



**UN EBOLA RESPONSE MPTF
ANNUAL PROJECT NARRATIVE REPORT
Year: 2016**

Project Number and Title: # 23- Care for persons with Ebola and Infection Control in Guinea	PROJECT START DATE: 01.11.2014	AMOUNT ALLOCATED by MPTF \$ US\$9,813,619	RECIPIENT ORGANIZATION UNICEF
Project ID: 00093219			
Project Focal Point: Name: Marc Rubin E-mail: mrubin@unicef.org	EXTENSION DATE: 31.12.2015	FINANCIAL COMMITMENTS \$ 122,302.60	IMPLEMENTING PARTNER(S): National counterparts (government, private, NGOs & others) and other
Strategic Objective (STEPP) 2 MCA3: Care for persons with Ebola and infection control Recovery Strategic Objectives RSO# - Description	PROJECTED END DATE: 31.12.2016	EXPENDITURES as of [date] \$ 9,682,754.31	International Organizations: UN agencies (WHO, WFP, UNFPA) and NGOs (MSF, ALIMA); a technical steering committees
Mission Critical Action 2 MCA3: Care for persons with Ebola and infection control			comprise of WHO, MSF, ALIMA, UNMEER, Ministry of Health and the National Committee for the Ebola epidemic Response.
Location: Guinea	Sub-National Coverage Areas: Nzérékoré; Kankan; Kindia; Yomou; Dinguiraye; Madiana; Dalaba; Tougue; Fria		
Report Submitted by:	Report Cleared by:		
<ul style="list-style-type: none"> ○ Name: Guy Yogo ○ Title: Deputy Representative ○ Date of Submission ○ Participating Organization (Lead): ○ Email address 	<ul style="list-style-type: none"> ○ Name: (Head of Agency): Marc Rubin ○ Date of Submission: 30/03/2017 ○ Participating Organization (Lead): UNICEF ○ Email address: mrubin@unicef.org 		



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OUTPUT INDICATORS					
Indicator	Geographic Area	Projected Target (as per results matrix)	Quantitative results for the reporting period	Cumulative results since project commencement (quantitative)	Delivery Rate (cumulative % of projected total) as of date
<i>Description of the quantifiable indicator as set out in the approved project proposal</i>					
Number of CTCom functional	Nzérékoré; Kankan; Kindia; Yomou; Dinguiraye; Madiana; Dalaba; Tougue; Fria	10	3 CTCom fonctionnal	3 CTCom fonctionnal	30%
Percentage of Isolation Units established with effective involvement of communities aligned with Global SOPs or according to norms established in the country		6 Rapid isolation centers built	6	6	100%
Number of Isolation Units with quality WASH services according to the national		6	6	6	100%
EFFECT INDICATORS (if available for the reporting period)					
Persons affected with an infectious disease including Ebola that requires rapid isolation have access to Isolation Units located within the reference health structure serving their region or district	Nzérékoré; Kankan; Kindia; Yomou; Dinguiraye; Madiana; Dalaba; Tougue; Fria	/	449,553 women and 423,366 men	100%	100%



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EXECUTIVE SUMMARY

- In November 2014, UNICEF strategy emphasized a community approach to behavior change and an immediate focus on containment of the epidemic in ways that do no harm. It defined a community-based response with two objectives: (i) to reduce transmission of Ebola through isolation and care of patients at appropriately staffed and resourced Community Care Centers (CTCOM) located at community level. (ii) To build trust with communities by mobilizing and empowering them as partners in the response to Ebola, including through the physical protection of affected children. The strategy also stressed the need to prioritize and scale up core programme areas with the clear potential to alter the course of the epidemic: (a) Social mobilization/community engagement; (b) CTCOM roll-out (with support from Health, WASH and Nutrition personnel), and (c) the associated elements of child care and protection.
- The CTCOMs were designed to provide 8 to 10 bed units in centers that were community-owned and run; offer the highest possible infection prevention and control measures, personal protection for family and staff; and serve as a focal point to enable safe burials and organize awareness-raising activities among communities.
- Out of the ten planned CTCOM, UNICEF could deliver three functional as the other were either destroyed by the community or canceled by the government. Following to the shift in the response from CTCOM to Rapid Isolation centers, UNICEF delivered six planned rapid isolation centers.
- Although the CTCOM concept was welcomed and giving good results in Liberia and Sierra Leone, UNICEF faced community resistance as others partners reluctances (WHO and MSF) in implementing its CTCOM roll-out strategy.
- 449,553 women and 423,366 men benefitted from the three built and supported CTCOM.

Purpose

- Overall, the Ebola outbreak has revealed the weaknesses of the health system, especially at the district and health facility levels. Unreliable surveillance systems, the lack of qualified personnel at the service delivery points, lack of skills and systems in place for effective triage of patients, and rapid identification and isolation of cases are among the main causes of propagation of the epidemic. At the start of the epidemic, no hospital and health centers had dedicated structures or systems in place for rapid identification and isolation of cases. This has contributed to a significant number of infections of patients and health care providers occurring within health care facilities in a short span of time. To address these deficiencies which leave the people of Guinea vulnerable to both Ebola and preventable diseases, and establish a strong and resilient health system, the National Committee for the Ebola Response had planned to place 33 twelve-bed isolation units within a number of hospitals and health centers across the country. The purpose was to strengthen the capacity of existing health structures for rapid identification and isolation of cases, quality case management and effective prevention and infection control.
- The Government requested that UNICEF take the lead in the creation of the isolation units. With the fund initially allocated, UNICEF had been able to establish six CTCOMs located in Kouremale, Friguigbe, Kissidougou, Kouroussa, Bofossou and Koropara. In February 2015, the National Committee for the Ebola Response instructed UNICEF to stop the construction of the remaining four CTCOMs given that due to the epidemiological situation future CTCOMs may not be needed. Actually, in addition to the six completed, one CTCOM constructed in Bossou was destroyed by the



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population yet after completion. In Banankoro, the construction was stopped while it was near completion following the request from the National Coordination. The remaining funds were used to the construction of requested seven isolation units within six health regions in Yomou; Dinguiraye; Madiana; Dalaba; Tougue; Fria.

Key Achievements:

- With the fund initially allocated, UNICEF was requested to build ten CTComs located in Kouremale, Friguiagbe, Kissidougou, Kouroussa, Bofossou and Koropara. UNICEF delivered 3 functional CTCom. Actually, six CTCom were completed, but one CTCom constructed in Bossou was destroyed by the population yet after completion. In addition in Banankoro, the construction was stopped while it was near completion following the request from the National Coordination. Functional CTCom were technically and financially supported thanks to the provision of essential medicines and vaccines, safe drinking water and chlorine solutions, using mini water networks through boreholes with electric pump in seven prefectures. These centers have also benefited from the provision of essential supplies (NaDCC, HTH, soaps, etc.) and hardware (hand washing devices) to ensure the prevention and control of infections (IPC). In addition, hygienist teams were equipped, trained and empowered to ensure proper water treatment, preparation of chlorine solutions (at 0.5%) for the disinfection of equipment and personnel, and for hand washing. This team of hygienists was also trained to ensure the management of water supply systems, sanitation and management of infectious waste.
- In February 2015, the National Committee for the Ebola Response instructed UNICEF to stop the construction of the remaining four CTComs given that due to the epidemiological situation future CTComs may not be needed. The remaining funds were used to the construction of requested seven isolation units within six health regions in Yomou; Dinguiraye; Madiana; Dalaba; Tougue; Fria. They were delivered to the Ministry of Health in December 2016.
- WHO declared Guinea free of Ebola transmission on December 29, 2015, after the last Ebola patient in Guinea was discharged from an Ebola Treatment Unit on November 16, 2015. On March 17, 2016, a new case of Ebola was reported in Guinea, and related cases were subsequently identified in both Guinea and Liberia.

Delays or Deviations

- The untested CTCom model was developed by WHO and partners in September and October 2014 as patient demand overwhelmed bed units available, and aimed to bring disease prevention and control capabilities to the community-level to complement more centralized Ebola treatment Units that provided patient care and treatment. The intentions was to establish decentralized hubs of disease information dissemination, detection, early isolation, supportive care and referral. Monitoring indicators required the CTCOMs to be established (built to specification) and functional (operated by standard operating procedures), then transformed into alternate care centers or decommissioned.
- Overall, UNICEF ‘established’ three functional CTCOMs, built three CTCOM that were not used by the government and communities and six rapid isolation centers in Guinea by December 2016 appropriately adapted to the changing epidemic which no longer required 33 CTCOMs as originally proposed. It is worthy to note that UNICEF faced in Guinea considerable resistance to CTCOMs from country actors.



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- Indeed UNICEF delivered 79 ‘functional’ CTCOMs across the three countries (Sierra Leone, Guinea and Liberia) by February 2015 as targeted, and then quickly reduced them to 15 by April 2015, when indicator targets were also removed. Consistently studies suggest the CTCOMs were an effective community-based mechanism for screening, triage and isolating Ebola suspects, while patients felt CTCOM care was of high quality and particularly appreciated that it was accessible and free. In Sierra Leone, communities and national leaders saw the CTCOMs as a positive and important measure, and implementing partners found they were managed well with support and technical training from UNICEF. In Liberia and Guinea, implementers reported difficulties in their establishment, management, and staffing; and partner coordination.

Lessons learned

- The CTCOMs were based on sound logic for addressing the growing spread of Ebola fueled by fear and mistrust. When the public health emergency of international was declared in August 2014, UNICEF actors recognized the need for community-based isolation and care, because of the risks associated with transporting suspected patients to distant Ebola treatment Units, and based on experience in the Democratic Republic of Congo of providing care closer to communities alongside prevention messages. However, many actors associated other risks with the CTCOMs, including MSF which opposed them and stakeholders who feared that poorly run CTCOMs would become death traps or ‘warehousing for the dying’. By mid-2015 the CTCOMs were superseded by Rapid Isolation Treatment for Ebola better adapted to the changed epidemic and tackling hotspots and resurgences in remote areas. As one expert commented, ‘the CTCOMs were right at the time and only wrong afterwards’.

Story from the Field

<http://www.visionguinee.info/2014/12/25/implication-des-jeunes-de-kissidougou-dans-la-mise-en-place-du-centre-de-transit-communautaire/>

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Pictures of the six completed rapid isolation centers

Works in Yomou



Works in Dinguiraye



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Works in Mandiana



Works in Fria



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Works in Dalaba

