Interview Guide (A) – Stakeholders & Care Staff

Understanding Key Informant Perceptions of Ebola outbreak

Guide A Directions: This semi-structured guide is a phase 1 guide to be used among Key Informants, including stakeholders in upper and mid-management positions. Findings from phase 1 will be used for developing a tailored version then to be used in phase 2 for Informants, include lower-level stakeholders and care staff.

Section 1. Introduction

- To begin, it would be great just to first hear about your organization
  - Probe on services, responsibilities, staff, etc.

- Person’s description of his/her job role and responsibilities
  - Probe on his/her specific professional expertise

Thanks, that helps me understand the organization and role better. Let’s now go into detail about work.

- From the time you arrive at work, until when you leave, I would like you to describe your typical work day to me. Could you describe it in detail?

That level of detail is exactly the type of response I am looking for. It is a chance for you to tell me about your experiences and perceptions in detail. I want to now transition to discussing the Ebola outbreak.

Section 2. Ebola Impact (general impact)

- First, could you start by just telling me about the Ebola outbreak in Guinea
  - Probe on personal experiences
  - Probe for personal narratives/stories

- Talk about how you feel Guinea, overall, responded to the Ebola outbreak
  - Probe on how well/poorly the response was handled
  - Probe strengths and weaknesses of response by sector

Section 3. Ebola Impact (on stakeholder organization)

- You explained the overall response to the outbreak. How about any specific impacts of the outbreak on your organization?
  - Probe on organizational changes that occurred as a result of outbreak
  - Probe on organizational capacity available versus what was required
  - Probe on any services that had to be continued/discontinued due to EVD
  - Probe on primary sector within organization impacted by Ebola outbreak
  - Probe on funding-related impacts

Section 4. Ebola Impact (on nutrition services within stakeholder organization)
- Let’s now focus on nutrition specifically. Could you explain the specific impact of the Ebola outbreak on nutritional health services provided by your organization?
  - Probe on any changes that occurred
  - Probe on capacity and technical support available versus what was required
  - Probe on any services continued/discontinued due to Ebola
  - Probe on funding-related impacts related to nutrition specifically

- What was the number one primary challenge to address nutritional health and underlying reasons?
  - Probe on coping strategies used by the organization to overcome primary challenge
  - Probe on stakeholder confidence in staff to address the nutrition-related impacts

- Perception of how typical his/her organization’s experience compared to those of others
  - Probe on reasons why/why not with examples

Section 5. General Support for Nutritional Health

- Discuss for me your perception of the quality of support given to nutritional health services in Guinea during the outbreak.
  - Probe on whether response was adequate/inadequate and reasons why
  - Probe on what specifically he/she wished had been more supported and how
  - Probe on quality of response at centralized and decentralized levels
  - Probe on level of recognition that nutrition was a critical aspect for effective Ebola response

Section 6. Nutritional Support using Interim Guidelines

- Overall, could you explain the quality of nutritional care provided using the interim guidelines provided by the global community?
  - Probe for reasons why quality good/not good with examples
  - Probe on level of acceptability of the care provided to patients
  - Probe on level of community trust toward the biomedical community

- The nutrition sector provided care at treatment centers and clinics and should have been guided by the guidelines “Nutritional Care of Children and Adults with Ebola Virus Disease in Treatment Centers”. Could you talk about your organization’s utilization of these guidelines for patients?
  - Probe on how they were used by staff during implementation (if at all)
  - Probe on facilitating factors and barriers to implementation
  - Probe on usage and level of acceptance by care staff
  - Probe on any other strategies used or guidelines followed by care staff instead
  - Probe on key lessons learnt from the implementation of these guidelines

- Fortunately, some patients recovered. In those cases, the nutrition sector provided support for Ebola survivors and may have been guided by Joint Guidance for Nutritional support. Could you talk about your organization’s utilization of these guidelines for survivors?
  - Probe on how they were used by staff during implementation (if at all)
  - Probe on facilitating factors and barriers to implementation
o Probe on level of usefulness for Ebola survivors
o Probe on any other strategies used or guidelines followed by partner organizations
o Probe on key lessons learnt from the implementation of these guidelines

- Also, guidelines around Infant & Young Child Feeding practices were provided for the nutrition sector to provide support for caregivers. Could you talk about your organization’s utilization of these guidelines for feeding in the Ebola context?
  o Probe on how they were used by staff during implementation (if at all)
  o Probe on facilitating factors and barriers to implementing them
  o Probe on adequacy of guidelines for addressing all feeding-related challenges and inquiries in the Ebola context among health workers, welfare services, and community members
  o Probe on any other strategies used by community instead of these guidelines
  o Probe on level of acceptability of these guidelines by community members
  o Probe on key lessons learnt from the implementation of these feeding guidelines

Section 7. Coordination and Information Sharing

- Could you talk about the ease of coordination during the Ebola outbreak?
  o Probe on coordination among partners to help with implementation of nutritional guidelines outlined above

- Please explain availability of necessary information for organization’s ability to address outbreak.
  o Probe on stakeholder confidence in finding information or capacity support when needed?
  o Probe on what was needed organizationally to help develop better M&E during outbreak
  o Probe on overall quality and timeliness of resources and support sent from global levels

Section 8. Recommendations & Lessons Learned

- What are your key lessons learned from this specific outbreak?
  o Probe on nutrition response lessons learned

- Could you talk about how you would like to see global or country-level resources and support better respond to such an outbreak?

- What would be a recommended strategy to improve coordination among stakeholders in an event such as this one?

- Considering everything, what are your top recommendations for improving the overall response to such an outbreak like this in the future?
  o Probe on recommendations to improve health system
  o Probe on ways to better engage with health and other sectors to ensure nutrition gets the same priority and support as other areas

Thank you so much. That information was really helpful. Do you have any questions for me?
Demographics:

1. Gender

2. Type of organization

3. Specific job/role

4. Years in his/her role

5. Geographic region in Guinea
Guide B Directions: This semi-structured guide is a phase 2 guide to be used among Informants, including frontline care staff and beneficiaries.

Section 1. Introduction

- To begin, it would be great just to first hear about your community
  - Probe on typical livelihoods, challenges, family

- Person’s description of his/her family members
  - Probe on his/her children, children’s ages, etc.

- From the time you get up in the morning, until when you go to bed, I would like you to describe your typical day to me. Could you describe it in detail?
  
That level of detail is exactly the type of response I am looking for. It is a chance for you to tell me about your experiences and perceptions in detail. I want to now discuss the Ebola outbreak.

Section 2. Ebola Impact (general impact)

- First, could you start by just telling me about the Ebola outbreak in this area
  - Probe on the extent/gravity of EVD in this area
  - Probe on personal feelings toward the outbreak
  - Probe for personal narratives/stories
  - Probe on person’s understanding of the Ebola Virus – including:
    - signs/symptoms
    - causes
    - modes of transmission
    - prevention/treatments
    - prognosis

- What were some of the biggest challenges your community dealt with during the outbreak?
  - Probe on strategies the community used to overcome the challenges and their effectiveness

- Could you explain generally how well you feel the federal and global health communities responded to the outbreak here?
  - Probe on specifics related to how well/how poorly the response was
  - Probe on the perceived level of response by sector

Section 3. Perceptions of Nutrition Care to Ebola Patients

- The nutrition sector provided care at treatment centers and clinics. Could you tell me about what types of nutrition care and support were provided to Ebola patients?
  - Probe on differences of care by type of patient (illness severity, level of condition gender, age)
• Could you explain the quality of that nutritional care?  
  o Probe for reasons why quality good/not good with examples  
  o Probe on perceived effectiveness of the quality of nutrition care  
  o Probe on level of acceptability of the care provided to patients  
  o Probe on level of community trust toward the biomedical community

• Were there some organizations that were providing better nutritional care to patients?  
  o Probe for specific organizations and reasons why some better than others

Section 4. Perceptions of Nutrition Support to Ebola Survivors

• Fortunately, some people recovered from Ebola. Could you talk about the primary reasons some people got better and others did not?

• Could you explain to me the level of nutritional support Ebola survivors you know were given after they recovered from Ebola?  
  o Probe on what specific nutrition support was provided  
  o Probe on perceived effectiveness/usefulness of this nutrition support  
  o Probe for ways to make this support for survivors more useful and helpful after recovery

• Were there some organizations that were providing better nutritional support to survivors?  
  o Probe for specific organizations and reasons why some better than others

Section 5. Ebola Impact on Infant & Young Child Feeding

• First, could you start by just telling me about how Ebola impacted infant and young child feeding practices  
  o Probe for specific changes illustrated by personal narratives/stories  
  o Probe for specific challenges and coping strategies

• Maybe you are familiar with the Ready to Use Infant Formula provided to some families for feeding infants in the context of Ebola outbreak. How did you feel about this product’s effectiveness?  
  o Probe on its need and appropriateness during the outbreak in this context  
  o Probe on effectiveness in comparison to breast milk  
  o Probe on perceived safety of using it  
  o Probe on overall acceptability of caregivers and community

• Explain how you/your close ones received useful information/messages regarding infant and young child feeding during the Ebola outbreak.  
  o Probe on ease/difficulty of getting this information  
  o Probe on cultural appropriateness of this information (considering literacy, pictures, media channels, etc.)  
  o Probe on level of acceptance of the information/messages  
  o Probe on the messages/information helped overcome specific feeding challenges
• Could you tell me to what extent these messages and information were effective in changing your infant and young child feeding practices during Ebola outbreak?
  o Probe on any multi-level barriers and facilitating factors to behavior change
    ▪ **Intrapersonal** (knowledge, attitudes)
    ▪ **Interpersonal** (influences of others, in-laws, neighbors)
    ▪ **Household dynamics** (other children of similar age, head of household not permitting new practices)
    ▪ **Community** (SES, cultural norms)
    ▪ **Structural** (distance to health clinic)

• Now that the Ebola outbreak is over, could you talk about how infant and young child feeding practices are today?
  o Probe for any lasting feeding changes based on messaging given during outbreak
  o Probe on reasons for reverting back to old, traditional practices (if this happened)
  o Probe on key feeding messages taken from the Ebola outbreak and still used today among caregivers and households
    ▪ Probe for reasons some messages worked for sustaining behavior change and others did not work as well

**Section 6. Recommendations & Lessons Learned**

• You talked a lot about your experiences - thank you. On a final note, I would love to hear your recommendations for ensuring that such a response is more effective and appropriate for your community in the future, or another community?
  o Probe for specific actions to be put in place and why
  o Probe whether any are community-specific or could be generalizable to other communities

• Could you describe specific recommendations for strengthening the **nutrition support and services** during an outbreak such as this one, specifically?
  o Probe on any suggestions for improving nutritional care to patients
  o Probe on any suggestions for improving nutritional support to survivors
  o Probe on any suggestions for helping caregivers safely feed infants during such an outbreak
  o Probe on any suggestions for improving communications/messaging related to during an outbreak such as this one.

Thank you very much for your time and information. Do you have any final comments or questions?

**Demographics:**

1. Gender
2. Type of organization
3. Specific job/role

4. Years in his/her role

5. Geographic region in Guinea
Notes of the field interview (guide A)

1. Name of the interviewer: AS
2. Date of the interview: 17th March 2016
3. Location of interview: Conakry
4. Name of the MP3 folder: 160317_G_AS_AU_1_SH_FR

The demographics of the participant:

1. Gender: _______Male_________
2. Type of organisation: _ UN organisation (World Food Program) _____
3. Geographical region in Guinea: ______Conakry__________

Summary of interesting news, and key conclusions:

Challenges of the interview or recommended changes to the interview guide or question:

In section 7, second question, we must specify that he has to explain how the coordination put necessary information at the disposal of users in order to ensure organisations’ capabilities. Make the first question of the first section understandable and have a limited understanding of the provisional guidelines.

Perception of the quality of this interview (Excellent / Good / Average / Poor); Why?

Average, because I think I rephrased the questions several times to the respondent.

Other comments:

At the 11th min 50s, we were interrupted by one of his guests until the 12th min00s so there is nothing in that time interval. There is no section 4. Section 3 and 5 are merged due to the detailed answer given by the respondent in section 3.
Section 1

I: We will now get into the swing of things on the topic of Ebola, the Ebola epidemic. I would like you to please impart your personal opinion, your personal experience, that you tell me how you experienced the Ebola epidemic.

R: Okay, well... the Ebola epidemic. Let’s say that I have been here since 2012, august 2012 which means that in December, when they started to call upon us saying that there was a haemorrhagic fever, we were shook up by the fact that the haemorrhagic fever was already in the schools in which we had staff. This means that from the offset we had a feeling of compassion for the staff who worked over there. Then progressively the epidemic reached Conakry. When the epidemic reached Conakry, it is only later that we found out that it was Ebola – and to be honest with myself it was a good panic, it was a psychosis, a fear because we did not know the disease very well, and we were especially involved on a professional level due to our being doctors, among colleagues that worked in hospitals or went to hospitals for meetings. So there was that fear. After that there was, after the fear, there was a feeling of helplessness. Helplessness in the face of all the people dying and for whom there was little that could be done. And after the feeling of helplessness we reacted by saying to ourselves: listen if others are in need, we are there for them and we must bring them something. And I think that is the feeling that personally drives me today, to say “well, there is no use in feeling scared, you are there to do something for people that are suffering, so with the little capabilities, the little capabilities that I have, well not with the little capabilities but all the capabilities that I have, with my psychological strength and the capabilities accorded to me by the organisation, I may as well bring them something.

I: Very well. What do you think, in general, of Guinea’s response regarding the epidemic?

R: Well, as a technician, I think that we managed the epidemic well. The response was very good, why? Because when we saw the disease at the start, we were practically lost, we didn’t know how to cope. We organised ourselves, on setting up strategies to cope and thank God today we no longer speak of Ebola. We do not speak of Ebola anymore so that means that technically, we put in place a strategy which allowed us to conquer the epidemic.

I: Explain to me: you said earlier that the response was good, please explain why you said that.

R: I said it because at one moment in time, at the peak of the epidemic, we said to ourselves that it would never leave Guinea. We said to ourselves that it was the end, that it was all of Guinea, all of the people of Guinea who would die, that the healthcare personnel would die. It was in fact because we had no control over this thing. Excuse me for using that expression. But in the end, not everyone died and the epidemic of the Ebola virus is gone and life goes on. That is why I said that the response was good.
I: Okay. What were the strong points and the weak points of the government concerning the epidemic?

R: In my personal opinion, I was not implicated very much in the government issues. But I can say anyway that in terms of strong points, the government took the approach of going towards partners, asking partners if they could help the government and work together with the partners, to acknowledge that the partners could play an interesting role in the Ebola epidemic. And that for me is a strong point. I tell myself that in certain places, we would have said: listen, you are international partners, it is you that is concerning yourselves in this affair, you want to destroy our country’s image, we will become autarkic and we will kick you out, we will leave you out of this. Here, the government was open to partners’ strategies. And I can assure you that the majority of the strategies that were put in practice to cope with the epidemic were strategies created by partners. The government adopted them, accepted them. So for me it is something, something that is very positive. Also after, and apart from that, we saw that we, as technicians, were implicated as players of the government. We saw nurses put all of their energy in the fight of the doctors of the government, without all the same expecting from something huge. Just to say to yourself: listen, it’s a challenge and we must face it. I also have the service of Donka (Donka hospital) in mind, where everything started. I will not name names but I saw colleagues that would say: listen, honestly it’s a challenge for us, we need to leave. Technically, I say that it went well.

Section 3 & 5

I: Okay. Please explain to me how this epidemic affected your organisation.

R: Yes... affected our organisation... okay well, how did the epidemic affect our organisation? I already mentioned that no one in our organisation fell ill. We did not have anyone fall ill among our personnel, we did not have any sick people, perhaps in the partners with whom we work but not at the level of the WFP that I know of, there were no sick people. So we can say that on that side, we came out of it unharmed. Now, there is more to the verb “affected”. In fact, I can tell you in what ways there were impacts on the activities of the WFP. I will just say that there was there were some initial pauses in the traditional programs of the WFP. When the epidemic started, we had to stop the traditional program that is the CP, the Country Program. And more particularly in terms of nutrition, we had to stop all the activities of the CP and open a new program which was called EMOP (Emergency Operation), it is an emergency response program. We started an emergency program. All the activities, all the resources, and all the personnel of the WFP was directed towards EMOP. Towards the emergency activity.

I: Alright. Could you tell me about the emergency program, EMOP?

R: Yes, that’s it. Before the EMOP, we had in fact done what we called a small EMOP at the start in December 2013 until February 2014. It was a very small three-month program because we told ourselves that it would be a rapid outbreak and it would disappear. For these small programs, only the country office would take care of it. But when there was a declaration of the state of urgency in august, the office was called upon... the little EMOP
became the real EMOP. We put the office aside and special teams came over to direct activities. So for that, there was an increase in personnel, there was an influx in terms of logistics, there were a lot of vehicles, a lot of material. In terms of communication, there was also a lot of tech connections and material. We changed buildings because we had to accommodate all these people. We left a three story building for a five story building with more offices and a big parking lot.

**I:** Okay. And how does your experience in your organisation compare to other organisations?

**R:** That is to say if I compare with what happened in other organisations of the same country, I think that the dynamic was the same. When I look at the agencies with which we worked like the WHO, UNICEF, the FAO, there was almost the same process – meaning that there was an increase in personnel, increase in logistics, increase in communications, so yeah. And I also noted that the personnel had become more awake, which is to say that questions were addressed very rapidly considering the small administrative unit that we had before.

**Section 6**

**I:** Discuss with me your perception of the quality of care regarding the healthcare services, nutrition, nutritional health. How did the government apprehend this, in the domain of nutritional health of patients?

**R:** Let me say that there were two phases concerning nutrition. There is the first phase that I would say is a non-dynamic phase, which is to say that at the level of the healthcare centres where we have, where the WFP has XXX MAM (Moderate Acute Malnutrition), which means units of care for the treatment of moderate acute malnutrition, there was a loss of focus in activities because the beneficiaries didn’t go. There were no beneficiaries in the healthcare centres. And also because the WFP had not disposed of the inputs to cope. After, there was an upsurge and we told ourselves: listen, we’re not just going to leave people like this. We know that there have always been problems with nutrition. Can we not already see how we will resolve the nutrition axes with Ebola. So there was an energisation on behalf of the nutrition team that put in place a strategy to cope in the face of nutrition problems tied to Ebola, and now cope with tradition nutrition problems in the healthcare centres. So there were sensitisation campaigns. We told the personnel: listen, if you can do traditional care like when fighting malaria, treating intestinal infections or parasites, you can also do nutrition activities. So they understood. We disposed of nutritional inputs, dietary supplements and they got to working. So that was the active phase, the active phase of nutrition, so there were two phases: the non-dynamic phase and the very dynamic phase.

**I:** Tell me about the non-dynamic phase.

**R:** Yes, the non-dynamic phase, as I said, was a jumpstart. We told people, ‘listen, if we do nothing, children will certainly die of malnutrition in their homes’ because we know that this kind of thing stops families from having access to food, it stops movement, so there will probably be an impact on food security. So we must do something in the healthcare centres,
why? Because malnourished children will go in the healthcare centres. They asked themselves about what to do. We must relaunch the community screening system. We drew support from the Ebola community facilitator system to join the nutritional support and screening in the communities. When they started screening the sick, we put them in the healthcare centres and we put inputs. And also, there were a mild boom due to the fact that at one point there was a catch-up campaign for vaccination, and we told ourselves we would take advantage of this catch-up campaign to do a large-scale screening of malnutrition. We coupled vaccination and malnutrition. We had a potential population of malnourished and diseased patients and we took them in.

I: You spoke about what you did within the WFP; I would like to know what was done at the government level.

R: Yes, in a similar vein at the government level, in my opinion there was a small loss of focus. Yes, that’s it. I take the central level. Nutrition issues were lagging behind. It is when the partners started working in the healthcare centres that the government also entered into the dynamic because clusters were made. The government felt that the clusters were going to have interesting activities, and so joined us. Therefore, we worked with the government to set up, for example, concerning nutrition and the partners like UNICEF, the FAO and agriculture, we set up regional technical nutrition groups in Labé, Nzérékoré, Kankan, Faranah, and so on.

Section 7

I: Alright. And along those lines, the guidelines, you heard about the provisional guidelines for the care of patients and malnourished children and adults. You heard about this. Concerning this, I’d like to know, could you explain to me the quality of the care according to that plan.

R: Let’s say that, in my opinion, the quality of care, if we had to put it on a scale from bad to good, I would say that it’s average. It is average and within that average score it is more towards the lower end of average. It is average but on the lower side. Let’s say that there were very few tools to already sensitise the medical personnel in charge of patients. Why? Because there was a large turnover of personnel at the level of the healthcare facilities, which is to say that those that had been trained by the government were affected elsewhere or they went to work in national and international NGOs. This means that there were new teams and within these new teams there were people that threw themselves into the activities without really having a good grasp in terms of practise.

I: And at the level of your organisation, how did you care for the patients in accordance with the guidelines?

R: For our organisation, we cannot say that there was patient care. In fact, we worked with partner NGOs concerning the Ebola patients who had nutrition problems. We worked with partner NGOs like Doctors Without Borders (MSF) and the Red Cross. We gave them inputs. It is their personnel that developed the activities at the level of the sectors. Nevertheless, the WFP and UNICEF had been partners that put in place the strategy to cope with the
nutrition problems among patients living with Ebola, victims, the ill, the Ebola victims. So regarding the WFP, there was a purely food component and a nutritional component. Nutrition-wise, it was easy to cope with moderate acute malnutrition. To that effect, we gave them XXX bissap and super-cereals. Another side of food is to cope with food insecurity. We have distributed foods like lentils, peas, rice, beans, oil, salt, and sugar.

Section 8

I: I would like you to discuss with me the running of the coordination regarding the Ebola epidemic.

R: Well, really regarding the coordination, I can only give you my opinion on what happened in December 2013 until August 2014 while I was invited to the coordination reunions, because after that, there was the emergency team who came and the coordination was put into their hands, and we were placed in the traditional activities of the clusters. Ebola coordination, at the start, was up to the WHO. It was up to the WHO in a tiny little office where there was not enough space. The WHO had the leadership and the government always lagged behind. After that, we moved to the UNDP building. The UNDP building was bigger and the people started to have, excuse the expression, they had more space to breathe, they started to better reflect upon strategies. It is in that building, I remember, that the majority of the strategies really got developed to be able to cope with Ebola. At that moment, I had seen the coordination that existed and that had met up regularly. It was a challenge, every day at the same time, with all interested parties present, frank discussions, open and honest, well-constructed follow-ups. And this is what we lived through until, I partially lived through it until August 2014. It was an effective coordination. What was surprising in this coordination was to see the bilateral partners like France or like the Japanese Embassy who sent over personnel to intervene. We in the medical and nutritional field had never seen this. We had never seen such a mobilisation of the institutions, state partners and bilaterals.

I: Very well. And concerning information that the government put at your disposition – did you get it in time? I would like you to discuss it with me.

R: What kind of information?

I: Necessary information concerning the government’s response to Ebola. I would like you to explain to me the provision of this information by the government at the level of your organisation.

R: At the level of my organisation here. I think that when you say government, perhaps you mean the coordination. It is within the coordination that all the strategies were formed and within the coordination that we always obtained information on where to act, when to act, and what the size of the population was which necessitated our intervention. This information was given to us much more often by the coordination. It is true that a we are missing a leadership of the coordination.
I: Okay. And concerning that information, tell me more about it, did it come on time? Tell me about how things went in relation to your work, if the information came late, or if it was useful in your work.

R: There has always been what I will call a, the word is more fitting in French than in English, a delay that was very small, but that is also quite normal in a crisis period, there was a small delay of two or three days on updates of information because information had to come from quote “management committees” that did not really exist, had to come from different parts of the country, the neighbourhoods, the villages, and needed to be centralised. So this information arrived two to three days late. But these small delays allowed us to adjust, allowed us also to adjust our interventions because there were also moments where we were also lagging behind. We had to say, listen we were waiting on equipment on a certain day but unfortunately it has not arrived so yeah.

I: Tell me about the delay in relation to the evaluation of the epidemic.

R: Let’s say that in my opinion, the lateness for us at the WFP, the lateness of the information for us at the WFP did not really upset our response in terms of our work because in terms of the disease, the lateness resulted in more people being contaminated because we did not take the appropriate measures on time, or more people dying because we did not take the appropriate measures on time. But as I said earlier, we were much more concerned by food insecurity, that is to say, delineating zones, securing people at risk and giving them food to be able to keep them in place, roping that area and reassuring ourselves in that other NGOs, the partners who were in charge of treating the patients, had what they promised us.

Section 9

I: Okay. And with all you have discussed and with your experience and your organisation in mind, I would like to know what are the lessons that you have taken with you, what you learned from the response.

R: Well, the response... on a personal level it was a unique experience, unique because it allowed me to better understand the disease that is Ebola, and to manage the fear much more in the face of this disease because at the start, when we talked about Ebola, I was scared. But today, I am no longer scared, I know that I have psychological resources, I have strategies that I can put in place to make sure that the disease does not spread at a very large scale. Also the lessons learned on a personal level still, Ebola created an environment of solidarity for action. I had never seen this solidarity before, I had not known it before; solidarity between colleagues, solidarity between the action personnel. And then now the lesson learned is that, something that is totally new, we must expect in the end that human beings, through their intelligence, will adapt to find new solutions. That is really a recent discovery, why? Because today we started with something very morbid, excuse the expression, to now have something that became manageable. When I say manageable, I mean the already probable creation of a vaccine, the probability of reducing the level of lethality in the community if Ebola were to reappear, the probability... not the probability but I would say the acquisition of strategies to cope. Finally, another lesson learned is that at
the highest level of emergency, there was a lot of money and a lot of things that were bought, and I wonder today whether we were right to buy so many things, did fear drive us to buy all these things, or was it the need to really cope that pushed us to buy so much. In the WFP building, we acquired many resources, much more resources. Which meant that in 2015, December 2015, when we closed the Ebola program, we found ourselves with food and nutritional supplements, some of which were already on the verge of becoming expired. Thank God, there is still a population that needs it. We redirected activities onto other types of populations but nevertheless we have learned from our lesson: that we ordered too much, as though at no point were we able to reflect and tell ourselves that with all the data that we have, let’s try to adjust our orders.

I: Alright. Talk to me about the resources, the resources at the global level, national level, and response support level?

R: At the national level, I would say that the first resource was the communities; it was the men because without the dynamism of these communities, of these men, we would not have gone very far, we would all have run away from the country. That is one. Also at the national level, we had a government that in my opinion had nothing. A government that had nothing and expected everything from their partners. The government had nothing at the start of the epidemic, and even at the end. The government really had nothing. The government had, perhaps, the structure to put us to work, staff to help us to work, but in terms of financial means and materials, there was nothing. That was at the national level. At the global level, yes, there was a large scale mobilisation regarding the WFP. The WFP had a lot of resources, the WFP had a huge amount of resources and we coped. The proof, to reiterate on what I said before, the proof is that with the resources that we had, we bought a lot to the extent that with what was left over, we will be able to reuse it after the Ebola epidemic. What did I want to say concerning the resources? I wanted to say that regarding lessons learned, they are lessons that resurface in every emergency: separation. We destroy offices. The offices grow with a lot of personnel and at one point we must separate ourselves from them. We must liquidate them sometimes without good reason, people with skills, people who still have the will to give, people who put their hopes in you, we must separate. This separation really hurts because at one point, this happens with agencies too, we see agencies that are very dynamic and have a strong power of action and absorption who fall after the epidemic to a level of total depletion of power of action and absorption.

I: Very well. Among your lessons learned, you talked about strategies. Could you elaborate on that, explain a little more this strategy for a better response to Ebola or any other epidemic.

R: Okay, I will go into the basics. Today, people are starting to do simpler things at the community level like corporal hygiene, like having a critical attitude towards people that are ill. It means that if I have a sick person at home, I will no longer keep them in my home, I will alert a neighbour and we will do everything we can to bring them to a professional to find out what it is. Therefore, there is already an evolution at the level of knowledge of different diseases. Before, people had a traditional system of keeping sick people at home and treating them directly at home. Nowadays we treat them with medication and people are
going to the hospital quickly. Regarding strategies at the level of health centres, hospitals, and healthcare, we observe the strengthening of notions and knowledge on universal protection. When you go into the majority of the healthcare centres, you will note that we wear gloves to touch the sick, we wear disposable aprons to do the examinations and invasive procedures. So that is at the hospital level. At the nutritional level, we saw that the Ebola disease has a nutritional impact on the person in that it destabilises and causes malnutrition. Our strategy is to make sure that the person is well rehydrated, that she is well fed, and that the fact that she is well rehydrated and well fed will bring an added plus. Another strategy that we used, and that was an accomplishment for the WFP, is that today when coping with infectious diseases with a high rate of contamination, we already know that we can bring about what we called a cordon sanitaire (quarantined area). And within this cordon sanitaire, because we will be immobilising people so they stay in one place, we must already have strategies to feed those people.

I: Okay. And on a finishing note, what are your recommendations regarding these strategies?

R: My recommendation, my recommendations are… My recommendations are multi-levelled. At the community level, we must continue the strategy which encourages people to seek immediate care, in other words, not keeping people at home, not running left and right with translators, not self-medicating, just going directly to healthcare centres. This for me is a strategy that must be maintained and developed, that is to say, doing more sensitisation, sensitising communities by telling them that if in their entourage they know that someone is ill, it is better to bring them to a healthcare centre than to keep them at home for treatment. That is my first recommendation. Second, at the level of the communities and personal hygiene, to keep washing hands with soap. For me, it is beneficial to have stalls like the ones we see in a lot of houses and public places today - when you go in, there is a small area where people can wash their hands quickly with soap. That is at the community level. At the agency level, at the level of the WFP, what I would recommend is that at the highest level of emergency, always have a compass when ordering material; do not order just to order, do not recruit just to recruit, and when recruiting have even just a psychologist who would tell the new recruit, “you know we are recruiting you in a state of emergency, but we could well be obliged to let you go, we are just recruiting you for the emergency here we are not recruiting for the house”. That is at the agency level. At the government level, I would say that the government needs to put more money into health. More money in healthcare means increasing the healthcare budget even if people will say there is a lot of corruption in healthcare, the budget must be increased so that nurses are well trained, and the doctors are well trained at the hospital level and that they have the means to do a good job.

I: Alright. Thank you very much for accepting to participate here. It is very kind of you; you have done excellent work.
Notes of the field interview (guide A)

1. Name of the interviewer: KK
2. Date of the interview: 17\textsuperscript{th} March 2016
3. Location of interview: Conakry/UNICEF
4. Name of the MP3 folder: 160317\_G\_KK\_AU\_1\_HL\_FR

The demographics of the participant:

1. Gender: \underline{Male} \\
2. Type of organisation: _ International Organisation (UNICEF)\underline{} \\
3. Geographical region in Guinea: \underline{Conakry} \\

Summary of interesting news, and key conclusions:

Challenges of the interview or recommended changes to the interview guide or question:

I think the interview guide is acceptable but a bit long for a person who is knowledgeable on the subject and likes to speak of interventions in detail.

Perception of the quality of this interview (Excellent / Good / Average / Poor); Why?

Good, I was in good time and I think I did well.

Other comments:

There is no ‘section 4’ in this interview.
Section 1

Section 2

I: Ok very good. That is exactly the kind of answer I was expecting. Now, could you please describe to me generally the Ebola epidemic in Guinea?

R: So, the Ebola epidemic in Guinea was declared in March 2014 and this epidemic is the result of the weaknesses of the healthcare system not only in Guinea but equally in the sub-region, and had a major impact on the population and its communities. First of all, the level of mortality is tied to this epidemic what with the recording of deaths and Ebola cases throughout. But more important was the social impact at every level which affected populations and more particularly children in Guinea. We observe a significant decrease in the total number of consultations at our health and care structures, which for us at UNICEF presents a very real reason for concern. It is with this in mind that this year we expect to organize, with governmental support, a MICS study that could reveal to us, in terms of indicators, what the impacts of this epidemic were on health indicators which in the Republic of Guinea were and are already very reduced.

I: Earlier on you mentioned the weaknesses of the healthcare system in Guinea and in the lower region. Could you please elaborate on that?

R: Guinea became an important example for the execution of the Bamako Initiative, which sought to reinforce primary healthcare, and in this view also became an example for Africa as well as the world. Only there was, certainly due to the economic crisis, rising socio-political issues and a gradual but significant weakening of the healthcare system. Indicators were practically stagnant. We take for example the level of infantile and juvenile mortality, which hovers around the 120 deaths per 1000 live births mark – this is a significant factor for concern. We could also take another example, maternal mortality which today remains at the 766 per 100,000 births, which is an equally worrying figure. These examples were some of the reasons we were not able to achieve the millennium goals. The healthcare system, at every level, was incapable of satisfying or winning the trust of the different communities, which caused an important lapse in health supervision and weakened response capabilities in emergency situations. This effectively resulted in an ideal breeding ground for the Ebola epidemic to expand and persist for months within the country.

I: Thank you. Did you in particular go through any kind of experience during the epidemic?

R: Yes of course. I arrived at the Guinean airport in October 2014, back when the epidemic had reached its highest level of contamination in the Republic of Guinea. At the time, we were evidently confronted with the phenomenon of community resistance. I was given the opportunity to travel several times throughout Guinea - be it in the forest region, in high Guinea, in lower or mid Guinea - to better understand what the communities’ perceptions
of the epidemic were and why there were still pockets of community resistance. Here I was confronted to the experience - I speak for example of Kouremale, which was one of the hotspots which contaminated the neighbouring Republic of Mali – of the reticence of different communities which had been veritable hotspots of dissemination within their prefecture and the neighbouring republic. Meeting these different communities allowed me to understand that there was a lack of dialogue with these communities which we needed to build gradually, while also integrating the communities’ perspectives to better apprehend and obtain their collaboration. This was made possible for us to do and we made sure that communities from Kouremale could engage in setting up a transit space which was useful for us to control not only the contacts at the prefectural level but also to allow the management of cases and the referencing of the sick towards treatment centres.

I: And how do you estimate the response of Guinea in the face of the epidemic?

R: Concerning Guinea, we think that in spite of the effective number of cases that have been observed and which is regrettable, and in spite of the cases of death that were also recorded, we think that Guinea was able to resist to an epidemic explosion. We take for example urban situations such as the city of Conakry in comparison to other urban situations like Moravia and Freetown, the epidemic in Conakry did not come to know the catastrophic explosion and the predictions. That is to say that populations and communities were able to pull through with the accompanying help of the CNLE (National Coordination Body in the Fight Against Ebola) and all other involved organisations. This effectively resulted in a better control over the epidemic which is an important accomplishment for Guinea. I will also tell you something important. At every level of every pillar in the response to Ebola, be it elements of supervision, of coordination, of social mobilisation, of secure quarantined boarding; it was the Guineans who were on the front. This constitutes an experience and competence capital that is today at the nation’s service for the response to future epidemics. The coordination of the response in Guinea was a coordination whose leadership was a national leadership. It should equally be placed at the disposition of the given national orientation and the national leadership which allowed Guinea to ultimately confront the epidemic.

I: In all that you’ve said, you have noted many strong points. But were there also weak points in the response?

R: Of course there were weak points. I said earlier that we went to meet with the communities – one of the weak points in the response was that it was an epidemic which was perceived from the start as a biomedical epidemic. However, upon listening to communities and those who were veritably working to put an end to the epidemic, we could perhaps characterise it as a social epidemic. Players were needed who were not medical players and biologist players, these external players truly contributed in particular within communities and took on the task of changing learned behaviours, and to adopt new behaviours which were favourable to the control of the disease. We think that from the
beginning, this was not sufficiently perceived as an important message to communicate to the communities to then be able to engage the communities in the response.

Section 3

I: Very well. Could you now address the specific impacts of the epidemic within your organisation?

R: Concerning the impacts specific to the epidemic within our organisation as I knew them at every level... As I said, UNICEF is concerned primarily and its mandate is to address children’s rights and to ensure that children and communities have access to basic social services. Taking for example the impact of Ebola on education, during 2014, the school start date was delayed due to the Ebola crisis. Extra efforts needed to be made to finally spur the reopening of classes in January 2015 to avoid losing to the epidemic. At the level of child protection and taking deaths into consideration, Ebola caused a large number of children to be orphaned throughout the country, and caused these children, their families or their communities to be discriminated against in one form or another. UNICEF therefore worked towards a form of social and familial re-insertion for these orphaned children and those families affected by the epidemic. On another note, Ebola highlighted an important point about poor hygiene and poor hygiene practises. So on this level, the impact of Ebola, being a disease of touch and a disease of poor hygiene, work needed to be done among the communities to install simple practises such as simple washing one’s hands. A lot of activities were led throughout the country to finally arrive at this result. Now for the impacts on the healthcare system. As I said before, there were mobilisations of basic social services: be they for example taking charge of children’s food, common childhood diseases, vaccination, assisted births, curative and preventative consultants; healthcare services at one point in time were insufficient in ensuring these services. It took a major investment from UNICEF and its partners to rebuild trust within the communities in terms of service quality in the form of caregiving, and also in terms of the quality of demand so that communities would resume consultations within the health structures.

I: During the Ebola epidemic, were any services in your organisation interrupted? Were any services put in place, which had not existed before the epidemic, to strengthen the response to the epidemic?

R: No, we worked on reinforcement. We didn’t stop any activities but instead reinforced our operational capacity at every level of our programs, and at every level - be they sectors like the ones I spoke to you about earlier, or sectors in social mobilisation and community engagement. We made a sizeable investment to reinforce our intervention platform. On the other hand, in terms of caregiving capacity by health systems, there were indeed some substantial difficulties, which explains our transversal and multisectoral investment to ensure that care giving would be maintained at every level up until now.
I: Very well. You spoke of financial reinforcement in the last part, increasing finances and so on. I think that there are some financial impacts at the organisational level during the epidemic. Please talk to us about that.

R: In the situation of a crisis, the organisation sets up a mechanism, a specific program, to be able to respond to what we call the principle engagements for children. In line with these engagements, we succeeded in the urgent mobilisation of substantial resources, and the organisation was able to mobilise upwards of 115 million dollars to be able to intervene in multiple sectors to respond to the ever increasing needs on the ground. This was another impact of Ebola on the country: it highlighted a series of non-satisfied needs throughout the country to which an urgent response had to be given. And we fulfilled our mission.

Section 5

I: And now we will try to focus specifically on the level of nutrition. Could you please explain the specific impact of Ebola on nutritional health services in your organisation?

R: Well we had, regarding Ebola, taken anticipative and proactive measures. As you know, this Ebola crisis had a strong social and economic impact. We also know that in these emergency situations that there are elements of food insecurity that may arise. There is also the weight of childhood diseases, which, when insufficiently addressed, could also have an impact on the nutritional state of the child. And there is also, in emergency situations, the risks of bad practice or the abandonment of practices which are favourable to a good diet for children, all of which in combination can affect the nutritional state. It is with this in mind that a nutritional study was conducted in the country, a SMART study, which revealed that the global level of acute malnutrition was around 8% and that chronic malnutrition was around 25%. If these figures represent levels which are under emergency levels, one must note that certain regions contain rather important pockets of acute malnutrition which come close to or surpass critical levels and which are close to emergency levels. These critical and emergency levels were effectively integrated into the organisation to reinforce programs concerned with acute malnutrition and these pockets of acute and severe malnutrition throughout the country, and also to set up programs for the prevention of acute malnutrition as well as chronic malnutrition throughout the country. It is these programs, coordinated by SMART and the Ministry of Health, which are currently running and which are keeping nutrition levels below critical levels.

I: Ok very well. Earlier you mentioned food insecurity and bad practices. Could you elaborate on what you said?

R: Okay so the elements of food insecurity are essentially defined by the population's economic capacity to have access to food products, and, equally, by food production at every level. I think that, during this Ebola crisis, there was an impact on economic flow regarding pricing, productivity, and at certain times there were even unsold goods. Guinea's
borders were also closed at certain points. There economic impact was such that donating parties and industrials stopped investing in Guinea which lead to a negative impact on revenue and therefore access to good nutrition. Of course, more advanced studies could determine what the levels of food insecurity were in that context. Regarding the bad hygiene practises which I referred to earlier, please understand that Guinea (like many other countries) has, in terms of hygiene cover and if we refer to the EDS-MICS studies from 2012, rather high levels of bad hygiene practises. For example, open-air defecation could pose a problem for diarrheic diseases which could themselves affect certain aspects of child malnutrition. Other practises such as exclusive maternal breastfeeding of children and the promotion of this practise, multiple micronutrient supplementation, infant and young child feeding, could be wholly affected today. UNICEF and its partners place a particular focus on making sure that the first one thousand days of a child's life, which are critical for the nutritional care of the child, are supported through programs for specific prevention where communities engage in ensuring good practises at the benefit of the children. This is what we wish to emulate in emergency contexts like the ones mentioned earlier, and though this mechanism could be shaken in crises, we are making sure that we have an accompanying program that would mitigate this risk and avoid high levels of acute malnutrition within the communities.

I: You mentioned some very important themes earlier such as infant and young child feeding, maternal breastfeeding, and the first thousand days’ project. Could you tell us about the first thousand days’ project?

R: So for us, the first thousand days’ project is an integrated package of services that are available at a familial level as well as a community level. Upon the opening of the coordinating partners’ assembly and the ministry of health, a priority was made to concentrate this package of services and package of interventions targeting this critical period of one thousand days. We have presently developed a series of partnerships, be it with the government, NGOs, or directly with the communities themselves, to ensure that this concept is popularised and understood, and that this package of services and activities is defined by a series of small scale interventions whose impact is sufficiently great and beneficial for the children.

I: Thank you. Now, what do you think of your experience in your organisation compared to that of others? Do you think that your experience was a typical one or is it not comparable to that of others?

UNICEF’s experience regarding the nutritional agenda prompted a regain of interest during the two years where the platform of work concerning nutrition was extremely important. I take for example the set up of the nutrition classes which is a coordination platform for all the players to define a joint framework and move forward. I take the aspect of advocating among the political and administrative authorities to place nutrition at the centre of national preoccupation. We wanted to, in the context of advocacy, insist that the political
importance of nutrition is at the forefront of the public health approach to ensure an important decrease in the infant and juvenile mortality level in the country. This advocacy is understood today and nutrition, I think, has proven its worth in the politics of health in the country and has become a central preoccupation and a major source of interest for many players, particularly the government.

**Section 6**

I: Thank you. Now we will move on to a general aspect of nutrition, not only in your organisation but in Guinea in general. What do you think of the quality of care or the assistance that was provided at the nutritional service in Guinea?

R: I think that there was a notable improvement and a consequential technical support until today. Firstly, through the development of a national policy on health and nutritional aid. Then with the fact that Guinea has today joined the SAN, an extremely important feat. All these efforts are topped off by the recent presence of Guinea in the RICH initiative, which calls forth a consequential governmental support. Today we have, in almost all of the health structures, an array of nutritional care options. This is an active and ongoing policy in Guinea and the Ministry of Health.

I: You said to me earlier that UNICEF is in Conakry but also at the decentralised level because you have a southern zone office and an eastern zone office. What do you think of the nutritional support from the centralised and decentralised offices? Is there a difference?

R: Yes of course. There was a huge difference. Our decentralised office is not tied to the potential presence of UNICEF zone offices in the field. Our decentralisation is tied to the organisation’s engagement to reach all children, and those children that are particularly vulnerable. On the basis of a study conducted by SMART, we have today a clear map of needs and where it is we must intervene. We ensure that, together with the Ministry of Health, these nutritional services reach those children that are in the direst need and who are at the highest risk of malnutrition. Our aim is a national aim and we want to make sure that the nutritional cover will be a cover that responds effectively to the needs, and which will reduce not only the level of acute malnutrition in Guinea but also the level of chronic nutrition.

I: Good, thank you. I believe that is at an organisational level, but what do you generally think of it? Be it the government or other kinds of support that was provided to Guinea, how was the support at the centralised level and the support at the decentralised level?

R: We believe that the support was consequential and coordinated thanks to the classes of nutrition which exist, and thanks to the leadership of the Ministry of Health who makes sure that the mechanisms of the sanitary systems which exist and which are subdivided into sanitary regions, in sanitary districts, in sanitary centres, that we are able to follow this
structured organigram to be able to expand our nutritional interventions. All of our partners are today mobilised and work in a coordinated matter to address the nutritional needs in the country.

Section 7

I: We will now speak of the nutritional support through the use of interim guidelines. Could you please explain the quality of nutritional care provided according to these lines of interim guidelines by the international community?

R: Alright, well, I would effectively say that everything in terms of guidelines, the interest that manifested itself at the level of the nutrition classes in the Ministry, it was to harmonise these guidelines and to make sure that the care and the system of care be in line with international norms. There was a series of traineeships throughout the country to ensure that the different technicians are better equipped to fully implement nutritional policy. Today the information management system and data collection is satisfactory at every level, and the quality of care and the effective quality of different indicators are respected and conform to international standards.

I: What do you think of the level of acceptability of these directives by the patients?

R: This level is important. We have different levels of adhesion and collaboration, not only concerning technicians at the decentralised level but equally the different communities. We were able to work with the nutrition classes on a food security approach which allows us to expand our base and our work partners. Today we also have an approach which is to contract feminine groups from community associations in the base, and to veritably work towards a sensitisation and social mobilisation centered around key nutritional interventions which are accepted by communities such as multiple micronutrient supplementation, infant and young child feeding, promotion for the essential family practise which is maternal breastfeeding.

I: And what do you think of the trust between the community and the biomedical personnel?

R: This trust is being reinforced every day through the quality of cars and through the observed results by the communities themselves. It is a trust that is reinforced and it will continue to reinforce itself in a sense of engagement and appropriation by the community with the totality of the interventions which we initiate.

I: Now we will talk about children’s nutritional care and the adults which contracted Ebola. Could you tell me about your organisations utilisation of these directives to come in aid of this patients?

R: Of course. It was important to harmonise these directives with all of the partners. We succeeded in not only being able to give nutritional support inside Ebola treatment units but
also to give nutritional support to the different communities which were heavily affected par this epidemic. We effectively followed precise instructions on all of the intra-nutrients that cannot simply be used as, I would like to say, "intra-foods". This is not a food support. I think that this pedagogical explanation was possible and understood today was communities.

I: In that case we will try to talk about, within this same topic of directives, the very specific chapter for survivors. Could you also talk about the utilisation of these chapters for patients in rehabilitation and which were supported by the organisation?

I: As you know, the definition of a survivor is a large definition. We at the level of UNICEF, we presented categories of survivors. There were effectively children who contracted the Ebola virus and who survived and who benefitted from a support and an accompaniment by our organisation. There is equally the group of survivors which were essentially children and women who were affected by the epidemic, either because they received the orphan status, or because they received the status of affected child whose family and community were unable to care for them. So within these levels of characterisation of a survivor, specific nutritional support was given conform to a precise evaluation of nutritional status.

I: Earlier you spoke to me about infant and young child feeding, maternal breastfeeding, and the implementation of micronutrients; could you please specify, given the directive that were applied during the epidemic.

R: To begin with, for us, the elements of multiple micronutrient supplementation consisted principally of the supplementation of vitamin A and the treatment of parasites with bendazol, which we put in place during the celebration for child week. We generalised it throughout the country sometimes combining it with certain essential interventions such as vaccination against measles. The country cover was a leap in terms of quality in supplementation. As for our work concerning infant and young child feeding and exclusive maternal breastfeeding, they are promotion activities. Advocating at the level of the administrative chain as well as the community chain, showing the benefits of these two interventions which are family and community interventions. I can tell you for example that last year we celebrated world breastfeeding day in the context of maternal breastfeeding in the workplace. This theme was particularly aimed at sensitising employers and the state on its necessity, that the workplace need not exclude all exclusive maternal breastfeeding, and that propositions and guidelines could be provided to the nation to allow its effective practise. We equally strongly advocated for the commercialisation of milk substitutes thus that, with the Ministry of Health and other economic players, a reflection is made in order to sensitise families and communities in the importance of maternal breastfeeding while also considering these milk substitutes.

I: And during this epidemic, did you not have challenges particularly in the context of maternal breastfeeding?
R: No, let's say that the challenge of communication or for the change in behaviours was not specific to maternal breastfeeding, but there were global challenges tied to these aspects of essential family practises and the global spread of all these rumours about Ebola. It was a rather global approach to keep communities believing in the importance and benefits of the practise of maternal breastfeeding.

Section 8

I: Now, tell me about the how coordination was carried out during the epidemic. What do you think about it?

R: Coordination in a large scale emergency is always a challenge. This challenge was take on in the best of conditions. There were weaknesses and positive points. But we have succeeded, with the leadership of the government, to coordinate nationally in the fight against Ebola. We also worked, at the level of the United Nations system, with a coordination body called UNMEER. We equally have the team for the management of the country - all of the agents within the united nations and us in particular at UNICEF, we activated coordination platforms for which we are responsible and in particular the nutrition classes that were reactivated and which veritably gave a boost to the response to Ebola and to the nutrition program in the country.

I: How did the provision of necessary information to ensure your organisation's capacity to take control of the epidemic take place?

R: We have the advantage of our presence in the field through our zone offices and equally through our many partnerships that we were able to put in place, and also through the direct contracting of communities. We were able to manage upwards of 20,000 social mobilisers were useful to me throughout the country, and we have introduced extremely important notions such as direct reporting through texting and the services of RapidPro which allowed us to also report information throughout the country. We also decentralised our coordination platforms at the prefectural level and deployed personnel in all of the 33 prefectures and 5 communes of the city of Conakry, which allowed us to work with the base and the members of the community of XXX which we put in place to be able to collect, analyse, and send information upwards which was extremely important to manage the Ebola crisis.

I: Could you tell us about the general quality, the resource opportunity and the support at the global level?

R: The support which we received at the global level, the support at the regional level in Dakar, and also the support at the level of headquarter, which helped us establish coordination mechanisms where we met each week to update the management of the epidemic with our general office and our headquarters and with all the other countries which were affected - notably Liberia, Sierra Leone, and Mali - and where we reflected
together about how to harmonise our strategies and evaluate our response capacity to the epidemic. This was sufficiently useful to mend any gaps and insufficiencies, allowing us to effectively come to the epidemic's end.

Section 9

I: Thank you. Could you please tell me about the lessons learned during this Ebola epidemic in on a nutritional level?

R: At the nutritional level, let me immediately say that one of the lessons learned is that Ebola was not a good reason to put the whole country in autarky. Let's say that the fact of limiting the movement and the exchanges between Guinea and the world would have had severe consequences on the nutritional state and the health of children. So the lesson we learned here is that different countries must more or less adhere to the recommendations by the WHO on this matter, and that the epidemic could be managed without leading to drastic stoppages of exchanges with countries. Additionally, Ebola, like I said earlier, is an epidemic which required community engagement. Community engagement was the most adequate response of the approach which allowed us to surround and conquer this disease.

I: What do you think you would recommend as a strategy as a strategy to improve the coordination of stakeholders in such an event as Ebola?

R: To improve the coordination, it is with the mechanism and the architecture that was put in place. This architecture was adequate. I think that to improve coordination aspects, we would reinforce information management. We had effectively been able to set up employees, specific personnel in charge of the management of information but we had difficulty at the national level - to support structures at the national and decentralised levels, and to have tools which were capable of managing this information.

I: Considering, sir, all of the things we have talked about, what are your foremost recommendations for the improvement of the global response to a similar epidemic in the future?

R: In the future, my general recommendation will always be to maintain the elements of leadership. Leadership is extremely important. Then, to continue to reinforce the elements of coordination. Next, to often give countries capacities like human resources and financial resources in order to react in a strong and rapid manner to the epidemic. And, to conclude, there are the elements of deep gratitude and indebtedness. We are indebted to the communities, and we are indebted to the nation, and so this mechanism of indebtedness is important to reinforce the trust and the engagement of the communities and the adhesion of the communities to all of the things we wish to do. That is why I often like to say, it was a phrase by Ghandi that said, that all the good that you do for me, you do against me. So basically, community participation must be reinforced so that communities are not perceived as simple beneficiaries but perceived as players in the management of all crises.
R: Thank you very much sir, this information is very useful to us and I really believe that they will help in our work.
Section 3: Describe your typical working plan?

Answer : The typical working plan, it is to follow the activities of the project, the project is about doing the advocacy , but also raising the advocacy of the public and also the sensibilization of the population on the nutritional questions , the project has a component in the representivity of civil society in all nutrition activities. So the daily schedule is based on three different activities, the surroundings must follow the civil society organizations that have been recruited for the implementation of the project on the field. You have to follow them regularly, so you can know at what level they are in their performance of their activities, and then we even participate in the preparation of advocacy messages, sensitization messages to the representativeness of last issue we have witnessed all the meetings, all the meetings were focused on nutrition for the voice of civil society, all the meetings carried the views of civil society to try to bring our contribution in this area.

Section 4: What’s the impact of Ebola in general?

Can you simply start by telling us the epidemic of Ebola in Guinea?

Answer: The epidemic of Ebola in Guinea, according to the information I had, I remember that, we started having rumors if I am not mistaking, of a mysterious disease by the end of the year 2013, that is prevailing in the area of the forest, then in the month of February, then in the march 2014, we started to have international organizations such as CICR, they began to address the issue, and I think it was around the month of may, june, if I am correct, that the authorities have officially recognized that this mysterious disease was Ebola, and since then all the services, all the different areas, all the country's activities were organized according to the disease and institution like ours is supposed to have they are our own say, and defend the interest of the population. And we all started together with the national coordination of the fight against Ebola to implement actions to protect the people to the maximum.

Section 6: we can see that your path is really rich, now can you please tell us a little bit on your personal experiences during the outbreak of Ebola?

Answer: Well as member of the medical staff I was trained for the control and the management of infections, during the workshops organized by the THPIGO, at the hospital of Donka, and then as a member of the union of trade of one of the central trade union of the national hospital IGNACE DEEN. We have been associated with the implementation of the control system and the prevention at the hospital IGNASS DEEN, we had a lot to encounter, discussion with the organization who intervened at the hospital. How to set up a triage system, a control system and also how to change the habits of the staff in terms of control and prevention of infections, being in the board here, at the beginning I was involved from the outset in the boarding program which involved the establishment of so-called village committees which consisted in recruiting members of civil society in the neighborhoods, in the communes, train them so they can also in return circulate in their localities, and spread the message of prevention, pass the message of infection control, so we conducted this activity throughout the country, personally I was assigned to Ratoma where I met a lot of organization of civil society, with the citizens of the municipality of Ratoma we have discussed the issues of prevention, we removed worry, we also surrounded the families that
were affected by Ebola with our boards. So that was all we had from experience, I also participated in coordination meetings at the national coordination, Therefore all of this helped us get the gear to help our institution to intervene efficiently in the fight against the disease.

Section 7: How do you estimate the response of Guinea in general against the epidemic?

Answer: The response in Guinea in general, I believe we must expand this response in three stages:

The first step: it is the first period I told you about at the beginning, that is from 2013 to February, March, 2014, with the absence of an effective epidemiological monitoring system at the national level, this disease lives in some localities and when you take traditions into considerations, this disease has mysticism while it was just an epidemic that we had to controlled so there was this step, and then there was another stage where international organizations were interested in the phenomena, they did laboratory test and then and the authorities have acknowledged the existence of the disease I confess that this period has been somewhat turbulent times some kind of cacophony because our country had never confronted such a disease, it's true that we had the epidemic of cholera but that was quickly located but it was the first time that we were confronted with a disease which is as contagious as Ebola. All our health system, all our administrative systems and policy were not prepared to manage such an epidemic so there was procrastination, there have been measures, and measures we were against that were taking which enable us to achieve the third stage, where the authorities, the internationals institutions, the civil society organizations, the populations after the period of fear and stupefaction, everyone has turned the corner, and ask yourself the right question, which is what can we do to stop the progression of the disease in our country? I think it's this third stage that allowed us to achieve the victory we celebrated some months ago, the government was informed about how the disease was spread and the measures that were expected from the government, the international organization proposed plans to Guinea that have been improved, amended and adapted to the country's reality, that was what was applied in the field, the civil society organization were interested, they received means that allowed them to act at the population, they received material resources that helped them to act on the population, so that everyone could realize this new parameter in Guinea which is Ebola, because until then the country did not know about Ebola, the Guineans did not know that shaking hands was dangerous, visiting a patient was dangerous, going to a funeral with traditional rites was also dangerous so all of this we did not know with the collaboration of the government, the international institution, the national coordination, the organization of civil society, the messages went as far as possible, that was what led us to the result we had last months from November to December and the disease was declared out the country and this is a victory for all Guineans.

Section 8: In your speech you spoke of measures that are expected by the government, precisely at the third level, can you tell me a little more about it?

Answer: Yes talking of the third stage, a strong involvement was expected from the government, when we say a strong involvement from the government, it is that we were waiting for a firm instruction to come from the highest authorities of the country, the centralized and the decentralized authorities, all the Guinean administrative system and politics should come together against the Ebola epidemic, I believe that at one time this
message was given, and from Conakry to the farthest sub prefectures of the country, the authorities that were representing the country stood up to apply all the measures they were told to do at the central level that was what allowed the international organization, the civil society organization that were helping the government to easily do their work, in a really strong political and administrative framework and it is something respectful, I think at the end of the epidemic there was another plan to reinforce the response against Ebola, I have heard that the authorities intended to strengthen the epidemiological system by setting up some laboratories in Guinea that would be able to manage this type of problem at the local level and give feedback quickly to the national level. That is something that should be appreciated when in a country you have a population over 10 million of peoples; you cannot play with the epidemiological control, they are also slower, silent, and secured reforms in the health system so that the health system, prepares and adapts itself to the kind of epidemic, I think this is something very beneficial.

Section 9: We shall now talk of its impact specifically in your organization, can you please tell us about the changes that occurred during the outbreak in your institution?

Answer: As I told you, our organization has more than 5,000 civil society organization that are supposed to represent the population at the authority level. When we learned the reality of Ebola in our country, our organization directly got in touch with all the organizations that were involved in the fight against the disease of Ebola, even within the organization the disease has change the internal functioning of the organization. Because it was necessary that at the very beginning of the epidemic to convey the message to all other organizations across the country, it was necessary to establish a communication system that allows us to deliver messages to every level of any organization this has absorbed resources and staff, we had have to set up an action of monitoring and evaluation system of internal civil society in order to monitor day to day what was happening in the field. And to correct the imperfections and make improvements. So let’s say 40 to 45% of the staff of the organization was absorbed by this activity for more than 6 months, that was the reason why the other activity areas slowed down, if during the epidemic of Ebola most of these activities of the organization were going on, we will really have trouble to support all the effort Ebola was requiring in the organization, but since the entrance of Ebola in the country, Ebola has putting a standby in other areas including political, economics, governance issues, everything was on standby, and that actually helped the organization to relocate part of his staff and resources to the fight against Ebola, and that really has allowed us to be productive. Some staff members of the organization went for training, on how to sensibilise the community, on their behaviors towards Ebola, their behaviors towards the management, the management of the collectivity of information, the monitoring and the Evaluation in the different case of Ebola. All these here have really allowed the organization to respond effectively to the epidemic.

Section 10: what is your opinion on the organizational capacity available compared to what was needed?

Answer: Organizational capacity, I will say that the national council of civil society organizations, the human resources do not cause problem, the problem is at the financial level and technical resources, the organization has more than 5100 civil society organization, when the epidemic of Ebola appeared all these organization called the national council to tell them what we should do, and what are the resources you are putting at our disposal to do
the work effectively in our communities, so just imagine a little bit putting at the disposal of 5100 organizations materials and financial resources to protect their communities it’s not easy. So it was the internal consultancy that set up a system of selection. And also to proceed at the consolidation of civil society organization. We decided to sponsor the communities so that we can put together the organizations that work into these communities in order to protect their communities.

Section 11: What is your opinion on the services that should be interrupted because of the epidemic or continue because of Ebola?

Answer: I think we should have gone too far to interrupt the services, because some activities should have waited after Ebola to unfold, they should have been in standby or simply stop for the mean time. Politic activities which are of high risk activities because there is a lot of consolidation, there are also sporting activities, football tournaments for major competitions like the national championship could have been put on standby and there are the concerts of artists who have also complained a lot but they needed to understand that it’s a necessity for the country to stop consolidation, now the services that should have been strengthened, which will help to be support, I believe the border control services, control services at the entrance of the cities, the control services in entrance health facilities, in the public services like we did with the heat flasher; with the washing of hands, I think all this were supposed to be supported; it would have help us to avoid a lot of diseases. we could have also putting up a good psycho-social support for families where cases of Ebola have been detected to convince them and sensibilise them they should stay at one place so they can be followed medically. Those families who became family contact, before they spread across the country to send the same disease in areas where it does have not even happen before. We had such cases where contact from suspicious family from Kindia, he went to Fria, also went to Boke. Suspected Families from Conakry went to Dabola after in Labe, we could have prevented these kinds of thing with a very good psycho-social support or economic support because telling a family to stay in a compound for 45 days, and it’s not easy without support. And obviously sensibilise the surroundings on stigmatization that would have helped us to definitely put a limit on this disease. Since the epidemic had been declared they would have been cases we could not control but the cases that were identified by the services responsible of the fight against Ebola, least we could isolate these cases and really manage them locally instead of people to move from one location to another.

Section 12: Can you please describe the primary sector within your organization that was mostly affected by the epidemic?

Answer: the primary sector that was mostly affected by the epidemic in our organization I will say that it is the agricultural sector, why am I saying it is the agricultural sector because you know the epidemic exploded in the forest zone right? Although this region has a large mining potentialities which are coveted by many big international firms. So far it is not a mining production area. This particular region lives on agro–pastoral business and the epidemic broke out precisely where this activity is being done in this locality. That is why the families that lost their elements or families that lost their valid arms for the agricultural production, some Families that were having sick people could not go to the field and continue their agriculture. I think that sector for me was the most impacted by the epidemic. Here in Conakry we were not used to the shortage of some local products such as loco banana, the rice from the forest, palm oil, but it got to a time we noticed that even the commercial trade,
the commercial flow between Conakry and that region was impacted because it is agriculture which supplies the local trade product so for me I think it is the sector that has been most affected without forgotten the other sectors for sure. The other sectors I have to mention the trade sector. In this same region they also sale bush meat; but the selling of bush meat was banned at the beginning of the epidemic therefore it impacted hunters. There is also the commercial flux which slowed down a lot, at Nzerekore traders in this locality find it difficult during the outbreak to provide their regions with goods. So they had fewer services to provide for their consumers. You also have to see the sector of transport it was much more difficult to find a vehicle for this region and even when you find a vehicle; the driver will tell you limited places to avoiding contact between the passengers, some passengers had to pay double, or three times their usual transport. So all the sectors were more or less impacted, starting with the agricultural sector as I say.

Section 13: Speaking of the impact how is it financially?

Answer: I believe that everything that can impact human activity or the individuals will also impact the growth at the national level, if the farmer who is affected cannot produce its rice and corn, the hunter cannot produce and sell hes bush meat, the driver cannot make his trips as usual, the trade flow between Madina and the central market of Nzerekore is not done normally I think the trade will be impacted, the consumer is impacted, the driver is affected, the farmer is impacted and this affects the growth at the national level for sure the public finance and private. Ebola countries will have an impact for sure. Companies had canceled some of their activities which were located in areas where the disease was in the process of crack, I know some business examples that belonged to relatives that we had to close in Nzerekore Lola Yomou and repatriated with emergency their personal to Conakry so it is true that the level of business at the state level this disease had an impact on finances. Our organization also because the arrival of Ebola this organization had concluded an agreements, signed contract with some other institutions of the capital, with the government to do some activity on the field, but looking at Ebola these activities have not been done so the financial disbursements that were to follow these activities should allow our organization also to exist, to live, these disbursements have not done well we got to put from aside in the fight against Ebola on the other side to secure the contributions that our organization could have in the other field.

Section 14: Can you explain the impact of the epidemic on the nutritional services provided by your organization?

Answer: Our organization does not provide specific nutritional health services because our organization is not involved in the care of children, women, and victims of malnutrition. But however with these organizations of civil society, we coordinate and participate in these activities in certain locality of the country. We have shown that some activity is the fight against bad nutrition in the Community. They had been seriously impacted in the community centers in charge of bad nutrition; Families are sensitized on Ebola transmission modes, they were afraid of sending their children to health centers and also among the community. It had become more difficult for civil society organizations to conduct awareness campaigns as the population was reluctant to face any consolidation. So it was only some few that we have seen, as an organization that stayed alert during the Ebola disease, there was also a slowdown in vaccination campaigns that we follow in which we operate in the sensitization and mobilization component, we have seen here these vaccination campaigns really helps to
prevent some diseases in children, in pregnant women, but also allow us to distribute vitamin A of Mebendazol. And sometimes it helps us detect some cases of malnutrition, we have seen that these campaigns have been paused, they have been spaced as much as possible, and they even stop in some areas where the disease was actually in the process of taking over. So for sure Ebola had an impact on the nutritional activities in our country.

Section 15: Can you explain your perception of the quality of assistance provided to nutritional service in Guinea during the epidemic?

Answer: During the epidemic, we learned many things related to the nutritional aspect of the epidemic. The international organizations involved in the fight against Ebola indicated that they were bringing a nutritional supports to the sick who were in treatment centers, they also made us know that the families who were sick, who were identified as a contact. They that were monitored at home also were receiving food and nutritional support. But we also learned that some organization provided support to families who had welcomed the orphans of the Ebola disease. But also to support centers even the orphanages that had received these children. So there too our different organization at the basic level reported us on such information. This is something I respect in addition to the other economic consequences of Ebola, these orphanages and the suspect families were another burden to support.

Section 16: What do you think of the level of the response at the central level or at the decentralized level?

Answer: At the central level like I described it at the 3 stage of the epidemic, the central level has succeeded to be well organized, because right now the political authorities have seen that they could not handle Ebola in a dispersed manner. So they immediately put in place the national coordination, and within the coordination all the public organization, all the international institutions that were involved in the struggle find them self within the coordination to exchange regularly an communicate with the population, on what is being made, we also communicate on what should be made in the future, to fight against the disease. So i think with the implementation of the coordination. The central level really managed to unite stakeholders around an institution that is this organization; now the one that is at peripheral level there it will take action to improve the coordination at the peripheral level. Because we had feedback understanding the role of each intervention at the local level, what should have the local authorities do? What should have the representatives of the government do at the local level? What was the margin of manoeuvers of the international organizations that were involved. What was the scope of civil society organizations, I believe that this problem was asked at the local level, we had feedback about it but what is most important, is to know that although were difficulties at the local level to involve parties who were able to establish a framework where they use to gather and discuss, they met together to define priorities and strategies and actions to protect their population.

Section 17: You said that at the peripheral level, managers should have done some activities, and what do you mean by that? What should managers do at the peripheral level?

Answer: you know population are often identified with their leaders at the peripheral level. Most of the authorities have limited themselves to assert the authority of the state, governors; prefects were given instructions to the security service, the defense service, the decentralized service. But we have not seen these authorities at the local level involved
directly to create awareness. These authorities should have been beside the community to communicate with them, to reassure them, to sensibilise them. These authorities should have sometimes accompanied the response teams to the suspicious families to reassure the families of the authorities’ support.

That can reconfort them psychologically. This kind of action was not done. So we hope that in the future although we do not want our country to be faced with such a situation again. But we wish that in the future if such a situation presents itself the authorities should go towards the population to really show the people that they are doing everything for the situations to be controlled.

Section 18: Do you have any knowledge of these interim guidelines that have been established by the international community concerning the nutritional support of the patients in the treatment centers?

Answer: They told me about the process of elaborating the document, which will help the different institutions involved with the Ebola’s victims to bring a nutritional support; my organization and I were not involved in the drafting of this document. That does not mean we do not respect the document. We are ready to use these guidelines if they are giving to us or putting at our disposal for our different activities.

Section 19: Does all this allow you to respond to the investigations that are in the implementation of the treatment centers, the patients, the survivors?

Answer: Personally I did not have to intervene in the treatment centers. I had the chance to meet one or two survivors but it was during an official ceremony. They came to testify, they spoke in their intervention supports they have them they not given details of their support like nutritional support it not said in details. In their intervention they spoke of support they received, but they did not mention if it was a financial support, or a nutritional support, they did not give details of that. They said they need support from the authorities so we did not also conduct an investigation for the nutritional support of the patient.

Section 20: There were patients who had children. Do you know about the breastfeeding of these children in treatment centers?

Answer: We were not part of the management of the treatment centers, so it's hard for us to talk about the activities they have undertaken in these treatment centers. The more we participate in the meeting of the coordination, the more we have a lot of information, we have got to know in the treatment centers all the patients had benefited support from health support; psychosocial, nutritional support , hygienic. Families that are also contact families are also supported by different organizations. Like as I told you as an organization we did not investigate that much on the beneficiary to find out exactly what they had received on the nutritional aspect.

Section 21: Can you please talk about the way the coordination is operated at the central level?

Answer: The coordination had the reflex to decentralize its activities. This has been very beneficial. An institution that has been set up within 10 days, since the political authorities
were aware of the seriousness of the situation. This institution has succeeded the maximum within 1 month. That is to say, in every region where you go during the epidemic of Ebola, there is regional coordination, a prefectural coordination, sub-prefectural coordination which has allowed. When you have a multitude of people that intervene and you do not have a consultation framework to plane things. To find out who’s doing what? And when he is doing it? It becomes a total cacophony. But the coordination by setting up its representatives at the local level, has helped to coordinate all of this. To tell everyone this is what you are doing and when you get to this level you have to let go out to such other organization and so on. That is what has helped to coordinate, to monitor, the activities of all the organizations that took part in the fight against Ebola disease.

Section 22: Explain how has made the provision of information necessary to ensure the ability of your organization to respond to the epidemic?

Answer: the provision of information was done through the project we had, the establishment of committees that watch over the neighborhoods and in the villages, in rural areas and that provision is made through communication tools, a box image that was provided by the national coordination and was distributed to the monitoring committees base on that picture box that passed through their areas, their villages, their families, to explain to people how the disease is transmitted, what they should be avoiding, what should be done? What could be beneficial in the fight against the disease? All the information that was given by the coordination was directly spread or given to the different organizations, all the measures that were given by the organization; we also spread them in our basic organization so they can frame their actions, with their new decisions.

Section 23: What is your opinion on the trust of the stakeholder in seeking information or in the support of the capacity that we need?

Answer: the level of trust varies a lot depending on the organization you relate to it. Without neglecting the effort that has been provided by the organizations and countries of the public organization concerning the dissemination of information and the communication on Ebola. You have to admit that it was easy to get information on the disease from this international institution, these international ONGs, international organization than the public service. Like in everywhere in the world it is due to the slowness of their administration services. It’s true but when you ask for an information to UNICEF, WHO, OR PAM. That information will be provided as soon as possible to you than when you ask the same information to the communal direction of health, or the prefectural direction of health, anyway you have to admit that these public services have greatly improved during the Ebola epidemic. Personally I have noticed that a lot of improvement was done concerning the collection of information, the treatment and the dissemination of information. Because almost regularly anytime the coordination was having a meeting we use to present a board where by all the prefectures were providing information related the response against Ebola in their area.

Section 24: Describe us what is needed to help develop better the monitoring and evaluation during the epidemic?

Answer: What we need are tools that are adapted to new technologies of information and communication. In my organization for example when we ask a representant which is at kouroussa to provide some information. He as to make his report, put it on a paper in an envelope and post it to us, he is obliged to give this envelope to a driver after 2 days then we
shall receive this report. But if we provide these organization with the basic tools that can help them send information faster at any time it would be easier to get information and circulate it to anyone. I also noticed that during the response to Ebola epidemic all the services were given computers, I think inside of given computers to people, they should have given smartphones with quality applications that can also help people to collect the information and send them. Today with the help of internet and some kind of application, you can follow a patient that is at far place. There is a system you can connect to it and do your work, there is a network called Monkeysurvey it’s a network that does investigation online so that type of network can be experimented on the smartphones that are distributed to the different organization that are implicated on the different support of the personal, because the smartphones are more practical you can put it in your pocket and send it in the field at any convenient time you can send information. Even if you give a portable computer to someone that works in the field he will leave his computer in the office and go to the field and collect information and later when he comes back to the office type it in the computer. They will always be a delay in the job; but then if we had these smartphones with quality applications, we can collect information and send it speedily. I think that really be great.

Section 25: What is your perception of the overall quality and the opportunities of the of resources and the support sent from new globes?

Answer: I think we need to thank the international community for its support in Guinea, because we must clearly recognize that the country did not have the human and technical and financial capacity needed to support the response of epidemic. So all that was sent by the cooperation which is multilateral and bila side to support Guinea financially, even with the human resources that came to help the Guinean professional on the field. I think that is something that has really helped in the fight against Ebola, the financial and human resources support has also help in the intern way to develop the country resources. Today I think the government; the authorities at the central level are more capable of implementing plan of prevention in the control of the disease. When you go today in many hospitals, doctors do pay more attention to the prevention, and the transmission of the infection even when you go to public services, people keep giving messages about how to prevent the disease, how to be more hygienic.

Section 26: You said doctors are more careful, and they pay more attention, can you tell me more?

Answer: Personally I told you I spent 7 to 8 years at CHU. I know how we use to manage CHU before the arrival of Ebola, I saw doctors checking a patient without wearing gloves, I saw hospitals that were have 4, 5, 6 entrances. The patient could use any of the entrances of the hospital. There was no security system in the hospitals, the agents that were in charge of the cleaning, the disinfection of the rooms were not done, 2 or 3 patients could use the same bed without disinfecting, or cleaning the bed, the doctors were not washing their hands usually so all these things are changing gradually, today we can say that 97 percent of doctors use glove, they wash their hands regularly, they use disinfectant to clean their hands, they talk and interact with their patient about the prevention of the disease, when you come to the entrance of the hospital there is a kit to wash your hands, also at the laboratories the agents really does take time with the products there are manipulating, So there is an awareness of the need to prevent infections in all the structures of the country.
Section 26: What is your perception about the management of the sorting system installed at the entrance of the hospital?

Answer: During the epidemic of Ebola the sorting system really did work out, what is unfortunate is that after the declaration of the end of the epidemic, people were relax again in some services, today when you to some hospitals or some services, they were given kits during the epidemic for the washing of hands, but now when you go, you will see that some of the kits are empty, no water in it, or no solution on the water even at the entrance in some hospitals, when you put your hands under the kit to wash them, you will find out theses no product on the water or the water have not been replaced for days, only in the private organization like the embassies, the banks, or some other big companies that can afford to buy the product and put it in their kits usually. The other public services that were able to install some kits with the help of the ebolas coordination, as soon as the support ended the kits also stop fonctioning. Today you will see somany private and public schools even universities where you can just get in without washing your hands or they not even check your temperature that's so unfortunate. Because these habits we need to keep them for a long periode. I want to send a message to the people that even though ebola was declared out of the country we need to keep preventing, we do not have to change our habit all of a sounden.

Section 27: What are the key lessons you have learned?

Answer: The key lessons I have learned during this epidemic, the first lesson is that Ebola has helped me to understand that international solidarity does really exist. When Guinea was declared a country which was touched by Ebola, the multi lateral partners of Guinea did all they can to help Guinea fight against the disease. We received materials coming from the whole world USA, FRANCE, RUSSIA,CHINA, we received logistic materials coming from united ARABIC, SAOUDI ARABIA, CHINA and also human resources, medical personel, that were sent by CUBA, to come support the Guinean medical personel, so Ebola has really helped me understand what is called international solidarity. Secondly Ebola has also helped me understand that we should be very careful about the information we give to people, why? Because all the the technical information that are given by the technical services. These information’s need to be treated and adapted to the level of understanding of the population. If that is not done the population can understand the message in another way and that will just complicate everything that will be done later. So that is something I learned with Ebola. Another lesson I have learnt is that if the courage is at all the levels that means all the partners, all the actors, can be together, coordinate them self and gain positive results like stopping the disease of Ebola. That's also another lesson I learnt.

I have also learned that Guinea or also other countries of the world are not supposed to wait for such an epidemic before putting in place researches or control because it will be too late.

The performance of the monitoring of the epidemiological companies and research in the epidemiological field and medical are companies that acquire their performance over several years of operation so we cannot expect a country to be hit by an epidemic to build these structures there, these companies could not have the level of performance they have today, in every country these companies are supposed to be established before the country will be beaten by an epidemic; it will help for a primary response of an epidemic; when Guinea was touched by the epidemic if we had financial resources to take action before the arrival of the
international support; I think the disease will have been in only two prefectures, we could have controlled it. But the fact that Guinea was either financially prepared nor technically, even with the human resources we were not prepared, it has made the disease to move to so many places, or areas where it was not supposed to go. So all the countries are supposed to be prepared financially to respond to such an epidemic. No country is supposed to say that no the epidemic is in Guinea, and Liberia; I am in Brazil it’s still far so or we are in chine it’s too far for the epidemic to arrive in our country, all the countries in the world need to be prepared for such an epidemic.

Section 28: What can you say about these lessons, according to the response nutritionally during the outbreak?

Answer: we have not been directly involved in the care and support of the sick and the contact people. But since we have organizations members that work with international organizations and state services that were taking care of that aspect. We have had positive feedback from the assistance that the sick, sick families, personal suspicious incumbents have to be supported. And these assistances I was telling you about it was clearly notified that the food support, the nutritional support, were made to all the patients. Families, orphans, all of them were supported. That was something the population appreciated. That is something we respect and by the way we want to thank all the organizations that had supported people.

Section 29: Can you tell us how you would like to see the resources at global or national level and the support for a better response to such an epidemic?

Answer:Like I said all the countries are supposed to be prepared. We have also shown how much a country can be impacted to such an epidemic. Ebola has also shown that when a country is touched by the disease what are some of the services of the country that will be in line. You also have to work on the mentality of people. it is because Guinea was declared free ebola that people stop to advice about the disease prevention, we need to keep sensibilising the population advising them all the time on the mode of prevention and control of all the epidemiological diseases that can touch our country so the health services, the security services, the services that control borders, the medical research institutions, the transport services, need to be well equipped and prepared with knowledge and resources to face such a situation. The state needs to be prepared as well, the government needs to put in place services, institutions that can prepare these services that I listed. Like I said earlier it’s not supposed to be a cacophony, you have to do things in the coordinate ways, so that the previous stage should be understood by everyone before passing to the next level.
Because the audio files cannot be fully anonymized, we need to kindly request parties interested in the original files or transcripts thereof to contact us directly so that a data transfer and confidentiality agreement can be signed and non-anonymized data can be shared.

Please contact us at:

fabian@groundworkhealth.org or james@groundworkhealth.org