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Emergency Plan of Action Final Report

Guinea: Measles

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation GUINEA - MEASLES	Operation No. MDRGN009; Glide No. EP-2017-000022-GIN
Date of issue: 21 September 2017	Date of disaster February 8, 2017
Operation manager (responsible for this EPoA) Daniel Sayi	Point of contact Dr Facély Diawara, Head of Health and Community Care Department
Operation start date: February 23, 2017	Expected timeframe: May 23, 2017
Overall operation budget: CHF 99,008	
Number of people affected: 3,641,282 people	Number of people to be assisted: 1,565,751
Host National Society presence: 439 volunteers, 10 staff and 6 branches	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant):	
Other partner organisations Actively Involved in the operation: Ministry of Health, CDC, UNICEF, WHO and MSF	



A. Situation analysis

Description of the disaster

Guinea experiencing a measles outbreak, officially declared on February 8, 2017. A response plan was put in place by the National Health Security Agency (NHSA) and partners. It was decided to target children from 6 months to 10 years in 31 health districts. The reasons for the choice of these zones to respond are as follows:

- the speed of propagation of the epidemic in the different districts of the country keeps increasing; the imminent approach of the dry season (March) that promotes the spread of measles;
- the highly contagious character of the disease ($R_0 > 15$);
- the large number of districts bordering other countries (Guinea-Bissau, Sierra Leone, Mali, Liberia and Côte d'Ivoire) with major risk of spreading to these countries if the epidemic is not controlled in Guinea;
- high population movements in the country that favour/facilitate the spread of the disease;
- The likely underestimated number of cases and deaths due to the weakness of epidemiological surveillance. Although the NHSA is efficient through its impressive indicators (100%) and timeliness (87%), we should say that this surveillance is not exhaustive because private entities are not integrated in the surveillance. Health posts do not necessarily report to the health centres located in their health zones. A lot of discrepancies have been found on the ground where the quality of data transmitted from the lower levels to the NHSA is questioned;
- The fragile target population (child mortality and malnutrition among children under 5 years is significant, insufficient national vaccine coverage estimated at 63% and uneven in the different districts, partial suspension of routine EPI during the Ebola outbreak) and limited access to health facilities, in a post-Ebola context.

Due to lack of financial, material and logistics means to deal with the epidemic synchronously in the 31 health districts, the Ministry of Health through the NHSA decided in accordance with its TFP¹ to go step by step where the Nzerekore region was the first before that of the 05 municipalities / communes of Conakry.

In the prefecture of Nzerekore, 738 suspected cases were reported with 5 cases confirmed by the laboratory and nearly 700 cases confirmed by epidemiological link. This makes this zone the epicentre of the epidemic. Therefore, the Ministry of Health and its partners decided to conduct a vaccination campaign against measles coupled with the administration of vitamin A and mebendazole particularly in the health district of Nzerekore.

It is in this context that the Guinean Red Cross with financial support from the IFRC through the DREF measles 2017 decided to support the Ministry of Health specifically for the implementation of communication / social mobilization activities and active search of suspected cases in the community.

For this social mobilization campaign in the fight against measles, the key actors were the Guinea Red Cross (GRC) / IFRC and UNICEF.

Summary of response

To better carry out this awareness campaign operation, the GRC with the support from IFRC mobilized 410 volunteers, 10 supervisors, 2 National Disaster Responses Team members (NDRT), 1 focal point (Assistant to the health department). Under the supervision of the head of health department, volunteers achieved the social mobilization objectives. After 12 training sessions in collaboration with other stakeholders (UNICEF, NHSA ²AGIL MSF), volunteers equipped with communication tools (megaphones, flyers, etc.) carried out on average 09 days of activity.

A total of 153,787 households were visited by social mobilization volunteers for a total of 634,331 people reached of which 383,008 women. Volunteers, through social mobilization referred 2,563 suspected cases of measles to the nearest public health facilities and 298 cases met the definition of measles' cases and have been treated by trained health workers.

During these home visits, 173 cases of refusal were reported and resolved through the involvement of stakeholders (Social mobilization volunteers, health workers, community leaders and local authorities).

In Conakry, beyond home visits, social mobilization volunteers (GRC volunteers) contributed to the resolution of community mobilization issues. A team of 5 persons worked with the mobile radio within the 7 localities not covered by the 4 radio

¹technical and financial partner

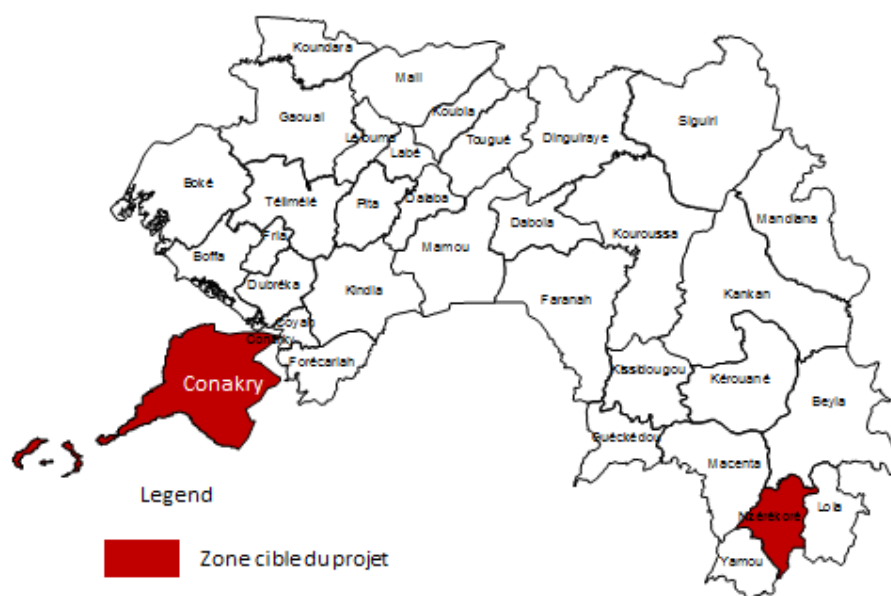
²National Health Security Agency

stations in Nzerekore (See table in Annex). After 11 days of work, the mobile radio team could do 64 interviews, 110 roundtable talks, 224 spot broadcasts, 40 magazines, 177 folklores, 36 interactive programmes, 29 debates / discussions and 119 media hypes.

Despite all the difficulties faced on the ground, the GRC / IFRC with the mobile FM Radio Kolépounou conducted various activities to enhance the knowledge of communities for better mobilization of the community for the fight against this measles epidemic.

B. Operational strategy and map

Following the decision of the Ministry of Health to vaccinate all children from 6 months to 10 years across the country, which is 43% of the Guinean population, about 5 million children, our intervention approach was linked to availability of vaccines. The GRC in coordination with all partners supported the vaccination campaign through social mobilization in Nzerekore and Conakry as requested by the National Health Security Agency (Ministry of health).



Main objective

To support the mass vaccination campaign through social mobilization activities in coordination with the Ministry of Health and partners while improving the active search and reporting of cases of measles in Conakry and Nzerekore.

Proposed strategy

The strategy of the Guinean Red Cross is to lay emphasis on social mobilization activities in partnership with other stakeholders in the vaccination campaign. With this, the operation supported by the DREF contributed to the reduction of morbidity and mortality related to measles. The operational strategy focused on training volunteers in affected communities for them to know how to recognize and prevent measles. Mobile radio was deployed in areas not covered by other radios.

After training, they conducted door-to-door visits and have implemented community awareness campaign activities. Mass sensitization campaigns were also organized.

The planned social mobilization strategy was undertaken at three levels:

- Before the vaccination campaign, volunteers went door-to-door to identify children, and provide information about the disease and the vaccination sites.
- During vaccination campaigns, volunteers carried out mass awareness campaign through megaphones and mobile radio. They supported the organization and preparation of vaccination sites and active search for suspected cases.
- After the campaign, the volunteers re-searched for cases and Adverse Events Following Immunization (AEFI).



Operational Support Services

Human resources

The Guinean Red Cross mobilized 410 volunteers in the 6 health districts targeted for social mobilization activities including 60 volunteers for active surveillance, 10 volunteers were used as proximity supervisors. The volunteers were supported by 2 volunteers from the NDRT team, 2 focal points for the supervision of activities in Nzérékoré and Conakry. The head of the health department of the Guinea Red Cross coordinated the operations.

Logistics and Supply Chain

The Guinea Red Cross used 9 vehicles of its fleet for this operation on the basis of 1 vehicle per community and the logistical support was provided by headquarters. The logistics department purchased 120 megaphones and made 500 vests. All the purchase operations of these supplies were carried out according to the IFRC procedures.

Information technology (IT)

The Guinea Red Cross staff and volunteers used phones and the Internet for the various communications.

Communications

The visibility of the work of volunteers of the Guinea Red Cross has been assured during the operation through the media and the visibility materials (vests, flyers and posters). The head of health department of the Guinea Red Cross periodically informed authorities and the public of the progress of the operation.

With the support of the communication and social mobilization team, the four radio stations operating in Nzerekore (Rural Radio, BTA FM, Pacific FM, Zaly FM, and Liberty FM) finalized the development of the media plan. As of March 9, 2017, it was the arrival of the GRC mobile radio that defined its route during the campaign against measles in Nzerekore. The 4 local radios mobilized to support the campaign held a briefing session with the Head of the Mobile Radio of the Guinea Red Cross. At that meeting, the media plan, spots, folklore of the land were shared. The route and mode of reporting of the mobile radio activities were defined: spots broadcast, coverage of the launch of the campaign, roundtable discussions in French and local languages (Kpelle, Konia and Manon), and street interviews.

Planning, monitoring, evaluation and reporting (PMER)

The Guinea Red Cross, working closely with the office of the IFRC Guinea, monitored the operation's progress and provided the necessary technical expertise. Monitoring and notification of the operation were undertaken by the Guinean Red Cross. Brief weekly updates were provided to the IFRC Guinea on the overall progress of the operation.

A workshop of lessons learned was planned at the end of the operation to appreciate the added value of the intervention of the Guinean Red Cross but unfortunately it was not held.

Administration and Finance

The Guinean Red Cross has a permanent administration and finance department that guaranteed the appropriate use of financial resources in accordance with the terms and conditions established in the Memorandum of Understanding between the National Society and the Federation. The management of financial resources was consistent with the IFRC and DREF regulations and guidelines. In addition, IFRC procedures have been applied for the justification process of expenditure in

accordance with the Memorandum of Understanding. Two reports on the activities in Nzerekore and Conakry were prepared.

Security

Throughout the entire operation no security incidents were reported.

C. DETAILED OPERATIONAL PLAN

In Nzerekore Prefecture

As stated in the framework of the response to the measles epidemic, many actions were carried out before the actual immunization campaign. These actions are: coordination, advocacy, social mobilization, capacity building, local or proximity communication (deployment of social mobilization volunteers) and the launch of the campaign.

a) Supervision of social mobilization activities

To maintain the quality of the intervention, the head of the health department carried out a supervision mission to support the two focal points of this operation and the 10 proximity supervisors. This mission allowed the monitoring of the implementation of activities; assessment of the level of provision of equipment to teams on the field at all levels; the taking note of the actual number of mobilization volunteers, supervisors and NDRT members; and maintenance of the GRC commitments for social mobilization.

Under the proximity supervision, the seven GRC supervisors have been deployed for the compilation of data and specific support. They supported the heads of health centres, authorities and community leaders in the organization of social mobilization meetings, training of social mobilization volunteers; monitoring daily mobilization volunteers; the reception and support to parents to vaccinate their children, management of refusals, compilation and reporting of data on communication and social mobilization activities. Supervision tools have been designed for this purpose.

b) Capacity building of social mobilization volunteers

Volunteers were trained in social mobilization techniques, and knowledge of the disease. The training was based primarily on the Interpersonal Communication (IPC), filling the tools on data collection of mobilization, share experiences on the management of actual cases of refusal, behaviour within household, date of vaccination, target, strategy, and the disease against which the vaccination is administered.

c) Training of GRC supervisors and social mobilization Volunteers

The training activities for the 410 volunteers were conducted in two phases. The first phase consisted of training GRC health officials for municipal committees of the five communes of Conakry and the local committee of the Rural Commune (RC) of Nzerekore who were supervisors plus the 2 NDRT members. In the second phase, these supervisors in turn trained their social mobilization volunteers following a well-developed plan.

d) Training social mobilization volunteers

According to the schedule produced by the participants in the training of supervisors-trainers, each committee organized this training on measles in their respective committees. In parallel, these training series were launched in Nzerekore and the five communes of Conakry region conducted by the 10 supervisors and their material in accordance with the harmonized calendar with the different actors of the response at the Health Department of the City of Conakry (DSVCO) unit coordinating the response.

The various partners composing of the GRC, UNICEF, IOM, AGIL, MSF chaired by the DSVCO and NHSA set up a supervisory system in the different sites of training to observe the quality and effectiveness of training modules of social mobilization agents.

During the training, the social mobilization agents were equipped with the key messages on the disease and training were focused on practical cases with course materials.

The methodology used was more participatory such as: social mobilization techniques, knowledge of the disease (signs, modes of transmission, factors of spread ...). The training was primarily based on the Interpersonal Communication (IPC), filling tools of data collection on mobilization, sharing experience on the management of actual cases of refusal, behaviour to put up in a household, date of vaccination, target, strategy, the disease against which vaccination is administered and invite everyone to get the children concerned vaccinated. Discussions, training exercises and role play helped participants to better understand the modules and know how to rephrase them in a more accessible language in their localities.

e) The Coordination of Communication and Social Mobilization Commission

A communication and social mobilization functional commission composed of the governmental side, partners (the Guinean Red Cross, UNICEF, AGIL, and other media). The Commission's objective was to coordinate communication / social mobilization activities in terms of health support activities.

f) The Communication Commission carried out the following activities

Bilateral meetings with several partners involved in the health sector: The partners met included the International Organization for Migration (IOM), World Health Organization (WHO) Regional Office at Nzerekore and the Prefectural Direction of Health (PDH). Discussions focused on the response to the measles epidemic in the PDH of Nzerekore with focus on the involvement of social mobilization volunteers (which exist in the villages for the surveillance of potentially epidemic diseases) and volunteers of the GRC for a synergistic action among the various partners in the field of health to avoid any overlap on the field and the supervision of communication and social mobilization activities. A total of nine (09) meetings were held.

Participation in meetings of the response committee to the measles epidemic: Every day at 05:00 pm, the communication commission participates in the meeting of the response committee against measles and presents the activities of the day.

g) Advocacy with UNICEF support

To obtain the agreement, the involvement and support of decision-makers, actions (meetings) were held in terms of advocacy. The advocacy meeting at regional level: it was organized on March 7, 2017 in the meeting hall of the Nzerekore prefectural library with about 85 attendants. The meeting grouped His Excellency the Governor of the region, 07 prefects (the 06 prefects of the Nzerekore region and that of Kissidougou), 10 Sub-prefects of Nzerekore prefecture, representatives of the 10 sub-prefectural committees of the Guinea Red Cross, the Mayor of the urban commune, the 10 Mayors of the rural communes, the different leaders (religious and community), representatives of women's associations, representatives of the 04 radio stations in Nzerekore and the mobile radio of the GRC, GRC volunteers, representatives of civil society, representatives of the various decentralized services of the state at the regional level and the technical committee.

The Organization of social mobilization meetings in the Health Centres (HC) of the health district of Nzerekore. The 16 Health Centres (HC) organized social mobilization meetings. These meetings were attended by all strata of society (youth leaders, women, the Sages), village heads, neighbourhoods and communities. The objective being to mobilize all households to immunize target children (6 months to 10 years). All these meetings were held under the authority of the sub-prefects, city mayors and councils, special delegations and heads of Health Centres.

h) Proximity communication for vaccination

To enhance the quality of interpersonal communication, 10 social mobilization proximity Supervisors were deployed on the ground. They provided training-supervision of the social mobilization volunteers, to continue advocacy at community level to generate the support of community leaders and chiefs of village for the vaccination campaign.

i) Campaign Launch

In Nzerekore, the launching ceremony was held on March 12, 2017 in the hideout of the Health Centre "Commercial" and specifically in a school. It happened under the patronage of the Cabinet Director of Nzerekore region Governorate, representing His Excellency the Governor who was not chanced at the time.

j) Continue home visits

A total of 21,863 households were visited by social mobilization volunteers for a total of 96,118 people reached among which 52,689 women. Social mobilization volunteers referred 302 suspected cases of measles to the nearest public health facilities. Following consultations, 260 cases met the definition of cases and were treated by trained health workers. During these home visits, 57 cases of refusal were reported and resolved through the involvement of stakeholders (social mobilization team members, health workers, community leaders and authorities).

In addition to home visits, the social mobilization agents (GRC volunteers) contributed to the resolution of community engagement issues. Incidents caused by some individuals and a village chief who influenced the indifference of the community in the response activities, and the insufficient mobilization of parents in the Central zone of Samoé).

In light of this, an educational talk was organized in the village of Kpélignéhoun (health centre of Samoé) with members of the District Council on the mobilization of households for immunization against measles. Following this event there was a high turnout in mobilization of the said community. In Yalenzou, the GRC social mobilization volunteers with the support of the school Director, the District Chairman solved the issue of rumours on the vaccination against measles. All target students in this primary school were vaccinated.

k) Sensitisation through the mobile radio

As part of mass communication, Guinean Red Cross mobile radio provided effective support that contributed to the success of the campaign. For information on a large scale, the GRC mobile radio generated media hype about the campaign through the media plan developed for this purpose.

Production and distribution of programmes (spots, roundtable, street interviews, and interactive broadcast) by the mobile radio of the Red Cross in the 9 sub-prefectures of Nzerekore. The results of activities of the radio are as follows:

Table 2: Summary of programmes produced and broadcast by the mobile radio

Interviews		Round table	spot	Magazine	Street interview	Folklore	Interactive programme	Discussion / debate	Media Hype
64		110	224	40	142	177	36	29	119

I) Strengthening Advocacy / School Strategy

Social mobilization supervisors after finding the remoteness of some schools with regards to vaccination sites, a meeting was held with the prefectural director of education to strengthen advocacy for a strong involvement of the three School Delegates for Elementary School (SDES) of the urban commune for the deployment of semi-mobile vaccination teams in schools.

Following a meeting with the Prefectural Director of Education (PDE), 36 prefectural officials of education came together for consultation under the facilitation of partners (UNICEF, GRC DRASPFE) in the PDE meeting room in Nzerekore for the support to SDES in strengthening the mobilization of parents and students as part of the response to the measles epidemic especially in the urban commune.

In Conakry Zone

Social mobilization campaign

As a reminder, 325 social mobilization volunteers of the GRC were deployed on the field. During the 9 days of activities (2 days before and 7 days during), these volunteers were mainly on home visits from 6 to 17 April 2017 in Conakry. A total of 131,924 households were visited by social mobilization volunteers for a total of 538,213 persons reached among which 330,319 women. Social mobilization volunteers referred 2,261 suspected cases of measles to the nearest public health facilities. After consultations 38 cases responded to the case definition and were treated by trained health workers. During these home visits, 114 cases of refusal were reported and resolved through the involvement of stakeholders (mobilization volunteers, health workers, community leaders and authorities).

In addition to home visits, the actors of the social mobilization (GRC volunteers) contributed to solving problems of community engagement.

In Dabondy community Makia Toure neighbourhood, a 5-year-old unvaccinated girl living with her aunt was seen by the supervisor on the ninth day of the campaign. The reason according to the aunt was that the responsibility to vaccinate a child that is not hers is very heavy, so she cannot take decide to vaccinate her. After a long and deep discussion with her, the supervisor took the phone contact of the girl's father. Finally, the man delighted allowed his sister to immediately let the child be vaccinated.

Strength

- Strong mobilization and involvement of authorities (administrative and community), leaders (religious and community), decentralized services of the State (Social Action, PDE) in mobilizing parents to vaccinate their children;
- Good motivation and commitment of GRC volunteers;
- Good involvement of the GRC mobile radio to ensure coverage before, during and after the campaign;
- Massive adhesion of population to the various interventions of the campaign (vaccination, administration of Vitamin A and Mebendazole);
- Oversight field visits by the head of the health department of the GRC in Nzerekore and Conakry;
- Dynamism and work in synergy of communication partners in the communication commission / social mobilization;
- Resolution of all reported cases of refusal and referral of suspected cases to nearest health facilities;
- Mobilization of communities and authorities at all levels in most health areas;
- Distribution of visibility materials to the GRC volunteers;
- Presence and effective support to the joint supervision teams composed of the district representative and partners that identified problems on the ground and took the necessary corrective measures;
- Prompt and proactive in solving problems facing the mobilization

Points to improve

- The delay in setting up some vaccination teams on the sites;
- The cessation of vaccination in other sites due to lack of vaccination input;
- The case of high reluctance due to religious belief in the commune of Ratoma;
- Reduction of the number of teams in the urban area and the wrong choice of the location of the vaccination sites.

Lessons learned

- Setting up a coordination platform of the response at the Health Department of the City of Conakry (DSVCO3) before the campaign;
- Capitalising and managing daily data of the campaign including the situation report (SITREP).
- Holding daily review meetings on the response at the Health Department of the City of Conakry (DSVCO) by stakeholders

D. THE BUDGET

The total budget for this DREF was CHF 99,008 which **CHF 82.057** was spent. The balance to be returned at the end of this operation is **CHF 16.951**.

Explanations of variances

- "International staff" has a balance of CHF 2,866 explained by the fact that the deployed person also involved in other operations that accepted to share the deployment costs.
- "Workshops and training" has a balance of CHF 3,443 explained by the non-holding of the "lessons learned" workshop due to time constraint.
- "National Society staff" has a balance of CHF 8,901 explained by the fact that only 2 NDRT members were used instead of 6 planned. Only 10 supervisors were used instead of 33 as expected. The other partners had supervisors who played this role so we found it was not necessary to have more NDRT and supervisors.

Contact information

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[click here](#)

1. Revised Emergency Appeal budget (if needed) [below](#)
2. [click here](#) to return to the title page

³ Health Department of the city of Conakry

How we work

All IFRC support seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in Delivering support 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 maintaining and promoting of human dignity and peace in the world.

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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.

ANNEXE

GLOBAL SUMMARY: VACCINATION CAMPAIGN AGAINST MEASLES - April 2017

Conakry Region

		Number of days												J-1	J11	
		J-1	J1	J2	J3	J4	J5	J6	J7	J8	J9	J10	J11	Total	%	
0	Number of social mobilization volunteers deployed / HC	334	353	334	334	334	334	334	334	334	334	10	10	334		
1	Number of mobilisation volunteers monitored	46	57	57	74	70	68	85	90	100	113	37	29	826		
2	Number of mobilizing volunteers respecting the rules of civility	46	55	55	74	70	66	83	89	100	113	37	29	817		
3	Number of mobilization volunteers giving essential information to households on:	a. Date	46	57	55	74	70	68	85	90	100	113	37	29	824	
		b. Age groups	46	57	55	74	70	68	85	90	100	113	37	29	824	
		c. Services offered (e.g. administration of vaccine, vit. A, mebendazole)	46	57	54	74	70	66	85	90	100	113	37	29	821	
		d. Freeness of services	46	57	55	74	70	68	85	90	100	113	37	29	824	
		e. Strategy adopted (fixed and Advanced)	46	57	55	74	70	66	85	88	100	113	37	29	820	
		f. Targeted diseases (measles)	46	57	55	74	68	68	85	90	100	113	37	29	822	
		Conservation of child immunization card	46	57	53	74	70	68	85	90	100	113	37	29	822	
4	Number of mobilization volunteers presenting the posters to households	5	0	2	1	10	5	1	9	10	21	27	23	114		
5	Number of mobilization volunteers systematically searching for suspected measles cases	46	57	42	67	48	60	85	81	100	113	37	29	765		

6	Number of mobilization volunteers responding satisfactorily to parents' concerns	44	57	57	74	70	68	83	90	100	113	37	29	822
7	Number of mobilization volunteers inviting parents for routine immunization	46	57	55	74	70	66	85	88	100	113	37	29	820
8	Number of mobilization volunteers thanking parents while leaving the home.	46	57	57	74	70	68	85	90	100	113	37	29	826

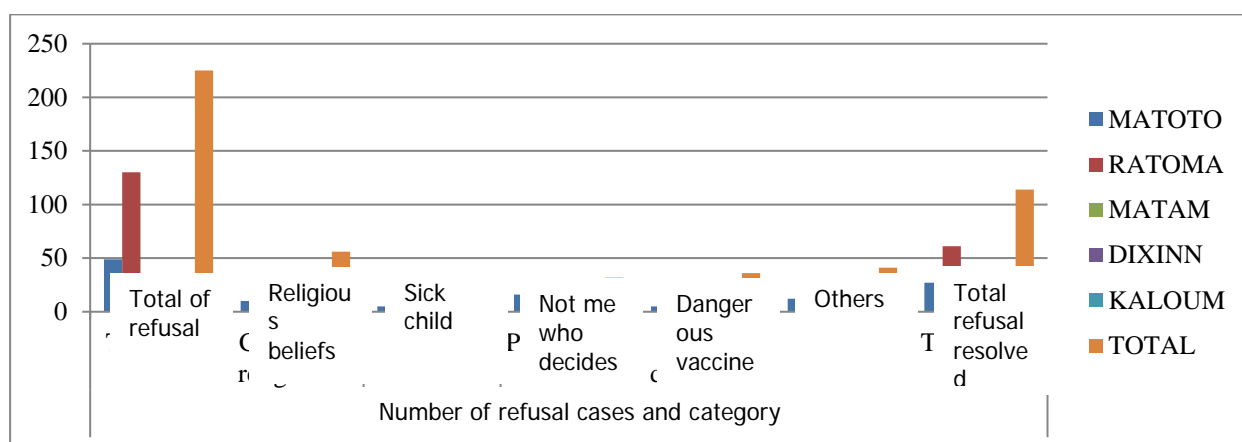
Social mobilization data:

No.	COMMUNE	INDICATORS										
		Number of households visited by Social Mobilization volunteers	Sex of Sensitized persons		Number of measles cases identified	Number of cases of refusal and categories						
			Male	Female		Total rejection	Religious beliefs	Sick child	Not me who decides	dangerous vaccine	Other	Total refusal resolved
1	Matoto	29,021	56,260	90,259	663	49	10	5	16	5	12	27
2	Ratoma	60,457	65,667	117,089	1,198	130	32	22	8	26	21	61
3	Matam	17,009	33,852	49,122	285	6	0	2	2	0	0	5
4	Dixinn	15,430	28,916	43,232	75	16	5	1	3	2	4	7
5	Kaloum	10,007	23,199	30,617	40	24	9	8	3	3	4	14
TOTAL		131,924	207,894	330,319	2,261	225	56	38	32	36	41	114

- 2- Graphic interpretation of social mobilization data:
a) The visit of households and persons sensitised:

NB: The big difference between the graphs showing the number of people sensitized reflects to the geographical and population density of different cities against the household number and target to achieve regarding the number of volunteers deployed

b) Refusals and categories:



NB: Compared to other municipalities, 57.77% of refusals were reported in the commune of Ratoma and specifically in the categories of: religious belief (14.22%); dangerous vaccine (11.5%), sick children (9.77%); other (9%); not my decision (3.5%).

The situation of the communes

LOCATIONS	Registered Population 2014 projected for 2017	Operational Population	TARGET Population
Conakry	1,836,727	2,288,372	686,512
Kaloum	69,115	86,117	25,835
Dixinn	150,232	187,189	56,157
Matam	158,527	197,525	59,257
Ratoma	721,956	899,557	269,867
Matoto	736,898	918,175	275,452

Key statistics of the vaccination campaign against measles in Nzerekore

Table 1: Statistical situation of social mobilization campaign against measles in Nzerekore

Prefecture	Health Centre	Village	Distance to the Urban commune (km)	N° Of household visited	Number of persons sensitized		Number of measles cases referred	N° of refusal reported and resolved
					Males	females		
Urban community	Soukoura	Nyen	5	1,498	1,664	2,212	30	2
	Horoyah	Horohyah	5	1,574	1,736	2,112	6	0
	Mohomou	Mohomou	2	1,321	1,380	1,787	22	0
	Gonia	Gonia	2	885	1,101	1,252	54	0
	Commercial	Commercial	1	2,451	1,644	2,321	20	0

	Dorota	Dorota	3	2,006	1,922	2,485	9	0
Rural Communes	Gouecke	Gouecke	42	904	2,500	3,325	17	9
	Bounouma	Bounouma	12	885	2,014	2,238	79	0
	Kobela	Kobela	42	990	2,584	3,310	2	0
	Koropara	Koropara	85	2,013	2,448	2,984	0	0
	Koulé	Koulé	42	1,090	2,059	2,662	14	21
	Blade	Blade	52	1,043	1,866	2,559	4	2
	Samoé	Samoé	10	1,529	1,773	2,450	38	16
	Soulouta	Soulouta	9	1,087	1,833	2,284	2	0
	Yalenzou	Yalenzou	15	1,437	1,834	2,522	4	1
Womey	Womey	54	1,150	2,106	2,114	1	6	
TOTAL				21,863	30,464	38,617	302	57

Table 2 Summary of all mobile radio activities for measles campaign in Nzerekore

Sub / Prefecture s	Broadcast	Rebroad ast	interv iew	Roun d table	spot s	Magazin e	Street intervie w	folklores	interactive Program	Discussion	Media Hype	Mobilization		
												Men	Wo men	Chil dren
Koulé	05	09	11	18	12	04	09	08	03	05	07	800	520	200
Koropara	05	07	10	17	21	05	09	64	03	02	39	200	342	50
Gouéké	04	08	13	18	80	00	10	08	03	05	17	200	120	55
Womey	03	09	08	12	48	03	08	10	03	02	10	520	350	200
Soulouta	04	02	03	13	00	06	12	10	12	02	06	135	175	87
Kobela	06	16	06	13	60	19	15	03	01	02	00	490	622	153
Blade	14	14	13	19	04	03	79	74	11	18	40	500	745	50
TOTALS	41	65	64	110	225	40	142	177	36	36	119	2,845	2,874	795

Disaster Response Financial Report

MDRGN009 - Guinea - Measles

Timeframe: 23 Feb 17 to 23 May 17

Appeal Launch Date: 23 Feb 17

FINAL Report

Selected Parameters

Reporting Timeframe	2017/2-2017/8	Programme	MDRGN009
Budget Timeframe	2017/2-2017/5	Budget	APPROVED
Split by funding source	Y	Project	*
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		99,008				99,008	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		99,008				99,008	
C4. Other Income		99,008				99,008	
C. Total Income = SUM(C1..C4)		99,008				99,008	
D. Total Funding = B + C		99,008				99,008	

* 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		99,008				99,008	
E. Expenditure		-82,057				-82,057	
F. Closing Balance = (B + C + E)		16,951				16,951	

Disaster Response Financial Report

MDRGN009 - Guinea - Measles

Timeframe: 23 Feb 17 to 23 May 17

Appeal Launch Date: 23 Feb 17

FINAL Report

Selected Parameters

Reporting Timeframe	2017/2-2017/8	Programme	MDRGN009
Budget Timeframe	2017/2-2017/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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)			99,008			99,008		
Relief items, Construction, Supplies								
Teaching Materials	2,589		2,589			2,589	0	
Other Supplies & Services	69		69			69	0	
Total Relief items, Construction, Sup	2,658		2,658			2,658	0	
Logistics, Transport & Storage								
Transport & Vehicles Costs	12,666		13,145			13,145	-479	
Total Logistics, Transport & Storage	12,666		13,145			13,145	-479	
Personnel								
International Staff	7,000		4,134			4,134	2,866	
National Society Staff	17,883		8,981			8,981	8,901	
Volunteers	23,211		23,217			23,217	-6	
Total Personnel	48,094		36,333			36,333	11,761	
Workshops & Training								
Workshops & Training	17,046		13,604			13,604	3,443	
Total Workshops & Training	17,046		13,604			13,604	3,443	
General Expenditure								
Travel	3,776		2,826			2,826	950	
Information & Public Relations	5,056		5,038			5,038	18	
Office Costs	1,780		1,748			1,748	32	
Communications	1,618		1,221			1,221	397	
Financial Charges	270		476			476	-206	
Total General Expenditure	12,501		11,309			11,309	1,191	
Indirect Costs								
Programme & Services Support Recove	6,043		5,008			5,008	1,035	
Total Indirect Costs	6,043		5,008			5,008	1,035	
TOTAL EXPENDITURE (D)	99,008		82,057			82,057	16,951	
VARIANCE (C - D)			16,951			16,951		

Disaster Response Financial Report

MDRGN009 - Guinea - Measles

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FINAL Report

Selected Parameters

Reporting Timeframe	2017/2-2017/8	Programme	MDRGN009
Budget Timeframe	2017/2-2017/5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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 management	99,008		99,008	99,008	82,057	16,951	
Subtotal BL2	99,008		99,008	99,008	82,057	16,951	
GRAND TOTAL	99,008		99,008	99,008	82,057	16,951	