the Guinea RRTs. On May 11-12, 10 IPC WASH personnel, eight health staff, and two drivers participated in the coordinator's training, which incorporated best practices and lessons learned from implementation in Liberia. The coordinator also consulted with Guinea staff to make adjustments in programming and procedures to reflect differences on the ground in Guinea.

At the request of the WHO, the RRT was first deployed to Kamsar, Boké, (located 300 miles from Conakry, along the Guinea-Bissau border) on May 15. The RRT quickly became an integral part of the local response. Both International Medical Corps and the prefectural coordination agreed upon specific tasks for the RRT—setting up SRUs and pre-determined locations, conducting safe burials on an as-needed basis, and engaging community members to support and participate in response efforts.

On May 29, a group of community members staged a protest in Kamsar, accusing EVD responders of bringing EVD to their area and pushing back against the erection of tents at the local health center. Due to the deteriorating security situation, the RRT was forced to evacuate very early the next day. Following a return to order, the RRT re-deployed on May 31 and was able to resume activities without incident, including community engagement activities to help prevent this kind of violent reaction going forward. The situation has remained peaceful since May 31, illustrating the importance and effectiveness of strong community engagement efforts alongside other EVD response interventions.

During the reporting period, the RRT investigated 34 EVD-related calls, leading to transport of 24 patients to an ETU or transit center. Twelve of the transported patients tested positive for EVD. International Medical Corps also conducted 10 safe and dignified community burials while the Red Cross was temporarily evacuated (due to the May 29 incident). Of the total, one of the buried tested EVD positive.

The second RRT deployed to Tanéné, Dubréka, on June 7 to assist with a 21-day active case finding and screening campaign. Upon request, the team extend its campaign for another 10 days. During the reporting period, this RRT investigated 14 calls, leading to transport of eight patients. One of the transported patients tested positive for EVD.



### 3. Community Engagement:

Under the third component of OFDA programming in Guinea, International Medical Corps aims to contribute to increased uptake of services in hospitals/health facilities through multiple interventions: interactive information dissemination on the importance of the SRU and positive health seeking behaviors, awareness raising, information on EVD, and surrounding activities like safe burials.

During the reporting period, outreach activities were implemented in Boké, Conakry, Coyah, Kindia, and Dubréka. Comprised of 25 members, the community outreach team utilizes a participatory approach, involving women’s, youth, religious, and civic groups, among others, in their efforts.

Outreach staff actively engaged in conducting group discussions, door-to-door sensitization, meetings, and workshops at the community level to increase residents’ understanding of both EVD and response efforts. Activities under this component have gained momentum since mid-April 2015 with the recruitment of a community engagement coordinator. The community engagement coordinator conducted the following capacity building trainings and workshops for staff and community leaders involved in program activities:

- Nineteen members of the local community received very basic IPC training on April 23–24, in order to promote preventative practices;
- Training on community mobilization principles and participatory approaches was provided for 19 staff on April 22– 28;
- Message design workshops were held with 25 community leaders;
- An awareness message validation workshop, organized and funded by International Medical Corps, was held at national level;
- Resistance mitigation workshop for 115 participants, including community leaders, women’s groups, and youth in Kamsar, Boké.

In addition, community engagement officers were deployed to SRUs to sensitize patients and their families about this activity. The officers also organized awareness raising sessions about the SRU at the community level. International Medical Corps’ community outreach sessions reached a total of 21,432 people—9,746 females and 11,686 males—during the reporting period.

## B. ACTIVITIES IN THIS PERIOD

	Cumulative Period Target	Reporting Period Reached	Cumulative Period Reached
<b>Total</b>	150,000	42,611	42,611
<b>IDPs</b>	N/A	N/A	N/A

**C. TABLE OF INDICATORS**
**Sector 1: Health**

Sub-sector 1:	Health Systems and Clinical Support		Target <sup>3</sup>		Quarter 2		Cumulative	
<b>Indicator 1: (Custom)</b>	Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary)		10		6		6	
<b>Indicator 2: (Custom)</b>	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	M	F
		<b>Total</b>	<b>500</b>		<b>152</b>	<b>111</b>	<b>152</b>	<b>111</b>
		Doctors	N/A		46	16	46	16
		Nurses	N/A		27	57	27	57
		Community Health Workers	N/A		11	6	11	6
		Midwives	N/A		0	22	0	22
		WASH	N/A		28	1	45	52
		Others (lab technician, drivers, pharmacist,...)	N/A		40	9	40	9
		International Staff	N/A		3	0	3	0
		National Staff	N/A		149	111	149	111
<b>Indicator 3: (Custom)</b>	Number of persons screened for EVD at the SRU, disaggregated by sex and age		M	F	M	F	M	F
		<b>Total</b>	<b>90,000</b>		<b>7,804</b>	<b>13,064</b>	<b>7,804</b>	<b>13,064</b>
		< 1 year old	TBD		354	339	354	339
		1-4 years	TBD		671	623	671	623
		5-14 years	TBD		721	763	721	763
		15-49 years	TBD		4,755	10,000	4,755	10,000
		50-59 years	TBD		616	645	616	645

<sup>3</sup>Some targets will be added next quarter, following finalization of an LQAS study baseline assessment.  
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		> 60 years old		687	694	687	694	
<b>Indicator 4:</b>	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		M	F	M	F	M	F
		<b>Total</b>	900 or 1%		75	73	75	73
		< 1 year old	TBD		1	0	1	0
		1-4 years			5	7	5	7
		5-14 years			12	6	12	6
		15-49 years			47	46	47	46
		50-59 years			5	7	5	7
		> 60 years old			5	7	5	7
<b>Indicator 5:</b>	Number and percent of IMC-supported SRUs that have transitioned to facility ownership	#	%	#	%	#	%	
		10	100	0	0	0 <sup>4</sup>	0	

<b>Sub-sector 2:</b>	<b>Communicable Disease</b>	<b>Target</b>	<b>Quarter 2</b>		<b>Cumulative</b>			
<b>Indicator 1: (Custom)</b>	Number of Rapid Response Team deployments	TBD	2		2			
<b>Indicator 2: (Custom)</b>	Number of Safe Burials by the Rapid Response Team by Location	TBD	12		12			
<b>Indicator 3: (Custom)</b>	Number of patients transported to an ETC by the Rapid Response Team		M	F	M	F	M	F
		<b>Total</b>	<b>TBD</b>	<b>TBD</b>	<b>20</b>	<b>28</b>	<b>20</b>	<b>28</b>
		<1 years old	TBD	TBD	1	0	1	0
		1-4 years	TBD	TBD	2	0	2	0
		5-14 years	TBD	TBD	1	6	1	6
		15-49 years	TBD	TBD	12	16	12	16

<sup>4</sup> Transition of SRU to hospital management will take place in the final programming quarter.  
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		50-59 years	TBD	TBD	2	5	2	5
		60 and over	TBD	TBD	2	1	2	1
			M	F	M	F	M	F
		<b>Total</b>	<b>TBD</b>	<b>TBD</b>	<b>12</b>	<b>20</b>	<b>12</b>	<b>20</b>
		<1 years old	TBD	TBD	1	0	1	0
		1-4 years	TBD	TBD	1	1	1	1
		5-14 years	TBD	TBD	0	3	0	3
		15-49 years	TBD	TBD	8	12	8	12
		50-59 years	TBD	TBD	0	3	0	3
		60 and over	TBD	TBD	2	1	2	1
<b>Sub-sector 3:</b>	<b>Community Health Education/Behavior Change</b>		<b>Target</b>		<b>Quarter 2</b>		<b>Cumulative</b>	
<b>Indicator 1: (Custom)</b>	Number of community members reached directly through community outreach sessions		128,000		21,432		21,432	
<b>Indicator 2: (Custom)</b>	Significant change in community members reporting Ebola as a barrier to accessing health care		%	#	%	#	%	#
			NA	NA	NA	NA <sup>5</sup>	-	-
<b>Indicator 3: (Custom)</b>	Percent change in average daily hospital/primary health center intake		%		%		%	
			100		N/A <sup>6</sup>		-	

<sup>5</sup> This will be measured following a second LQAS, to be conducted prior to the end of the grant.

<sup>6</sup> This is the first quarter of SRU operations any changes will be evaluated by the end of programming.

Sub-sector 4:	Medical Commodities including Pharmaceuticals	Target		Quarter 2		Cumulative	
<b>Indicator 1: (Custom)</b>	Number of supplies distributed by type (e.g., medical kits, equipment, and consumables)	TBD		0		0 <sup>7</sup>	
<b>Indicator 2: (Custom)</b>	Number of people trained, disaggregated by sex, in the use of proper medical equipment and consumables—including PPE in the SRUs	M	F	M	F	M	F
		500	152	111	152	111	

#### D. ACTIVITY PROGRESS, CHALLENGES, & NEXT STEPS

**Activity 1:** Establishment 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 of June 30, a total of six SRUs—one at Kassapo clinic, in Boké; two at Donka hospital, in Conakry; one at Coyah hospital, in Coyah; one at Dubréka prefectural hospital, in Dubréka; and one at Kindia regional hospital, in Kindia—were operational. Solar panels have been installed in the SRUs to facilitate functioning of the triage center at night. In each of the SRUs, gender-segregated latrines have been constructed for suspected EVD cases. Water towers, with storage capacity of 3,000-5,000 liters of water each, have been installed in each SRU. These towers hold mixtures of 0.05% chlorine, 0.5% chlorine, and plain water to serve for specific tasks as per SRU protocols.

**Challenges:** The National Ebola Coordination body, supported hospitals, and local leaders have increasingly called for SRUs to consist of permanent infrastructure, instead of the semi-permanent infrastructure, as outlined under this grant. This discrepancy between demand and actual provision of services has increasingly become a point of difference. If no consensus is reached regarding technical specifications, the coordination body might halt construction on all the remaining SRUs. International Medical Corps continues to work with the coordination body and other key partners to assuage these differences.

The size of each SRU is dependent on the space allocated by each hospital management team and each facility's daily consultation rate. A planned SRU in Matoto, Conakry, remains a challenge due to resistance from local sellers, who refuse to relocate their stands in order to accommodate the construction of a triage unit. International Medical Corps communicated this to the national coordination and it is waiting for official feedback before any decision can be made. However, International Medical Corps has identified some urgent interventions in the clinic such as the refurbishment of WASH facilities that are currently being addressed.

**Next Steps:** Two SRUs are under construction at Donka hospital in Conakry and another is being built at Kassapo clinic, in Boké. All three should be fully operational by July. Should development of the Matoto SRU continue to be obstructed, International Medical Corps will

<sup>7</sup> Distribution will start in the next quarter.



identify another location to establish the tenth SRU.

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

***Progress:*** International Medical Corps' WASH and medical staff are utilizing the Guinea national protocols on triage, patient referral, and all other activities implemented. International Medical Corps is disseminating these protocols in all the supported facilities on an ongoing basis, ensuring that they are well utilized and available at each point of care. Nationally accredited trainers—WHO and JPHIEGO provide accreditation and four International Medical Corps staff will enroll in the relevant training in July—conducted WASH and IPC trainings following the national curriculum and focusing particularly on national protocols. Incinerators, burning pits, wells, and laundry areas have been rehabilitated in each site to ensure adherence to minimum standard protocols.

***Challenges:*** Engaging national counterparts in supported facilities to adhere to national protocols. International Medical Corps is collaborating with health authorities for daily joint supervision of SRUs to ensure that staff adhere to national WASH and IPC protocols.

***Next Steps:*** International Medical Corps will continue daily supervision and refresher trainings for WASH and IPC program activities Handover will take place in the final quarter of the grant.

**Activity 3:** IPC Training and mentoring of SRU staff

***Progress:*** International Medical Corps conducted IPC training for both its own and government staff. During the reporting period, 265 staff members received IPC/WASH training, including 154 males and 111 females. Topics covered by the training include the epidemiology and symptomatology of EVD, the clinical management of EVD, the donning and doffing of PPE, and waste management in the context of EVD.

***Challenges:*** Due to the limited availability of MoH accredited trainers (who set the training schedule), International Medical Corps did not have any flexibility in scheduling these trainings.

***Next Steps:*** The training program is ongoing. Four International Medical Corps staff members will undergo a training of trainers (ToT) to boost the pool of MoH trainers.

**Activity 4:** Handover of SRUs to hospitals

***Progress:*** Although none of the supported hospitals are ready to fully manage their SRUs, International Medical Corps personnel continue to work closely with and train selected hospital staff with an aim to enhance their knowledge of triage and screening practices. Consequently, the process of knowledge transfer has already begun through the training of these staff members.

During the reporting period, International Medical Corps provided ongoing training and supervision for 16 hospital staff (eight WASH/hygienists and eight medical personnel members) at each SRU. Incorporating hospital staff in SRU activities at an early stage will help facilitate the transition of SRUs to hospital management. Until this transition takes place, International Medical Corps will continue to compensate personnel for their work at the SRU, which is

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separate from regular responsibilities at the hospital, in accordance with Guinean law.

**Challenges:** SRU facility staff initially requested higher compensation for their work at the SRUs. However, this issue was resolved by the national coordination body, which set a national rate for working at an SRU.

**Next Steps:** International Medical Corps expects that all 10 SRUs will be fully operational in the coming quarter. International Medical Corps project staff will continue to evaluate the need for SRUs beyond this number and ensure that adequate handover activities take place.

International Medical Corps will try to obtain special authorization from the national coordination to continue the construction of semi-permanent SRUs in other locations beyond the project scope. For instance, the prefectural coordination has identified the Sangaredi clinic in Boké as one of the priority areas for the construction of an SRU and requested International Medical Corps to construct one. International Medical Corps will obtain clearance from the national coordination before proceeding with the construction.

#### **Activity 5:** Creation and training of Rapid Response Team

**Progress:** International Medical Corps has successfully created, trained and deployed two RRTs that provide emergency services to help fill gaps in outbreak responses. The teams perform safe patient extraction and transport, scene decontamination, sample taking and transport along with safe and dignified burials.

**Challenges:** Recruitment and training of an MHPSS officer to join the RRT has thus far proved to be very difficult. Recruiting for this position will be especially important as the capabilities of the RRT continue to grow and they are deployed to outbreaks that may be in very isolated areas of Guinea. Ensuring that the training of all RRT members is consistent and that each member has received the highest quality training that adheres to International Medical Corps' standards is of paramount importance.

Further developing methods for determining how and when the RRT will deploy to an outbreak is another challenge on which staff continue to work. The Guinea team continue to engage with national, regional, and local actors to strengthen relationships and a network for reporting possible hotspots.

**Next Steps:** International Medical Corps continues to work to find MHPSS staff to join the RRT as soon as possible. Training of the current RRTs is ongoing and the Guinea team routinely assessed needs to consider whether to create additional teams. In the coming quarter, RRTs will receive additional training on rapid isolation center set up and temporary management. Program staff also work closely with logistics personnel to ensure that RRT supplies are replenished and all necessary items are procured and ready for the next deployment.

#### **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. SRU medical and non-medical supplies and WASH materials, including PPE have been ordered via an international procurement center.



**Challenges:** Obtaining tax exemption for in-country delivery of international orders has proven challenging. Procured goods—many of which are urgently needed—have been held by customs for two months because the national coordination has not yet released tax-exemption letters despite numerous reminders sent by International Medical Corps and the involvement of the USAID mission in Guinea. International Medical Corps will continue to work with relevant actors to facilitate this process. Staff are also working on alternate means, where possible, in continuing work under these constraints.

**Next Steps:** International Medical Corps' management team will continue advocating at the national coordination and the MOH to obtain tax exemption as required. Meanwhile, staff are exploring options with headquarters to cover for the customer clearance fees in case the tax exemption is not issued in a timely manner.

**Activity 7:** Respond to any outbreak or hotspot in coordination with other actors

**Progress:** As mentioned above, two RRTs have been formed, trained and deployed to respond to potential outbreaks. During the reporting period, each team successfully responded to an EVD-related call, in Kamsar, Boké, and Tanene, Dubréka, respectively.

**Challenges:** As mentioned above, the team is still working to bring on an MHPSS officer. Depending on the needs at a potential outbreak site, this position may prove very important.

**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. Additionally, International Medical Corps will continue sourcing for staff to fill in the human resources gaps and train them as the recruitment process continues.

**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 all project sites to build acceptance of SRUs at prefectural hospitals. This step enabled construction of SRUs to begin. International Medical Corps community engagement team hosted a workshop with community leaders to develop key messages in local languages and held a validation session of these messages with the communication section of the national coordination.

**Challenges:** Countrywide, resistance to EVD response efforts has been constant, with healthcare workers often the targets of violence. However, the community outreach team has been able to make considerable strides in improving communal relations in catchment areas of supported activities.

**Next Steps:** Following an LQAS survey, set to take place in July, International Medical Corps will adapt key messaging to address resistance among local populations.

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



**Progress:** The KAP survey was not conducted given that the CDC organized the same activity in the same locations for the same period. To avoid duplication, and with approval from the Guinea Disaster Assistance Response Team (DART), International Medical Corps instead conducted an LQAS (Lot Qualitative Assurance Sampling) survey. The LQAS assessment is ongoing and the report is expected at the end of July. The LQAS methodology was identified to be appropriate to inform about community resistance toward humanitarian actors and subsequently help to find appropriate messages to address resistance.

**Challenges:** None at moment.

**Next Steps:** Staff will complete the LQAS survey report and modify programming in accordance with its findings.

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

**Progress:** The ongoing LQAS survey will help identify key appropriate messages to tackle EVD resistance—finalization of findings will be ready next quarter. Dissemination channels will be chosen based on survey results. However, some effort has been made in this respect through collaboration with PCI Media Impact in working with EVD survivors. These efforts will be reinforced upon completion of the LQAS survey. Furthermore, community engagement staff has already begun outreach efforts, as described above.

**Next steps:** In the coming quarter, relevant staff will continue to attend the national and prefectural coordination communication subcommittee, the mental health committee, and other coordination group meetings. Finalization of IEC materials targeting community members in general (T-shirts with messages and stickers with messages) will be completed as well. Relevant staff will also collect material with the partner PCI Media Impact and start awareness raising activities.

**Activity 11:** Initial procurement of supplies for SRU and RRT

**Progress:** To the extent possible, International Medical Corps has acquired planned supplies from in-country sources for SRU and RRT programming.

**Challenges:** A substantial international procurement order to obtain necessary supplies (medical and non-medical) for both SRUs and the RRTs have been held at customs for two months. The Guinea team has utilized different funding sources to procure these items locally when possible. Additionally, International Medical Corps has obtained Gifts in Kind (GIK) from the Sierra Leone mission and also MSF to cover the gaps.

**Next Steps:** International Medical Corps will continue to move the customer clearance process along, meanwhile International Medical Corps will procure additional supplies locally.

**Activity 12:** Training in PPE for hospital staff

**Progress:** 263 International Medical Corps SRU staff (at Boké, Conakry, Coyah, Dubréka, and Kindia) and hospital staff (MoH) have received training in PPE, IPC, and WASH to date. As International Medical Corps Guinea-Quarter 2 Project Report (Submitted July 31, 2015)

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mentioned above, key personnel from other International Medical Corps EVD response countries, including the RRT director of Liberia, and an ETU nurse from Liberia, have visited programming in Guinea to ensure best practices and lessons learned are incorporated into programming.

**Challenges:** Procurement has had difficulty locating an important piece of PPE (head/shoulder hoods). The logistics team has made international orders for all items that cannot be found in Guinea.

**Next Steps:** Continue training the hospital staffs as required to achieve the target of 500 trainees.

**Activity 13:** Supply chain training for hospital administrators and staff

**Progress:** Following initial assessments and SRU-setup of targeted facilities, supply chain training is set to take place in the coming quarter.

**Challenges:** Recruiting a French-speaker with the necessary skills to support supply chain training has proved a challenge. The team is exploring bringing a

**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.

## PICTURES

Figure 1: Community leaders, women's groups, and youth attend an International Medical Corps resistance mitigation workshop in Kamsar, Boké



Figure 2: A patient is triaged at a supported SRU outside Donka hospitals' emergency ward in Conakry.

