Situation & risk analysis DRAFT

1. Country Information and Context Analysis

**General questions to consider in a Risk Analysis:**

1. What type of emergency is anticipated and in what location?
2. What are the triggers to be closely monitored?
3. Numbers and percentage of population affected; population profile and demographics? Will it lead to displacements?
4. What is the likely response of the national government?
5. Is the government likely to come forward with a request for assistance?
6. Do the government / local authorities have prior experience in responding to the situation?
7. Gender considerations; specific vulnerable groups; and target beneficiaries?
8. What will the specific sectoral impacts be?
9. How long are emergency conditions likely to last?
10. What are likely to be the major constraints to an emergency response?
11. What are likely to be the major gaps? IASC Annex 7 contingency plan template

An outbreak of the novel coronavirus was declared on the 31st of December with the epicenter of the outbreak in Wuhan Province in China. As of the 9th of February 2019, there have been 37,558 confirmed cases (2,676 new cases in last 24 hours) and 813 deaths (1 in the Philippines). Confirmed cases have been reported in 25 countries including China as the epicenter. The virus is spread through respiratory transmission, but some transmission patterns indicate that it could also be spread through the fecal-oral route. Reports have noted that about 20% of cases have complications including pneumonia or respiratory failure. Complicated cases are more likely in the elderly or those with chronic medical conditions. Children appear so far to only have mild disease symptoms. (info from GOARN conference calls and WHO Sitrep 20). The virus itself can be considered as a “good virus” in that it tends to not cause death allowing itself to continue to propagate and spread from person to person in pattern that can be paralleled with Measles vs. a virus like Ebola which tends to be more lethal and therefore has less ability to spread more rampantly.

*ADD COUNTRY INFORMATION AND SPECIFICS HERE……What is Medair’s current programming? What are the MOHs expectations for response or need to respond? What will the MOH or donors expect from Medair?*

2. Summary of Risk

* *Provide a brief description of the risk being planned for (possible new transmission or transmission highly likely), including potetianal location that will be affected;*
* *Briefly outline the triggers – use table below*

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| Trigger | Action | Responsible |
| Confirmed Cases remain remote to the country programme and region. Country not noted to be high risk | Ensure country readiness by reviewing Coronavirus Readiness Checklist and in-country guidance from health cluster; consider writing contintency plan | Country Health Advisor with support of HPMs |
| Confirmed Cases remain remote to the country programme and region. Country is considered high risk due to travel. | Ensure country readiness by reviewing Coronavirus Readiness Checklist and in-country guidance from health cluster; writing a contingency plan is strongly recommended | Country Health Advisor with support of HPMs; WASH advisor if present |
| New confirmed cases reported in neighboring countries. | Review or write contingency plan; consider what Medair’s response would be if cases are confirmed. | Country Health Advisor with support of HPMs; WASH advisor if present |
| New Case reported in country - imported. | Initiate Medair response as per contingency plan | Country Health Advisor and HPMs and all health team; wash support likely also required. Consider effects on other Medair programming in country. Consider base stocks – hibernation kits, fuel, manage possible lockdown. |
| New Case reported in country – local transmission in country | Ensure Medair response per contingency plan activated | Country Health Advisor and HPMs and all health team; wash support likely also required. Consider effects on other Medair programming in country. Consider programming prioritization. Ensure hibernation/lockdown actions taken. |
| New Case reported in Medair facility. | Alert MOH. Initiate Medair response per contingency plan and in-country guidelines. Alert Donors. | Country Health Advisor and HPMs with all health team. Consider effects on other Medair programming in country. Consider reprioritization |

3. Humanitarian Programming Consequences

* *Briefly outline what the immediate effects may be based on Medair’s current programming. If Medair has health facilities, what will need to be done immediately to inform and protect access to primary health care?*
* *What will the staff health needs be to protect Medair staff? What consequences might that have on Medair’s ability to respond or continue programming in any sector –consider both IRS and NRS. Handwashing and hand sanitizer will be needed in multiple locations in the office to improve hand hygiene.*
* *Supply chains will likely be under pressure to scale up the production and provision of personal protective equipment. This could affect all programmes which use these items – such as gloves for general health facility work or PPE for cholera or ebola outbreaks. Lead times may increase significantly as well as cost per item.*

4. Response & Operational Capacity

* *Briefly describe the existing response capacities in country (including, for example, government and NGO partners);*
* *Coordination – the new WHO coordination structure for outbreaks of large scale is significantly more burdensome for teams to engage with as each outbreak is divided into intervention “pillars or commissions” which lead for each type of intervention. There will likely be daily or every other day meetings of a national task force as well as the national pillars. There may also be sub-national or regional task force meetings and pillars which should in theory feed information into the national meetings. Medair would be expected to be present in all relevant meetings based on our response interventions in an outbreak which can be a huge meeting burden on the team. Consider how this may affect staffing and HR in your resonse planning. The most common Pillars of response in outbreaks include the following:*
  + *Risk Communication and Community Engagement; Infection Prevention and Control and WASH; Surveillance; Contact Tracing; Vaccination; Case Management; Laboratory; Logistics; Vector Control; Psychosocial; Safe and Dignified Burials; Social Science Research*
* *What technical capacities/compentcies do you think Medair has and could respond with? Options to consider below.*
  + Community Engagement/Risk Communication: consider where and how the community engagement team will work. Who and how many staff? How will they share the messages – door to door, groups? To whom – mothers, religious leaders, community leaders, women’s associations, taxi groups, traditional healers, pharmacists – consider your local context and who would need to have the information to influence the most people. Consider your pre-existing programmes and consider how you will utilize those to spread messages (care groups, chws, pss women’s groups, etc). open air meetings with smaller groups who can space out preferred to reduce risk of disease transmission. Anyone coming to a meeting/training/group should be screened prior to entry and asked to self-isolate at home should they have any symptoms. Handwashing stations or sanitizer should be used on entry to the session.
  + IPC - Safe Triage: Consider your context – how will you establish a safe triage system for your health facilities? Is there already a triage system that exists? Would it be safe to help prevent spread of a respiratory illness? What would need to be added? Do you have sufficient PPE for the triage staff (mask, reusable goggles)?
  + IPC – Isolation: consider your context – how will you safely isolate patients without causing significant stigma within the facilities you support? Will construction be required – if so, consider a design in advance and work with the WASH or Shelter teams to come up with a design and BOQ; what materials might you need? Will people be transported quickly or is there a chance they will need to stay overnight? What is Medair’s capacity in country – can Medair consider supporting inpatient isolation centers for non-complicated cases? This would require doctors, nurses, and monitoring tools such as pulse oximeters, etc. It will be unlikely with current staffing Medair would be able to surge in a large number of health care workers to support from outside – discuss with your Senior Health and Nutrition Advisor for updates. In this type of outbreak, we would recommend for the safety of children and likelihood of exposure, that any children with suspected symptoms enter isolation with their parents as it is highly probable the parents have already been exposed.
  + IPC – Referral system: what is the referral system for suspect cases? Where will they go? How will they get there? If a plan is to use Taxi or mototaxi, how will the drivers remain safe from exposure? Advocate for ambulance where possible – and training and PPE for the drivers!
  + IPC - Inpatient Monitoring: if you have inpatient observation beds in your facility, you will need to ensure these patients are screened regularly for potential missed cases. Some reports for coronavirus have noted patients presenting with stomach pains and vomiting or diarrhea initially, then later having the respiratory symptoms. A system should be established to rescreen inpatients to avoid missing a case and exposing many to the illness.
  + IPC - Health Facility Hygiene**:** what are the guidelines for cleaning and waste management for coronavirus as compared to your baselines? Consider if new materials or solutions will need to be procured to ensure sufficient hand hygiene and facility cleaning should an outbreak present. Standard soap and water, hand sanitizer, and disinfectants used for facilities should be sufficient. Consider making a chart to ensure a scheduled regular cleaning is carried out, especially in the triage area.
  + Quarantine: In the coronavirus outbreak, many countries are chosing to quarantine those at high risk of exposure to the virus for 14 days. It is important to understand if this will be done in your country and how – will people be congregated in one location or quarantined at home? Who will provide for their needs during those 14 days? Needs could include based on context and location: Food, water, phone credit, batteries, cooking or heating fuel; health information – what to do if they become sick, transmission prevention information; hygiene supplies – handwashing implements for example. For programme continuity and staff care, also consider ensuring team houses have hibernation stocks for at least 2-3 weeks, fuel is stocked well, batteries or other consumables (toilet paper)
  + Contact Tracing/Support for Home Isolation: some of the key interventions coming out in ways to mitigate the COVID19 outbreak is to ensure good contact tracing and self-isolation of contacts and home isolation and care for those sick with mild illness. Similar to quarantine above, Medair teams such as health and hygiene promoters, shelter assessors, distribution team staff could all be cross-trained to carry out contact tracing, household message sharing, and care for those at home. This could also include hygiene kit distributions to the households with sick family members. Are staff willing to go door to door? What training materials would be needed? What supplies would be required in our context to support this type of intervention?
  + Sharing Expertise: Coordination, advocacy sharing the voice of communities, providing expertise in terms of medical/community/surveillance/vaccination/mapping. Does Medair have sufficient staff to support all coordination platforms required in the response (consider 1 pillar meeting per day per sub-location as a maxiumum)? Does Medair have any technical experts that could be shared with the greater response in areas where our programming may be confined or limited? Does Medair have information management or mapping expertise in a location which could significantly aid the response if their services were re-prioritized?
  + Staff Re-purposing: In countries without health teams or in countries where sectoral teams may not be able to continue in normal programming due to restrictions of the outbreak, consider how staff could be re-purposed and used to carry out other activites. Maybe you aren’t building shelters, but shelter teams can support triage construction or support other organizations if needed to build isolation centers. Assessment and M&E teams could support contact tracing or household level information sharing. All requires re-training, but re-purposing is a way to use your resources well when other activities perhaps are on hold.

5. Gaps and constraints

* *Briefly outline the Medair’s capacity gaps in the provision of humanitarian assistance and protection;*
* *Describe major obstacles to providing humanitarn assistance (security, access constraints, administrative obstacles, logistics, etc.)*
* *HR considerations? Technical staff, but also support staff to allow for rapid scale up of staffing, use of finances, and logistics.*
* *Finances? – what funding could already be allocated to this response? What additional funding may be required to be ready or to respond?*

Response Strategy

**Key questions:**

1. What are the critical relief needs likely to be? What are the priority assistance measures likely to be?
2. What actions must be taken as an immediate response to the situation based on Medair’s programming?
3. What is the total caseload that can be supported with current organizational capacity?

IASC Annex 7 contingency plan template

1. Objectives & Response Activities

* *Briefly outline the objectives that hope to be achieved. For each objective outline at least 2-3 top level response activities of the different sectors/ clusters contributing to the achievement of the objective. An example for outbreak response are noted below.*
* *Briefly outline explain the decisions and rationale behind the objectives; how the objectives and activities address the causes and/or needs of the affected population.*
* *Explain how the strategy complements the national response strategy.*

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| **1** | Reduce the spread of Coronavirus within Medair supported communities |
| * Carry out community engagement activities in areas supported by Medair * Support triage and IPC including the provision of appropriate PPE in Medair supported health facilities * Coordinate with relevant authorities in areas supported by Medair and national pillars |
| **2** | Improve access to safe isolation for suspect or confirmed Coronavirus patients |
| * Establish safe isolation in Medair supported health facilities * Support an nCOV Isolation Center for patients with mild disease and refer complicated cases to treatment centers * Coordinate with relevant authorities in areas supported by Medair and national pillars |

ACTION PLAN

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| Key Actions to be Take | By Whom | Deadline | Comments |
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