



# 16th Annual Meeting of the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises

## New partnerships and approaches to the changing humanitarian landscape

Wednesday, March 9 – Friday, March 11, 2016

**“Prevention transmission of Ebola virus disease at young people and pregnant women in high prevalence epidemiological prefectures in Guinea”**

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# OUTLINE

**BACKGROUND AND CONTEXT**

**OBJECTIFS**

**METHODOLOGY**

**RESULTS**

**CHALLENGES**

**LESSONS LEARNED**

**PERSPECTIVES**

# BACKGROUND

- Guinea is one of the three (3) countries of the Mano River Union which has been affected by Ebola disease outbreak. Officially, the epidemic was declared in March 2014.
- 30 december 2015: The overall number of confirmed cases totaled **3 351 including 2 083 deaths (62%)**
  - **52.21% of women**
  - **33.78% of young de15-35 years**
  - **211 confirmed cases of health personnel with 115 death a rate of 55 %**

## CONTEXT : (1)

- ❑ Maternal mortality ratio of 724 per100 000 live births
- ❑ Total fertility rate: 5,1 children per woman
- ❑ Contraceptive prevalence rate :6%
- ❑ Birth attended by Skilled personnel: 47%,  
**source** DHS 2012

## CONTEXT: (2)

### Sources Document Strategy Reduce Poverty 2012)

- ❑ 74% of young people are under 35 years
- ❑ 53% of young people are under 18 years
- ❑ 70% rate of stoppages of young people (15-35 years)
  - 15% of the fringe with a level of secondary education,
  - 42% of the fringe who completed technical education
  - 61% of those with a university degree.

# CONTEXT: Ebola (1)

**Between 2013 and 2014.**(source: Ebola Impact Assessment 2014)

- ❑ 4 Antenatal care include one of the 9th month decreased from 62% in 2013 to 54% in 2014
- ❑ 11.3% decrease of Deliveries in health facilities
- ❑ 12.3% decrease of Births attended by skilled personnel
- ❑ 51,43% increase of maternal mortality in most affected areas;

## CONTEXT: Ebola (2)

- ❑ Closure of mining enterprises sources of youth employment
- ❑ Low flow of agricultural products following the border closure
- ❑ Development of resistance for some areas during Ebola virus outbreak
- ❑ Gross Domestic Production (2013) 2.3% against and 0.4% (2015) World Bank Perspective for world economic

# OBJECTIVES

## Specifics objectives

- ❑ Increase the number of functioning health facilities providing maternal and newborn health services
- ❑ Reduce risk behaviors promoting people's vulnerability to the epidemic, especially women of childbearing age and young



# METHOTOLOGY

## ❑ Health system strengthening

- Strengthening the technical maternity platform in medical supply and RH kits
- Logistics and Human Resources

## ❑ Social mobilization

- Campaigns media synchronization and dissemination of harmonized prevention messages
- Mobilizing community leaders including young leaders

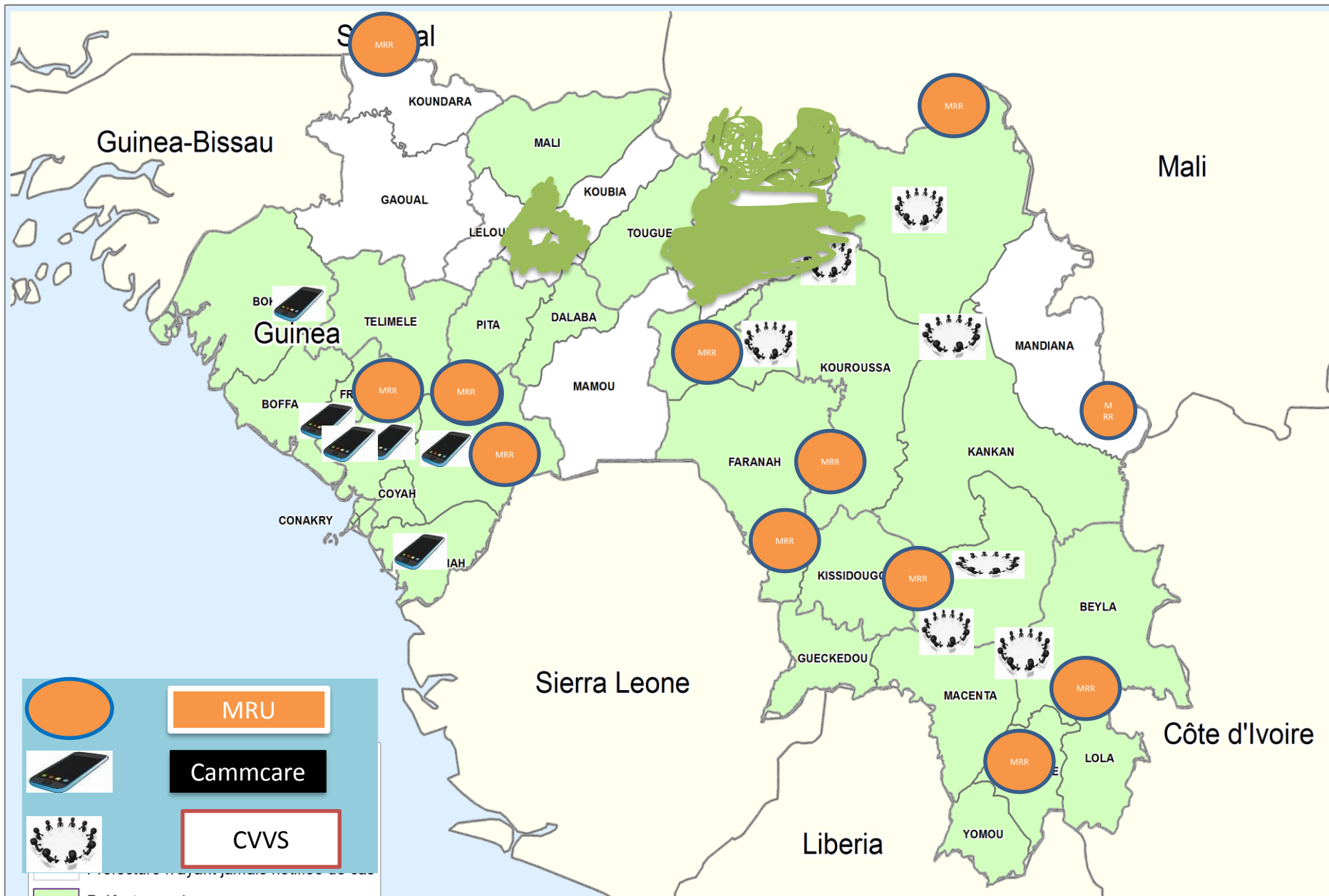
# METHOTOLOGY




## ❑ **Contacts tracing**

- Community workers mobilization
- Establishment of Commcare mobile phone application ;

## ❑ **Financial resources mobilisation internal and external**

# UNFPA GUINEA INTERVENTIONS SITES



-  MRU
-  Cammcare
-  CVVS

# RESULTS

## At the community level

- ❑ 132 villages committees of health monitoring area established.
- ❑ 35% (9 /32) of prefectures affected by EVD used CommCare to track 18,843 contacts through 784 community workers
- ❑ 3 000 Youth involved in the prevention of EVD to overcome resistance

# RESULTS

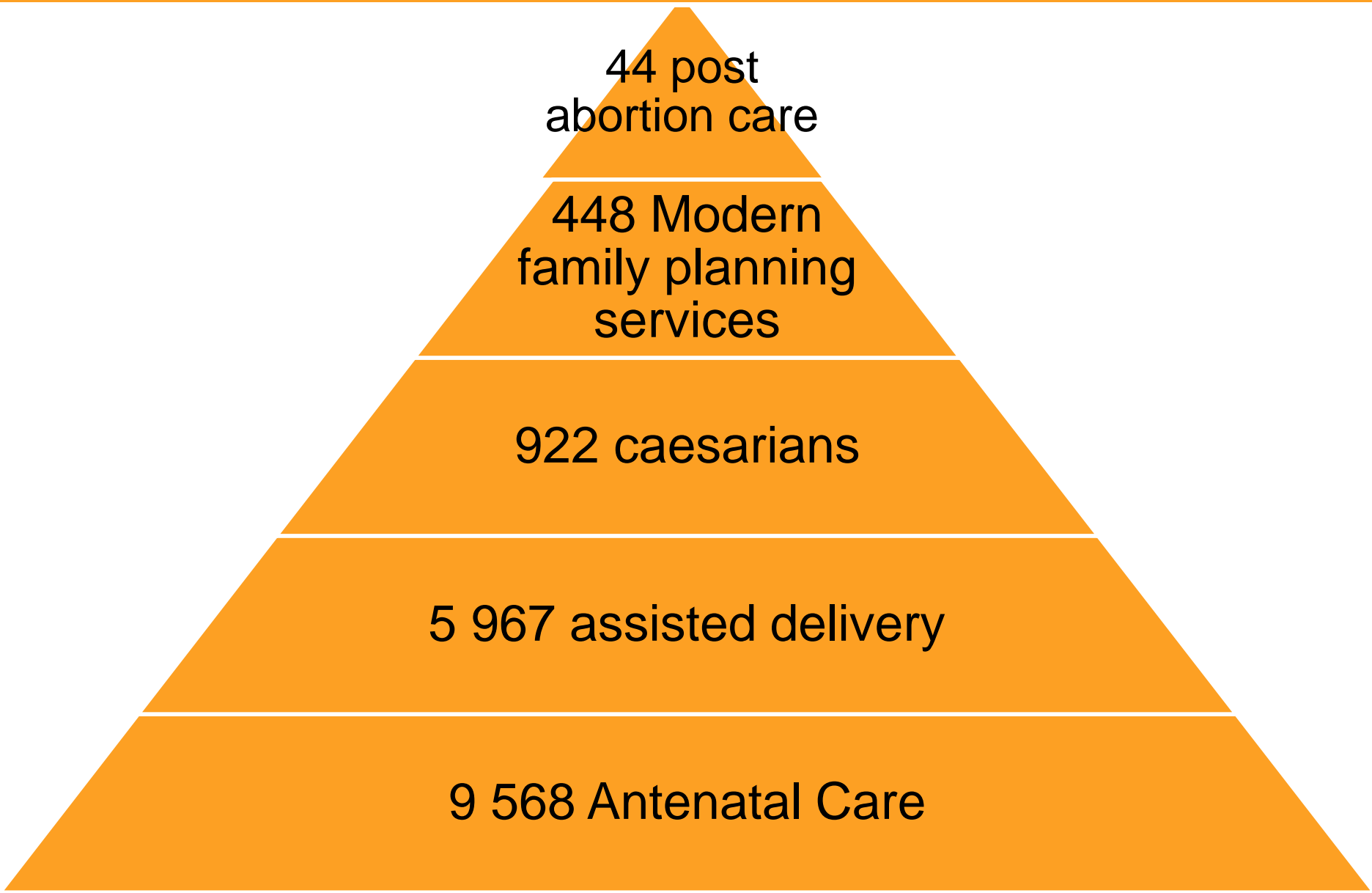
44 post  
abortion care

448 Modern  
family planning  
services

922 caesarians

5 967 assisted delivery

9 568 Antenatal Care



# RESULTS

## **At Psychosocial level**

- ❑ 4 000 people survivors and widows of EVD received dignity kits
- ❑ 120 survivors and widows were trained in activities generating incomes;

## **At financial mobilization**

- ❑ 2 388 390 \$ US were mobilised through CERF, Japanese, MPTF and UNFPA.

# INPUT

## At health facilities

- 7 UNV were recruited to facilitate the coordination
- 124 health facilities were equipped to provide obstetric and neonatal emergencies care (EmNOC)
- 143 health workers including 118 national Midwives and 25 health auxiliaries were recruited and deployed in the health facilities which are most affected by EVD
- Key logistic items were provided to Strengthen reference system in health districts (5 supervision vehicles, 9 ambulances 50 motorbikes)

# CHALLENGES

- ❑ Firstly Ebola were unknown disease
- ❑ Health system were very weak in term of equipment, Commodities, monitoring system and human resources
- ❑ Resistance of communities to the EVD interventions
- ❑ Social cultural values such as burial



# LESSONS LEARNED

1. The health facilities technical capacity have been strengthened for providing health services
2. Youth engagement has been crucial in the response against the EVD and in the development of projects management by taking into account socio-cultural dimensions
3. The EVD has helped to understand the link between health and development because the country's economy was significantly affected with a decline of Gross Domestic Product from 2.5% in 2013 to 0.4% in 2015. That also affected foreign investment.

# PERSPECTIVES

- ❑ Financial resources mobilisation
- ❑ Strengthening health facilities
- ❑ Implementing resilience plan

# THANK YOU FOR YOUR ATTENTION

Gouvernement, SNU, CDC, civil society, Int NGOs  
private sector

