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Emergency Plan of Action Final Report

Guinea: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRGN006
Date of Issue: 2 February, 2014	Glide number: n° EP- 2013-000161- GIN
Date of disaster: January 2014	
Operation start date: 31 January, 2014	Operation end date: 30 April, 2014
Host National Society: Red Cross Society of Guinea	Operation budget: CHF 120,982
Number of people affected: 1,600,000	Number of people assisted: 1,600,000 beneficiaries
N° of other partner organizations involved in the operation: Ministry of Health, UNICEF and Médecins Sans Frontières	

A. Situation analysis

Description of the disaster

CHF 120,982 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 31 January, 2014 to support the Red Cross Society of Guinea (RCSG) in delivering assistance to some 1,600,000 beneficiaries.

Cases of Measles started to be reported in December 2013 in Guinea. In early January 2014, the outbreak crossed the epidemic threshold in several regions with 143 suspected cases and 38 confirmed positive. The International Federation launched a DREF of CHF 120,982 and deployed a health Regional Disaster Response Team (RDRT) member with experience in social mobilization activities and vaccination campaigns to support the National Society to respond. To limit the transmission chain and spreading of the measles outbreak, this DREF operation supported the vaccination of up to 1,178,849 children between 6 months and 10 years in the target health districts (89.5 percent of the target child population). The IFRC also supported the National Society to train 1,175 volunteers on technical communication and community mobilization. The trained volunteers were deployed across the 15 target districts to carry out social mobilization. They also referred patients to health centers.

The Canadian Red Cross/Government and DG ECHO have contributed towards a partial replenishment of the DREF allocated for this operation. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the Red Cross Society of Guinea would like to extend many thanks to all partners for their generous contributions. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

<click [here](#) for the final financial report and [here](#) to view contact details>

Summary of response

Overview of Host National Society

The National Society attended meetings of the epidemic management committee and mobilized Red Cross volunteers in the affected areas for the vaccination campaigns. The National Society health manager attended partnership meetings with the Ministry of Health, UNICEF and MSF and discussed information sharing mechanisms. The National Society had

volunteers present in all affected communities and they began to undertake referrals to health centres. Some of the volunteers in the communities were trained in communication and social mobilization activities and were involved in the last polio vaccination campaign with UNICEF.

Overview of non-RCRC actors in country

Médecins Sans Frontières (MSF) and UNICEF supported the Ministry of Health with the vaccination campaign and brought in the necessary vaccines. MSF focused on the vaccination campaign in Conakry region, in the districts of Matoto, Ratoma and Matam. The campaign lasted 15 days and reached 470,000 children. UNICEF focused their vaccination campaign in Conakry region with a focus on the districts of Kaloum, Dixinn, Coyah, Dubreka, Boke, Tougue, Yomou, Mamou, Kissidougou, Kerouane, Kindia and Dalaba. They targeted 1,130,000 children. The Red Cross of Guinea collaborated with both MSF, WHO and UNICEF to undertake social mobilization activities through this DREF operation.

Needs analysis and scenario planning

To assist the affected persons and respond to further risk of measles in other districts, RCSG reached the population in the affected districts with the vaccination campaign, information on measles (origin, symptoms and transmission) and how vaccination would protect children from the virus. In a similar vein, to cut the transmission chain of the outbreak, the operation supported the vaccination campaign in 15 districts to ensure that all children between 9 months and 14 years in the affected districts would receive vaccination against measles.

Risk Analysis

The operation was ongoing smoothly when on 21 March 2014, the Government of Guinea confirmed a suspected Viral Haemorrhagic fever outbreak that had been developing since early February as Ebola. This has been the first occurrence of Ebola in Guinea and expert assistance was sought to work with the National Society. IFRC does not have representation in country and due to the highly contagious nature of the disease, the health RDRT supported the Ebola response where possible while maintaining focus on the Measles operation. Ebola constituted an additional burden to the health sector causing additional work to the health actors.

B. Operational strategy and plan

Overall Objective

Support the mass vaccination campaign in 15 districts through social mobilization activities in coordination with the Ministry of Health, UNICEF, WHO and MSF while improving community monitoring and reporting of measles cases.

Proposed strategy

The Red Cross Society of Guinea focused on social mobilization activities in partnership with UNICEF and MSF in their vaccination campaigns. The DREF operation contributed to the reduction of morbidity and mortality related to measles. The operational strategy focused on training volunteers in the affected communities on measles disease recognition and prevention techniques and social mobilization methods. Following the training, alongside vaccination campaigns, volunteers undertook door-to-door visits and implemented community awareness activities.

Operational support services

Human resources (HR)

The Red Cross Society of Guinea planned to use 55 volunteers per district or a total of 825 volunteers across the 15 targeted districts on social mobilization activities. Actually, a total of 1,175 volunteers were trained and got involved in the on social mobilization activities. The volunteers were supported by supervisors; a National Disaster Response Team and the Guinea Red Cross headquarter staff. The RCSG health manager provided technical support and the RCSG finance manager supported the financial project management of the operation. All volunteers who took part in social mobilization activities received the measles vaccine and were covered by insurance. The Federation supported the National Society by deploying one health Regional Disaster Response Team (RDRT) member with experience in social mobilization activities and vaccination campaigns.

Logistics and supply chain

The National Society utilised two vehicles from its fleet for this operation and provided logistics support.

Communications

The visibility of the work of the Guinea Red Cross volunteers was ensured during the operation through visibility material. The National Society's management team periodically informed authorities and the general public regarding the progress of the operation.

Security

Security risks were taken into consideration by making use of mobile phone and radio stations.

Planning, monitoring, evaluation and reporting (PMER)

The Red Cross Society of Guinea, in close cooperation with the IFRC Regional Office monitored the progress of the operation and provided the necessary technical support. The monitoring and reporting of the operation was undertaken by the National Society with support from the RDRT member. Brief weekly updates were provided to the IFRC on general progress of the operation.

C. DETAILED OPERATIONAL PLAN

Health and Care

Needs analysis: Due to the outbreak of measles, the needs were related to vaccination campaigns to immunize children and sensitize vulnerable populations on measles prevention techniques. As UNICEF, WHO and MSF were supporting the Ministry of Health with vaccination campaigns, there was a gap in community awareness activities related to the vaccination campaign and measles prevention that was filled by the National Society.

Population to be assisted: The vaccination campaign targeted the districts of Kaloum, Dixinn, Coyah, Dubreka, Boke, Tougue, Yomou, Mamou, Kissidougou, Kerouane, Kindia and Dalaba (campaign carried out by UNICEF) and Matoto, Matam and Ratoma (campaign carried out by MSF). A total of 1,178,849 children were vaccinated over the duration of the campaign. The Red Cross Society of Guinea supported the targeted population with social mobilization and community awareness activities. The National Society undertook education messaging activities and referring patients to health facilities.

Health and Care													
Outcome 1: The immediate risks to the health of affected populations are reduced													
Output 1.1: Improved health of children (9 months to 14 years) in vaccine campaign communities through social mobilization activities during measles vaccination campaign													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
<ul style="list-style-type: none"> Identify families with children and undertake home visits prior to the start of vaccination campaign to disseminate information on the importance of immunization and upcoming campaign. 													
<ul style="list-style-type: none"> Support mass vaccination campaign through 330 volunteers through social mobilization in coordination with Ministry of Health, UNICEF, WHO and MSF. 													
<ul style="list-style-type: none"> Train 825 volunteers (55 per district) on measles disease recognition and prevention techniques and social mobilization methods. 													
<ul style="list-style-type: none"> Develop awareness messages for vaccination campaign and social mobilization activities. 													
<ul style="list-style-type: none"> Following vaccination campaign, undertake community visits to encourage non-vaccinated children to visit health centres. 													
Outcome 2: Improved community monitoring and reporting of measles cases in five other districts that have													

reported an increase in measles cases.													
Output 2.1: Strengthened measles surveillance with referrals to health centres.													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
• Train 50 volunteers on measles community monitoring and reporting.													
• Identify households with un-vaccinated children through home visits.													
• Practice active surveillance and begin identifying measles cases and directing patients to health centres.													
• Establish an accurate map of the area to isolate the monitoring work of volunteers.													
• Share information with health officials.													
Achievements													
<p>The training of volunteers was a key element in the response strategy against the Measles outbreak. The Red Cross Society of Guinea reached and managed to surpass the original goal of training 825 volunteers using additional funds. In total up to 1,175 volunteers have been trained. The training was focused on the following relevant components:</p> <ul style="list-style-type: none"> • The role of volunteers in the response against epidemics (information, education, communication, social mobilization). • How to monitor community mobilization's activities. • Surveillance and referral of measles cases in the community. <p>This investment in knowledge impacted on the achievements of the operation. In their endeavor to disseminate information on the importance of vaccination, the trained volunteers conducted home visits across the 15 health target districts. A total of 12,684 families were visited, sensitized and informed about the mass vaccination campaign. This primary sensitization work was completed by fruitful social mobilization activities which led to the mobilization of 1,366,992 people. Volunteers seized the opportunity of these events to share relevant information about measles disease and the measures to prevent its spread. A total of 8,250 flyers with key messages on measles were distributed. This sensitization work resulted in a smooth and successful vaccination campaign.</p> <p>The vaccination campaign against measles was conducted in coordination with the Ministry of Health, UNICEF, WHO, and MSF and enabled the vaccination of 1,178,849 children between 6 months and 10 years in the target health districts. The operation contributed to an increase in public awareness about measles (origin, symptoms and transmission) and the importance of vaccination. The intervention also contributed to improve early detection, reporting and referral of suspected measles cases through active surveillance, community monitoring and reporting.</p>													
Lessons learned													
<ul style="list-style-type: none"> • Social mobilization activities should start well in advance (a week) before the vaccination campaign to enable to prepare response teams and deploy them in communities before launching vaccination activities. • It would be relevant to involve community leaders in social mobilization during vaccination campaigns as they have significant influence on their communities. • Women's groups can support in mobilizing parents of children to be vaccinated. Women can be very convincing as far as vaccination is concerned. • Gender balance has to be taken into account in the selection of volunteers for social mobilization activities. 													

D. THE BUDGET

At the close of the operation a small balance of unspent funds totalling to CHF 9,452 will be returned to DREF.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

Disaster Response Financial Report

MDRGN006 - Guinea - Measles Outbreak

Timeframe: 31 Jan 14 to 30 Apr 14

Appeal Launch Date: 31 Jan 14

Final Report

Selected Parameters

Reporting Timeframe	2014/1-06	Programme	MDRGN006
Budget Timeframe	2014/1-04	Budget	APPROVED
Split by funding source	Y	Project	PGN015
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		120,982				120,982	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		120,982				120,982	
C4. Other Income		120,982				120,982	
C. Total Income = SUM(C1..C4)		120,982				120,982	
D. Total Funding = B + C		120,982				120,982	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		120,982				120,982	
E. Expenditure		-111,530				-111,530	
F. Closing Balance = (B + C + E)		9,452				9,452	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			120,982			120,982		
Relief items, Construction, Supplies								
Teaching Materials	10,822		9,741			9,741	1,081	
Total Relief items, Construction, Sup	10,822		9,741			9,741	1,081	
Logistics, Transport & Storage								
Transport & Vehicles Costs	3,044		2,925			2,925	119	
Total Logistics, Transport & Storage	3,044		2,925			2,925	119	
Personnel								
International Staff	12,020		6,391			6,391	5,629	
National Society Staff	6,076		6,073			6,073	3	
Volunteers	38,560		38,138			38,138	422	
Total Personnel	56,656		50,602			50,602	6,054	
Workshops & Training								
Workshops & Training	33,021		33,513			33,513	-492	
Total Workshops & Training	33,021		33,513			33,513	-492	
General Expenditure								
Travel	5,970		5,907			5,907	63	
Information & Public Relations	660						660	
Office Costs	264						264	
Communications	1,510		1,324			1,324	186	
Financial Charges	1,651		713			713	938	
Total General Expenditure	10,055		7,943			7,943	2,112	
Indirect Costs								
Programme & Services Support Recove	7,384		6,807			6,807	577	
Total Indirect Costs	7,384		6,807			6,807	577	
TOTAL EXPENDITURE (D)	120,982		111,530			111,530	9,452	
VARIANCE (C - D)			9,452			9,452		

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Subsector:	*		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	120,982		120,982	120,982	111,530	9,452	
Subtotal BL2	120,982		120,982	120,982	111,530	9,452	
GRAND TOTAL	120,982		120,982	120,982	111,530	9,452	