

DREF Operation:MDRGN009	Glide n° EP- EP-2017-000022-GIN
Date of issue: 24 February 2017	Date of disaster 08 February 2017
Operation start date: 23 February 2017	Expected timeframe: 23/02/2017-23/05/2017 3 months
Overall operation budget: CHF 99,008	
Number of people affected: 3,641,282 personnes	Number of people to be assisted: 884,904
Host National Society(ies) presence (n° of volunteers, staff, branches): 6 branches, 10 staff and 439 volunteers.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant):IFRC	
Other partner organizations actively involved in the operation: Ministry of Health, CDC, Unicef, WHO and MSF	

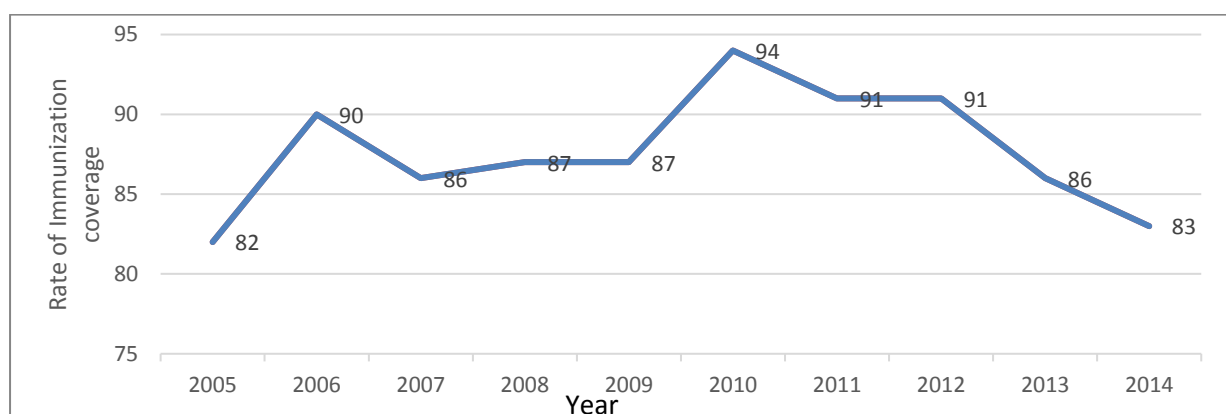
A. Situation analysis

Description of the disaster

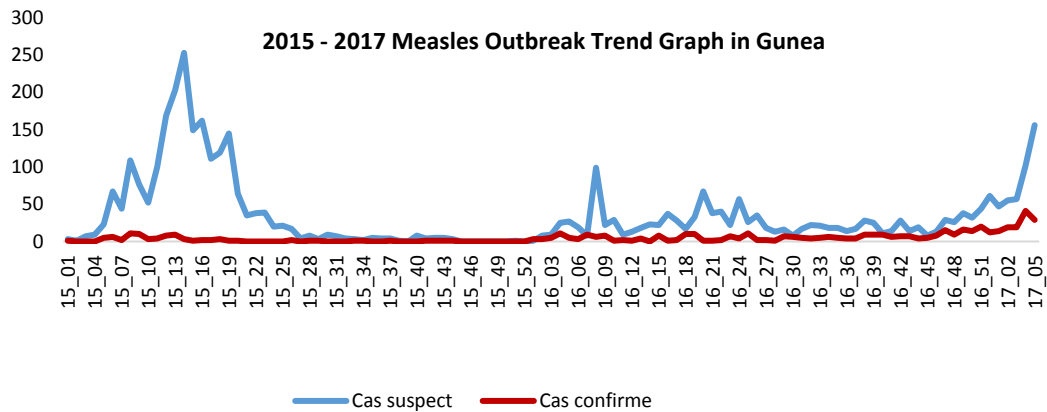
With a population of 10,628,9992 inhabitants according to the 2014, general population census, the Republic of Guinea is faced with countless challenges including viral and infections disease outbreaks.

During the period 2014-2016, the country's health system underwent Ebola Virus Disease outbreak with disruptive effect on health services along with degrading confidence in health services.

2005-2014 Trend of Measles routine immunization coverage in Guinea

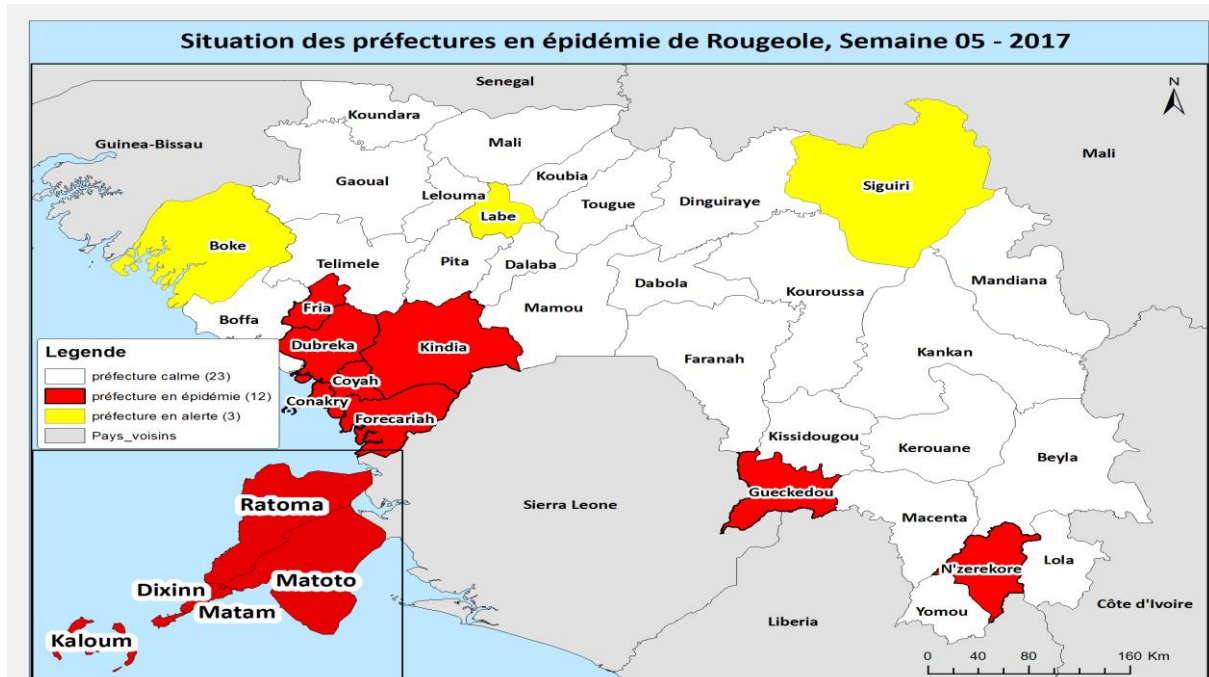


Being nearly overwhelmed by the EVD outbreak the responses, healthcare workers could hardly follow-up and implement surveillance, prevention and management activities for other diseases. The failure to give attention to the diseases resulted into increased upsurge of vaccine preventable diseases outstandingly the measles. As a comparison, in the 2014, the country experienced a measles outbreak which affected 25 health districts.



As described in the graph above, in 2015, major measles outbreaks were recorded in the districts which did not take part in February 2014 outbreak response.

Surveillance of the disease shows that since early 2016, despite interventions (conduct of in-depth investigations and management of cases, response organization in the health Districts, enhanced surveillance, providing health Districts with vaccines and supplies, community awareness in measles), the confirmed cases were continuously reported in several health districts. In 2017, 408 suspected measles cases were reported with 122 confirmed. The following prefectures are affected: Nzérékoré, Gueckedou, Matoto, Ratoma, Fria, Dubreka, Kindia, Coyah, Kaloum, Dixinn, Forécariah and Matam. The Prefectures of Siguiri, Labé and Boké are on alert. The Red Cross of Guinea will target 3 of the most affected areas with a social mobilization campaign.



In this particular situation and in compliance with the International Health Regulations (IHR), the government, through the Ministry of Health declared measles outbreaks in those prefectures on

. It also seeks support from technical and financial partners to rapidly eradicate measles before the months of excessive heat which leads to the rapid spread of measles.

Summary of the current response

Overview of Host National Society

The Ministry of Health, in collaboration with partners, provides clinical management of the the measles cases reported in health facilities. Given the magnitude of the situation, the Ministry of Health with support of the partners including the Guinean Red Cross plans to:

- Coordinate and monitor the response activities against the outbreak.
- Support all suspect and confirmed cases.
- Vaccinate at least 95% of children aged 6 months to 14 years against measles in the affected health districts.
- Provide catch up vaccination for at least 50% of unvaccinated or poorly vaccinated children under 23 months in routine EPI.
- Administer a dose of vitamin A to at least 95% of children aged 6 months to 5 years in each health district.
- Administer a dose of mebendazole to at least 95% of children aged 12 months to 14 years in each health district affected.
- Timely detect and report all suspect cases.
- Provide support to the National Public Health Laboratory (LNSP).
- Ensure record and management of all cases of Advert Event following Vaccination.
- Raise awareness among 100% of the populations in the areas to be vaccinated, and
- Strengthen the EPI-surveillance.

The Guinean Red Cross has a fully equipped National Headquarter with a qualified personnel. Participation into the response to EVD with the technical support provided by IFRC helped to enhance managerial capacities and strengthen logistic system including warehousing, more than 40 four-wheel-drive Vehicles. With over estimated 17,000 registred volunteers, the Guinean Red Cross prides itself with volunteers and technical staff with proven experience in response to epidemics.

The Guinean Red Cross supported by IFRC office in Guinea is a member of the outbreak management committee chaired by the Guinea National Agency for Health Safety (ANSS in French acronym). It is composed of volunteers from the affected areas for the upcoming immunization campaign.

The head of Health and Care Department of the National Society participates in partnership meetings with the Ministry of Health, UNICEF, WHO, ALIMA, MSF and other local partners. The meetings aim at discussing mechanisms for prevention, response and information sharing.

In 2014, thanks to their involvement into the response to the measles outbreak (through a DREF of February to April 2014) which recorded approximately 5,000 cases with 3,000 in Conakry, the Guinean Red Cross has a network of well trained Volunteers and technical staff in terms of community mobilization, case reporting and porting cases technique of. A refresher training will be sufficient to help them respond to a new outbreak in the areas previously affected areas. The lessons learned from that operation are as follows:

- Strong involvement of local authorities and religious leaders is a key success requirement of the campaign.
- A cristal clear difference between the urban and rural mobilization strategies is crucial for availability of household and commitment of those households into the participation of the vaccination campaign.
- Daily collection of feedbacks from households pertaining to areas likely to be hostile is necessary; feedback be used to bring them around to adhering the campaign
- All these lessons learned will lead us to a successful social mobilization.

In the affected areas, the volunteers of the Guinean Red Cross have already started to refer suspected cases to health centers

Overview of Red Cross Red Crescent Movement in country and Movement Coordination Overview of non-RCRC actors

The National Coordination of the fight against Ebola, which further became the National Agency for Health Safety has coordinated response activities. It ensures continuous delivery of activities by monitoring all diseases with epidemic potential in Guinea. The National Agency for Sanitary Security as is an independent

organ supported by the partners to implement activities. It is also tasked to coordinate the platform of all actors including Médecins Sans Frontières, WHO, CDC, UNICEF, CRF, CRG, IFRC, EXPERTISE France, UNDP, UNFPA, UNAIDS, WFP and all national partners. The ANSS convenes weekly meetings. But since the declaration of measles in Guinea, it holds partners meetings.

Médecins Sans Frontières, WHO and UNICEF envisage to provide assistance to the Ministry of Health within the upcoming weeks for the vaccination campaign. MSF plans to conduct the immunization campaign in the region of Conakry (in the districts of Matoto, Ratoma and Matam). ALIMA promised to cover measles case management during the vaccination campaign in Nzérékoré, UNICEF, CDC and WHO pledge to support the Ministry of Health in vaccine supply.

The Ministry of Health which already had 195,000 doses of vaccines, pledges for vaccines mobilization from partners and countries of the subregion to cover national needs. As vaccines are available and given the magnitude of the outbreak, the Ministry has decided to start the campaign in the "Région Spécial de Conakry" and the prefecture of N'Zérékoré (areas with greater number of cases and poor community mobilization).

The Guinean Red Cross plans to work with the Ministry of Health and partners including MSF, WHO and UNICEF to undertake community mobilization activities through this DREF operation. The immunization campaign will be held in mid-March, therefore the social mobilization campaign has to start in the beginning of March. This also requires to start as soon as possible the mobilization of the volunteers and make the necessary preparations for the campaign. Five hundred thousand vaccines have been mobilized for the vaccination campaign, and the social mobilization campaign will be run by 360 volunteers for a period of 10 days. After the vaccination, a second campaign to identify children with measles symptoms will be implemented by 60 volunteers for a proper referral of suspect cases to health facilities, the activities will also be supported by 33 volunteers as community based supervisors.

Guinean Red Cross, UNICEF, Guinean government via the MoH with respective mandates, have been all working together to elaborate a "Social Mobilization Plan" in order to respond adequately to the measles campaign and other humanitarian challenges. While the Red Cross has been assigned to cover (1) Social mobilization in target communities, (2) Active case finding or tracing of suspect cases and (3) deployment of the Red Cross mobile radio in (areas not cover by regular radio stations), UNICEF will be covering any issue related to (1) Government's compliance and full support to the programme through lobby and media campaigns. UNICEF will also take the lead during inauguration campaigns.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Need assessment

Guinea has just recovered from Ebola Virus Disease and the community has barely forgotten the harm associated to that outbreak. Health facilities have been shunned by the populations. In order to address the needs of the persons affected and cope with the additional risk associated to measles in other districts, a strong mobilization aimed at rallying populations of districts affected and meant to support vaccination campaign through information sharing on measles (Origin, symptoms and transmission) will be held. The campaign will also provide information on how vaccination protects children from the virus. In view of the number of vaccines available (195,000 doses provided by the Ministry of Health and 500,000 from MSF), finding additional vaccines to cover the number of children targeted by the Ministry of Health is necessary.

Beneficiary selection

In order to break the chain of transmission of the measles outbreak, this operation aims to support the vaccination campaign to ensure that all children from 6 months to 14 years located in the affected districts, regardless of their immunization status, will be vaccinated against measles. Taking into account vaccines available and the magnitude of the outbreak, the Ministry decided to start the campaign in both the "Région Spécial de Conakry" and Préfecture of N'Zérékoré (areas with increased number of cases where mobilization fails). These areas have been strongly affected by the outbreak of the EVD With strong community resistance. The strategy of the Red Cross mobile radio station failed to eradicate the latest Ebola outbreak in Koropara (one of the sub-prefecture of Nzerekore).

The vaccination campaign will target the entire country (according to the Ministry of Health) and will start with the most affected health districts (Matoto, Ratoma, Matam, Dixinn, Kaloum – in Conakry, N'Nzérékoré, Dubreka, Kindia, Coyah, Forecariah, Fria And Gueckedou). A total of 3,641,282 children will be vaccinated during the campaign.

Zones	Population	Number of households	Target population for vaccination
Conakry	1,660,973	236,771	714,218
Nzerekoré	396,949	60,970	170,688
Gueckedou	290,611	45,455	124,963
Dubreka	330,548	45,650	142,136
Coayh	263,861	35,892	113,460
Kindia	439,614	62,872	189,034
Fria	15,784	96,700	6,787
Forecariah	242,942	32,716	104,465
Total	3,641,282	617,026	1,565,751

At this point of the time, the Guinean Red Cross through this DREF will target the highly affected areas (Région Spéciale de Conakry and Préfecture of Nzérékoré) by supporting the campaign with activities including social mobilization, intensive surveillance of measles cases and community based awareness raising

Distribution of the target populations of the area for this response phase

Areas	population	Households	Target Populations
Conakry	1,660,973	236,771	714,218
Nzerekoré	396,949	60,970	170,688
Total	2,057,922	297,741	884,906

It is also planned that social mobilization campaign will be conducted in Gueckedou, targeting 124,963 people, once the vaccines are available.

Risk assessment

Failure to carry out social mobilization related activities would have been the anticipated risks hampering operation implementation. This would have happened if the training of volunteers was not conducted timely and IEC materials not produced. The Guinean Red Cross aims to mitigate this risk by starting the training early, identifying volunteers and getting every partner ready before the takeoff of the vaccination campaign that will start mid-March 2017.

The prefecture of Nzérékoré bordering Liberia and Côte d'Ivoire is a huge risk of contamination given the migratory flow. According to the National Agency for Health Safety, cases were reported in Liberia.

A rapid control measles outbreak is urgent before hot months season as heat remain the main cause for rapid spread with possible combination with meningitis which is recurring in guinea and often associated with malnutrition.

Planning case scenarios

Following the decision by the Ministry of Health to vaccinate every child aged 6 months to 14 years throughout the country, making 43% of the Guinean population, or around 5 million children, based on vaccine availability, a stepwise response approach will be preferred.

- Phase one: jointly with every each partner, the Guinean Red Cross endeavours to support the vaccination campaign through social mobilization in Nzérékoré and Conakry as requested by the National Agency for Health Safety (Ministry of Health).
- Phase two: based on vaccines mobilization, the plan will be updated accordingly to support the vaccination campaign in other affected areas.

B. Operational strategy and plan

Overall objective

Support the public immunization campaign through social mobilization activities, jointly coordinated by the Ministry of Health and partners, improve intensive research of measles cases and report in Conakry, Nzérékoré and Gueckedou.

Proposed strategy

The proposed strategy by the Guinean Red Cross within the immunization campaign focuses on social mobilization activities and partnering with other stakeholders such as MSF and UNICEF. In that respect, the DREF supported operation will contribute to the reduction of measles-related morbidity and mortality. Should the activities be less than anticipated, any unspent funds will be returned to the DREF.

The operation strategy will heed attention on training of volunteers within communities affected on measles recognition and prevention techniques, deployment of the Red Cross mobile radio station in localities with poor communication infrastructure and poorly covered through community-based approach. Following the training of volunteers, to support immunization campaigns, volunteers will ensure house to house follow-up and carry out awareness raising activities within the community. Mass awareness campaigns will be conducted.

The planned social mobilization strategy will be delivered at three levels:

- Prior vaccination campaign, volunteers will ensure house-to-house follow-ups:
 - ✓ To identify children
 - ✓ Share information both on the disease and the vaccination sites
- During the campaigns, volunteers will carry out mass awareness campaign using megaphones and mobile radio. They support preparation of immunization sites and active search for suspected cases
- Post campaign, volunteers will keep on ensuring active search for suspect cases and Advert Event following Immunization. The action plan is validated by the National Agency for Health Safety in charge of coordination of responses against the outbreak;

Supported by IFRC, the Guinean Red Cross carries out community-based surveillance activities and has developed tools to that end. This is why it is important to complement surveillance activities through this response deemed to be a logical follow-up of community-based surveillance.

Operational support services

Human Resources

The Guinean Red Cross aims at involving 360 volunteers in the target 6 health districts to run social mobilization activities. Sixty (60) volunteers will be involved in active surveillance, together with 33 volunteers as community-based supervisors. Six volunteers from NDRT team and the head of the health and care department from the Guinean Red Cross will assist the volunteers during the social mobilization campaign. Every volunteer participating into social mobilization activities will receive the measles vaccine and will benefit a health insurance coverage. The Guinean IFRC Office is asking for surge capacity from IFRC regional office in Nairobi to provide technical support to the operation.

This DREF allocation will cover the following human resources in this operation:

- Three hundred and sixty (360) volunteers conducting the social mobilization campaign

- Sixty (60) volunteers (10 per community) 33 volunteers as community based supervisors will conduct the second phase for surveillance
- Six NDRT members
- Head of GRCS health department
- One surge capacity from IFRC to be deployed to conduct regular monitoring visits to follow up the implementation and the expenditures.

Logistics and supply chain

The Guinean Red Cross will use 7 vehicles from its fleet for this operation, one vehicle per community and one for the headquarters for monitoring and supporting the implementation of the operation. A logistical support will be provided by head office. The logistics department will purchase 120 megaphones and make 453 vests. Awareness tools will be produced.

Information Technologies (IT) :

The Guinean Red Cross enjoys a VHF radio coverage in all affected districts. It will allow uninterrupted access to communications in case of telephone outage.

Communications :

During the operation, the Visibility of the Guinean Red Cross volunteers' work will be ensured through the media and IEC materials (vests, leaflets and posters etc). The management team of the Guinean Red Cross will periodically inform the authorities and the public about the progress of the operation. IFRC will provide regular updates of the operation.

Planing, Monitoring, Evaluationn and reporting (PMER) :

The Guinean Red Cross, in close collaboration with the IFRC office in Guinea, will monitor progress of the operation and provide necessary technical expertise. Monitoring and notification of the operation will be ensured by the Guinean Red Cross. Short weekly updates will be provided to IFRC Guinea on the overall progress of the operation.

Monitoring visits will be conducted by IFRC Guinea office and the NS headquarter to see the implementation of the social mobilization campaign, to oversee the distribution of per diems, and to follow-up on the financial and administration requirements. A workshop of lessons learned will be conducted at the end of the operation in order to capture the added value of the responses by the Guinean Red Cross

Administration and finances :

The Guinean Red Cross has a permanent administration and finance department that guarantees appropriate use of financial resources in compliance with the terms and conditions set out in the Memorandum of Understanding signed between the National Society and IFRC. Management of financial resources shall comply with IFRC regulations and DREF guidelines.

The NS is exploring opportunities to pay the volunteer per diem through mobile money to ease follow up and reporting on financial procedures. In addition, IFRC procedures will be applied to the process of expenditure justification and shall be compliant to the Memorandum of Understanding.

This DREF will not bear standard permanent costs. It will only cover for additional costs incurred during the 3 months of the operation.

C. DETAILED OPERATIONAL PLAN

Needs assessment :

Following the measles outbreak, the primary needs to be covered by the Red Cross are basically sensitization campaigns aim at immunizing children and sensitizing vulnerable populations in measles prevention techniques along with UNICEF, WHO and MSF which are already providing support to the Ministry of Health through vaccination campaigns. The community awareness activities for the campaign remain one of the major challenges to respond to this outbreak.

Target population:

The target population in the campaign is persons aged 6 months to 14 years composed of

- Children from 0 to 23 months to receive other antigens (BCG, Pentavalent, VAR, OPV) of the routine EPI. routine vaccinal status be taken into account.
- For Vitamine A supplementation: children aged from 6 to 59 months
- For deworming: children from 12 to 59 months

Children aged from 6 months to 14 years represent 43% of the overall population.

Outcome 1: The operation provides quality assistance to reflect the needs of the affected population													
Output 1.1: GRCS is able to mobilise its resources for the social mobilization campaign and ensures accountability to programming is followed													
Panned Activities	Week/Month	1	2	3	4	5	6	7	8	9	10	11	12
Procurement of IEC materials (megaphone, vest, posters, batteries)													
Support mass vaccination campaign with 360 volunteers per social mobilization in coordination with the Ministry of Health, UNICEF, WHO and MSF													
Conduct a lesson learned workshops													

Health and Care

Outcome 1: Immediate risks to health of affected population affected is reduced													
Output 1.1: Improved children health (aged from 6 months to 14 years old) during vaccination campaigns through social mobilization activities during vaccination campaign against measles													
Panned Activities	Week/Month	1	2	3	4	5	6	7	8	9	10	11	12
Identify families with children and ensure house to house visit prior vaccination campaign in order to disseminate informations on the importance of vaccination and the upcoming campaign in 6 communities													
Train 360 volunteers in measles recognition and prevention techniques along with social mobilization methods													
Develop awareness raising messages for vaccination campaign and social mobilisation activities													
Post vaccination campaign, ensure community based visits to encourage unvaccinated children to visit health centers													
Outcome 2: Enhanced community-based surveillance and measles case reporting in the other districts which recorded increase in measles cases													
Output 2.1: Strengthening measles surveillance with referral to health facilities													
Planned Activities	week / Month	1	2	3	4	5	6	7	8	9	10	11	12

Train 60 volunteers in measles surveillance and referral														
Identify households with unvaccinated children through house to house follow-ups														
Ensure active surveillance and start identification of measles cases and refer patient to health centers														
Develop a precise mapping of the intervention zone for active surveillance interventions														
Share information with health officials														

Budget

See attached budget

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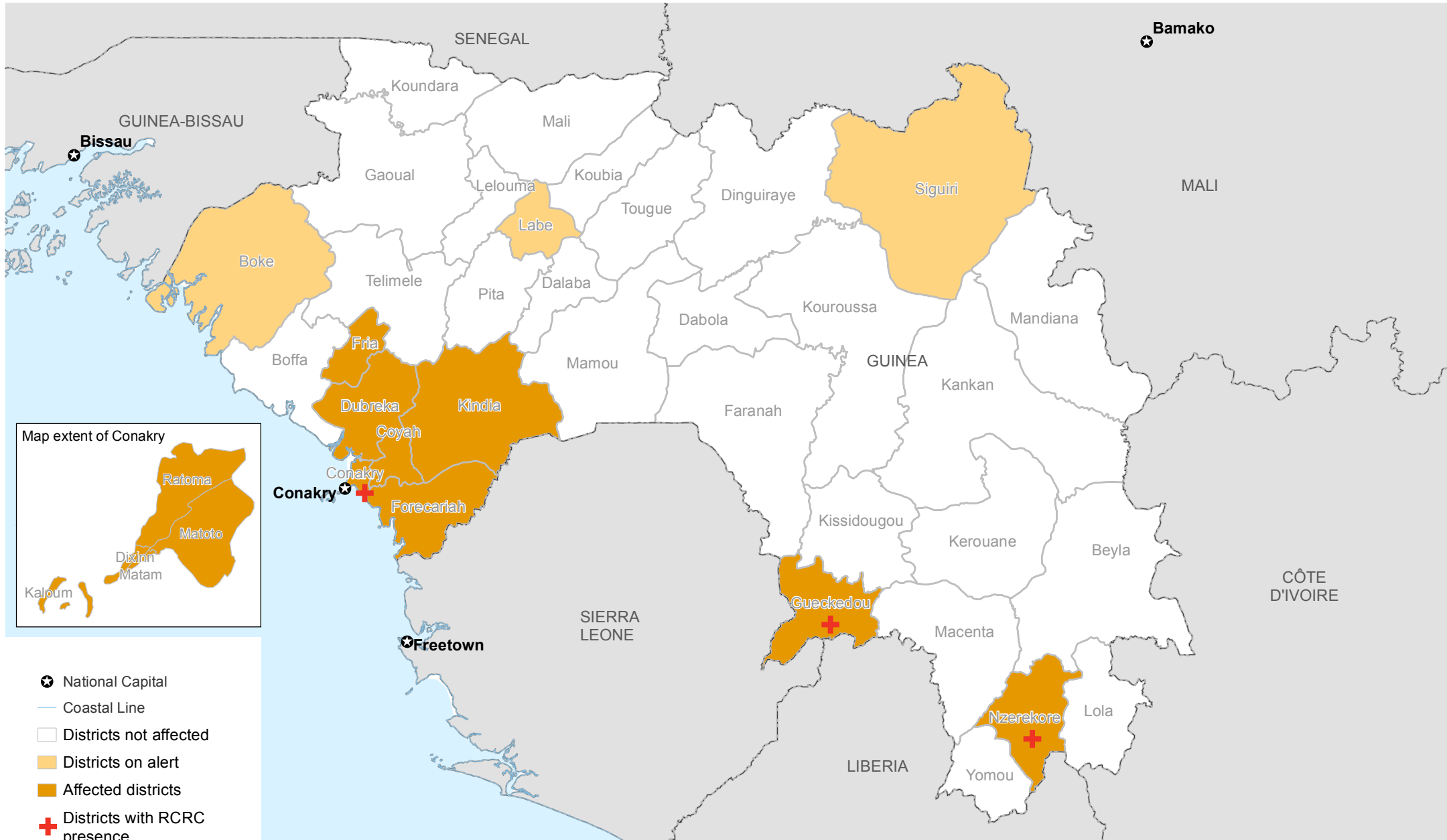
The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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.

Budget Group	DREF Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	2,589
Ustensils & Tools	0
Other Supplies & Services	69
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	2,658
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	12,666
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	12,666
International Staff	7,000
National Staff	0
National Society Staff	17,883
Volunteers	23,211
Total PERSONNEL	48,094
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	17,046
Total WORKSHOP & TRAINING	17,046
Travel	3,776
Information & Public Relations	5,056
Office Costs	1,780
Communications	1,618
Financial Charges	270
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	12,501
Programme and Supplementary Services Recovery	6,043
Total INDIRECT COSTS	6,043
TOTAL BUDGET	99,008



Guinea: Districts affected by Measles outbreak as of Week 5, 2017



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.