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## Emergency Plan of Action (EPoA)

# Guinea / Ebola Virus Disease Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	MDRGN012	<b>Glide n°:</b>	<a href="#">EP-2021-000016-GIN</a>
<b>Date of issue:</b>	17 February 2021	<b>Expected timeframe:</b>	03 months
<b>Operation start date</b>	17 February 2021	<b>Expected end date:</b>	31 May 2021
<b>Category allocated to the disaster or crisis: Red</b>			
<b>DREF allocated:</b> CHF 290,210			
<b>Total number of people at risk:</b>	1,352,853 people (193,265 households).	<b>Number of people to be assisted:</b>	423,951 (60,564 households)
<b>Provinces at risk:</b>	N'Zérékoré prefecture in Guinée Forrestière Region and Conakry	<b>Provinces/Regions targeted:</b>	N'Zérékoré, Guékédou, Macenta, Lola, Yomou and Beyla Prefectures in Guinée Forrestière Region
<b>Host National Society presence (n° of volunteers, staff, branches):</b> Guinea Red Cross has 2,402 volunteers in six targeted prefectures.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> IFRC, Danish and, French Red Cross Societies			
<b>Other partner organizations actively involved in the operation:</b> National Service for Humanitarian Action (SENAH), National Health Security Agency (ANSS), WFP, UNICEF, FAO, Catholic Relief Service (CRS), Plan International Guinea, UNDP, and WHO			

## A. Situation analysis

### Description of the disaster

On 14 February 2021, the Government of Guinea declared a new outbreak of Ebola Virus Disease (EVD) in Gouécké sub-prefecture which is part of N'Zérékoré prefecture in *Guinée Forrestière Region*. This is the first known resurgence of Ebola in West Africa since the 2013-2016 epidemic that began in Guinea and killed more than 11,300 people across the region. Following an alert by the director of the regional hospital of N'Zérékoré of cases of vomiting, bloody diarrhoea, and total haematuria, bleeding at the injection sites of five (05) patients from the same family hospitalized in the intensive care unit and followed by a transfer to Conakry (CHU Donka). The surveillance team from the regional health authorities (DRS) and prefectural health authorities (DPS) went to the hospital and the sub-prefecture of Gouécké respectively for an investigation.

Based on known information, seven (07) people have been infected to date including three deaths, three patients hospitalized in N'Zérékoré and one hospitalized in Conakry. Although the first case was confirmed in February, it is unclear when the outbreak started, which means the virus might have spread beyond the current known cases and there have been at least two unsecure burials of community deaths. The origins of the outbreak are unknown

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Guinea : Ebola Outbreak  
February 15, 2021

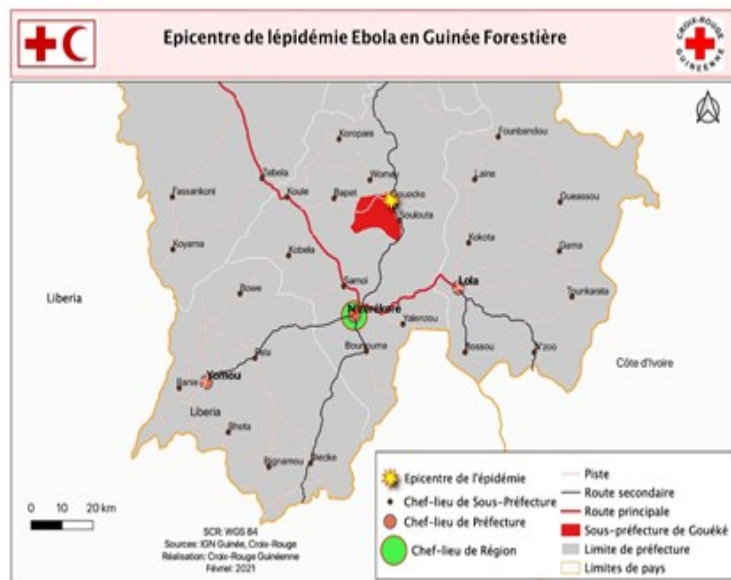


The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data sources: IFRC, OSM contributors, Map box.

Map of Guinea highlighting affected area ©IFRC GO

for the moment and all known cases so far are within the same family (Gouécké and N'Zérékoré) and in people aged over 25 years.

As of 16 February, a joint mission of the Ministry of Health has already deployed to support Gouécké team for the field assessment. Several actions have been launched to prevent transmission and identify new infections: case isolation, investigations & data collecting for tracing potential new cases, mobilization of vaccines and diagnostic kits, opening of a treatment centre, and safe and dignified burials to prevent post-mortem transmission. A national level coordination mechanism has also been launched to mobilize partners, while neighbouring countries including Côte d'Ivoire, Liberia and Sierra Leone are on high alert.



As investigations and contact tracing are ongoing to determine the scale of the outbreak and the geography of the risk, all humanitarian partners are expected to meet on 19 February to strategize on intervention. The probable impact areas are the prefectures of N'Zérékoré, Guékédou, Macenta, Lola, Yomou and Beyla. The number of people at risk in these areas is estimated at 1,042,251 inhabitants. The expected effect is a considerable increase in cases and the spread of the disease due to the displacement of infected people.

To note, N'zérékoré region is the third most populated region in Guinea, covering 18% of the national territory. It is at the same time the furthest from Conakry (870 km away), the most landlocked and the least urbanized. Socio-cultural conflicts (ethnic, religious or socio-economic) have led to unprecedented violence in Guinea Forest region since 2010. The region's rugged terrain makes

access difficult, which highlights the isolation of several villages in the region.

The response to the Covid-19 epidemic has set a positive dynamic in terms of epidemic control and increased hygiene measures amongst the population to curb the spread of the disease. However, this should not be considered sufficient to prevent a 2014 scenario with the EVD outbreak spreading in the region. In that remote area, isolation of population and behaviours guided by fear of stigma and social impacts of the last Ebola outbreak remain an issue and community burials are both standard practice and a high risk for rapid transmission of the virus. In this context, the next few weeks will be crucial and must be spent building robust protection and control actions to avoid the spread of the outbreak.

## Summary of the current response

### Overview of Host National Society Response Action

Guinea Red Cross Society (GRCSS) has experience with management of an EVD outbreak from 2013 to 2016. Based on this experience, its services were requested by the health authorities of N'zérékoré upon notification of the cases. As such, 40 volunteers out of the 725 available to the Prefectoral Committee of the Red Cross (CPCR) of N'zérékoré were mobilized to conduct safe and dignified burials (SDB) of two bodies to date, disinfect the regional hospital of N'zérékoré and begin social mobilization in the urban commune of N'zérékoré and in the sub-prefecture of Gouécké. The National Society participates in coordination meetings with other partners, namely UNICEF, WHO, IOM, CRS, GIZ and TDH. Given that MoH acknowledges NS's expertise in managing EVD outbreaks, it has been agreed with the NS that Guinea Red Cross will implement activities in the following areas:

- The management of safe and dignified burials (SDB),
- Home / health / public disinfection (IPC),
- Risk communication and community engagement (RCCE),
- Psychosocial support for infected and affected people (PSS)
- Active case finding (Surveillance)
- Water hygiene and sanitation (WASH).

For the current outbreak, GRCSS will build from a few key lessons learnt from past EVD responses in Africa (2014/2016 in West Africa and 2018/2020 in DRC) to ensure strong coordination and implementation from onset of this operation. They have been classified below based on their link to PER components as follows:

**Coordination:**

- IFRC's decision-making was slow (for WA EVD in 2014-2018) and recommended that the IFRC identify mechanisms and procedural changes to be ready for future epidemics.
- Community feedback should continuously be used to improve on operational delivery. PSS should also be provided to the all the staff.

As a corrective measure to above highlighted points, IFRC is processing both DREF and multi-country EA simultaneously to allow NS begin response, while setting the basis for preparedness to commence immediately in the at-risk neighbouring countries.

**Support Services:**

- IFRC should pay particular attention to developing its pool of experienced financial managers / analysts at regional and global levels, who can be deployed to set-up up financial management systems in the first phase.
- Qualified and experienced logistics and procurement staff should be deployed as a priority from the outset of a major emergency.

IFRC and GRCS through this operation, are planning the deployment of eight surge staff including Logistics, CEA, HR in emergencies, Security, Public health specialist, Finance, Communications and even a Head of Operations (HeOps). This is to ensure strong operational basis from onset of the response with the necessary support services to allow quick scale up when necessary and coordination capacity to position the Red Cross Movement as a partner of choice in the response and preparedness to EVD.

Guinea Red Cross has 20,400 volunteers covering the entire national territory, including 8,000 active workers. The headquarters is in Conakry and services are provided by 33 prefectural committees, 5 communal committees in Conakry and 264 sub-prefectural committees throughout the country.

It has community (CDRT) and national (NDRT) disaster response teams and regional team members for rapid deployment (RDRT). It also has departments and services (Community Health and Care, Disaster Management, Communication, Partnership and Organizational Development, Restoring Family Links, Gender and Diversity Volunteerism, Cash Transfer) and two support services (finance and logistics).

The various governance bodies of the NS include the General Assembly, National Council and the National Board Meeting. The National Office oversees governance while management authority is spearheaded by the Executive Secretariat. Consultative bodies are created based on the needs and evolution of the National Society, on the proposal of the President to the National Council. These governance and management bodies are decentralized at the level of prefectural and sub-prefectural committees.

**Overview of Red Cross Red Crescent Movement Actions in country**

The Sahel Cluster office in Dakar supports the Guinean Red Cross as part of capacity building. Currently, it is represented by a delegate who supports the NS in the implementation of the community epidemic and pandemic preparedness program (CP3).

The International Committee of the Red Cross (ICRC) has been active in Guinea since 1991 and closed its office in Conakry in December 2020. Since then, the ICRC, through its Regional Delegation in Abidjan, Côte d'Ivoire, continues its cooperation with Guinea Red Cross Society to maintain and strengthen the operational level of the committees in localities exposed to socio-political and intercommunal violence. In collaboration with the National Society, it also implements a programme for the Restoration of Family Links (RFL) in favour of migrants, people affected by armed conflict or other violence, and people affected by natural disasters.

The French Red Cross is present in N'zérékoré with one staff and has mobilized two additional persons from Conakry to support NS response actions. Danish Red Cross is also present in country. British Red Cross Society is providing bilateral support to the NS through disaster management and health programs, although it is not physically present in Guinea.

In view of the above, it is key for IFRC to mobilize international support/resources to ensure quick and adequate positioning of Guinea Red Cross in the overall response.

**Overview of other actors' actions in country**

After the confirmation of cases by the laboratories in Guéckedou and Conakry, an emergency information meeting chaired by the Minister of Health was held, following which the Ebola Virus Disease (EVD) outbreak was declared by the Guinean government on 14 February. The following organisations were represented at this meeting:

- Ministry of Health
- ANSS (National Agency for Health Security)
- Health institutes (INSP, CRG, CERFIG, IPGui, PCG)
- Technical and financial partners involved in public health related emergencies (BCR du SNU, WHO, UNICEF, CDC, USAID, UE, OIM, Expertise France, Alima, MSF, GIZ, AFNET, FHI360, FAO)
- Health regional and prefectural authorities of N'zérékoré

The Red Cross Movement was represented by GRCSS and the French Red Cross. The aim of the meeting was to: (i) to provide information on the situation and (ii) to define action points and recommendations, as summarized in below table:

Recommendations	Responsibility	Deadline
To officially declare the outbreak in country per International Health regulation	MoH	14/02/2021
To organise a press conference on the EVD situation	ANSS and WHO	14/02/2021
To activate coordination and technical commissions	ANSS	14/02/2021
To deploy assessments teams in Conakry and N'Zérékoré to develop a list of suspected cases, identify and isolate contacts and confine the at-risk zone	ANSS and partners	14/02/2021
To evaluate logistic capacities	Logistics commission	Immediate
To supply IEC materials, as well as diagnosis and treatment materials	ANSS and partners	Immediate
To launch the process for making EVD vaccines available	MoH, ANSS, WHO	Immediate
To update the treatment protocol for EVD cases	Care and treatment (PEC) technical commission	Immediate
To evaluate the accuracy of EVD rapid tests and produce documentation to facilitate their use	WHO	Immediate
To activate EVD vaccinations teams and to assess the cold chain of inputs	ANSS and WHO	

The National Agency for Health Security (ANSS), which is the regulatory authority, will make available to the Ministry of Health necessary authorizations to transport vaccines for Guinea as well as the European Medicines Agency (EMA). Vaccines could therefore be available within 72 hours after these documents are made available. Based on these actions points, the following actions were discussed:

Organisation	Action
<b>World Health organization (WHO)</b>	Reactivate the support protocol, Review the status of available vaccine stock. If not, initiate procurement procedures within 72 hours, according to procedures.
<b>United Nations International Children's Emergency Fund (UNICEF)</b>	Work with other partners on a harmonized Communication Plan Ensure paediatric management, Strengthen the Water Hygiene and Sanitation (WASH) component.
<b>ALIMA</b>	Update on the care and treatment protocol Support cold chain Reactivation of available human resources at CTEpi and / 7 CUBE (intensive care) Organisation of care and treatment activities in Gouécké Ensure care of cases at the CTEpi of N'zérékoré, but also in vaccination.
<b>MSF</b>	Share inventory of kits and support care Provide support to the Nongo ETC Share list of available staff
<b>Guinea Red Cross and French Red Cross</b>	Take stock of the situation of SDB kits Organize trainings for volunteers on SDB, CBS, psychosocial support Provide psychological support through 2 psychologists as part of the mission
<b>Regulatory authority</b>	To put at the disposal of the MoH of an authorization for transporting vaccines, which could be made available 72 hours following the authorization.

Three investigative teams have been deployed; two in N'zérékoré and one in Conakry to further investigate and list all contacts. As of 15 February, there were 101 contacts in the N'Zérékoré region, in which 9 cases were suspected and MoH set a meeting to share the updates. During the information meeting, each partner involved confirmed their position as stated in table above.

A coordination mechanism through systems was put in place composed by the following commissions:

- Logistic
- Communication and Social Mobilization
- Surveillance
- Care and treatment
- Safe and Dignified Burials (SDB)

The National Society takes part in coordination meetings at the national level and is represented in the following commissions: Care and treatment, Surveillance, Logistics, Communication and Social Mobilization and Safe and Dignified Burials.

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

Gouécké, the epicentre of the outbreak, is one of 10 sub-prefectures that make up the N'Zérékoré prefecture. It is located 42 KM from central N'zérékoré with a total population of about 23,458 inhabitants in 3,364 households and has recorded seven (7) cases of EVD with three (3) deceased. Three patients are currently hospitalized in N'Zérékoré and one hospitalized in Conakry. It should be noted that since the end of the declaration of the EVD epidemic in Guinea in 2016, the N'zérékoré prefecture had not yet notified any cases.

Gouécké is a rural area, located at about 42km from N'zérékoré and approximately 860 km from Conakry. Given that investigations are ongoing and the true starting time and location of the epidemic as well as the magnitude and areas affected by the outbreak are unknown, a risk-based approach is needed. A confirmed case was transported to Conakry and is currently in isolation there, which also creates risk of transmission there. As such Conakry and the prefectures of N'Zérékoré, Guékédou, Macenta, Lola, Yomou and Beyla are considered high risk. Thus, vigilance against spread to other areas in the province, to neighbouring provinces and potentially into neighbouring countries (Sierra Leone, Liberia and Côte d'Ivoire due to porous borders) is important due to ongoing population movement. There is an emphasis on contact tracing, surveillance and active case finding at the community level for early detection to limit spread of the disease and ensure rapid control of the outbreak.

As a significant international response is also expected with multiple partners, the response plan will be adjusted based on this information and focused on areas where Red Cross volunteers can add significant value in partnership with key technical agencies including WHO and MSF.

Other needs highlighted include food, hygiene promotion, sanitation and health promotion. The further lockdown of affected and at-risk areas after Covid-related containment measures currently being implemented, will likely exacerbate looming food insecurity, availability of WASH services and unemployment, and can be expected to result in increased MHPSS needs. Communities can also be expected to be reluctant about strict lock-down measures, and community engagement in the response, including adaptations to meet community needs, will be critical.

### Targeting

The total population of the affected health zone (*Guinée Forrestière Region*) is approximately 1,352,853 people (193,265 households). GRCS, through this DREF operation is preparing the groundwork for reaching **at least 423,951 (60,564 households)** in N'zérékoré health zone with sensitization activities. Once investigation results are obtained and depending on the operational strategy adopted, targeting will be refined to target the population in the hotspot as direct beneficiaries, while the indicated 928,902 people of the other at-risk prefectures and health zones in the affected Region, will be indirect beneficiaries.

### Scenario planning

Movement partners met in an emergency operation meeting to discuss the outbreak and the commitment of the National Society to support response activities. Thus, as part of the initial part of this DREF operation, GRCS will focus on Surveillance/ Contact tracing and case investigation, Risk communication and community engagement/hygiene promotion (HP), Safe and Dignified Burials (SDB), Psychosocial Support (PSS) and disinfections (IPC). Any change in strategy or activities will be informed by results from the interagency assessment to which the Red Cross will be party to.

Scenario	Humanitarian consequence	Potential Response from the Red Cross
<p><b>Best scenario</b> The outbreak is contained within next 6 weeks with very few further people infected. The number of people in at-risk communities do not exceed 300,000 people</p>	<p>New cases of EVD are rapidly identified and no onwards transmission in other areas. Cases are quickly identified and isolated, resulting in a rapid end to the epidemic. No significant spread of the virus with limited risk of it spreading to neighbouring provinces and/or countries. The burden of MHPSS needs related to trauma from the 2014-16 epidemic and the new outbreak does not increase. Community knowledge and understanding of the disease and the response facilitate community acceptance.</p>	<p>An emergency humanitarian response is being undertaken by the NS through this DREF operation, with a special focus on the first month. This will enable NS RCCE/CEA, surveillance and contact tracing, IPC, SDB and PSS activities to reduce risk of further transmission. The operation will be revised as the situation evolves, with more activities included into the plan.</p>
<p><b>Most likely scenario</b> The number of affected people increases within the next 6 weeks with more geographical spread. The number of people in at-risk communities spread out, reaching 500,000 people.</p>	<p>Population mobility within Guinea Forest Region results in ongoing, low-level transmission within the area, with single cases rapidly identified and no onwards transmission in other areas. Misinformation spreads within communities, including confusion over EVD vs COVID-19 and reluctance towards humanitarian workers. Violence towards survivors, suspect cases and/or responders is possible. COVID-19 contributes to logistical and movement challenges that make rapid response to emerging clusters or cases challenging. Isolated threats to responders or large-scale non-violent resistance requires constant adaptation of response modalities to meet community needs. Surveillance systems require some support to continue to identify EVD and other health risks that may be notifiable diseases.</p>	<p>Complementary investigations are required and carried out to better understand the situation with a view to responding to additional vital needs.  Need to geographically scale interventions, with further training and equipment for new response teams.  A review of the current DREF operation is being considered to broaden the scale of the response through launching an Emergency Appeal.</p>
<p><b>Worst Scenario</b> The number of affected people increases within next 6 weeks with more geographical areas being impacted. The number of people in at-risk communities spread out, to geographical areas with more than 500,000 people.  Affected area widens, exposing neighbouring Liberia, Sierra Leone and/or Côte d'Ivoire to a possible outbreak.</p>	<p>Sustained and higher-level transmission within Guinea Forest Region, with clusters of cases in multiple communities outside the region, possibly including in one or more of the three neighbouring countries. The higher level of transmission results in an unsustainable burden on healthcare facilities and community health structures, decreasing the availability and quality of care for all health needs, and increasing the burden of disease more broadly across the affected and at-risk communities.  Misinformation spreads among affected and at-risk communities, with consistent threats to responders or violent resistance (directed towards responders, survivors, and/or suspect cases). Violent incidents towards responders are common.  Surveillance systems are overwhelmed and require significant support to continue to identify EVD and other health risks that may be notifiable diseases.</p>	<p>Large-scale response with significant scaling of operations, training and equipment for teams in many locations, cross-border and inter-regional coordination. Launch of a yearlong Emergency Appeal with a preparedness component for at-risk countries.</p>

### Operation Risk Assessment

<b>Risks</b>	<b>Probability of occurrence (high, medium, low)</b>	<b>Severity of risk impact (high, medium, low)</b>	<b>Reduction measures</b>
Reluctance of the local population because of the image of the Red Cross during the 2014/2016 Ebola virus disease crisis.	<i>Low</i>	<i>Low</i>	Volunteers will work with community leaders and MoH staff in all phases of the implementation.  Modules on Safer Access will be given to volunteers.  The response activity will be covered by a communication approach based on door-to-door awareness and community engagement.
Epidemics such as Cholera	<i>High</i>	<i>High</i>	Carrying out activities to promote hygiene and prevent waterborne diseases. Maintaining readiness capacity for response to other epidemics.
Increase in the workload of staff and volunteers already assigned to other tasks including Covid-19 appeal.	<i>Low</i>	<i>Medium</i>	Deployment of NS and IFRC Surge dedicated to this response.  Deployment of volunteers dedicated solely to the current EVD response
Accessibility of zones	<i>Medium</i>	<i>Medium</i>	Use of adapted vehicles
Appropriate supply of PPE and SDB materials	<i>Medium</i>	<i>Medium</i>	Mobilization of a Logistics Surge from onset of response to work with NS on ensuring supply.  Linking with Regional office and DRC office for guidance as necessary, to ensure all measures are taken for supply of needed equipment.

This DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. As of 16 February 2021, a total 14,967 cases of Covid-19 have been registered in country, with 85 deaths and 14,502 recoveries, according to [Africa CDC](#). The country has a case fatality rate (CFR) of 0.6 and has conducted tests on an overall 338,205 people so far. To date, the following measures have been taken to curb the spread of the disease: mandatory mask wearing, mandatory negative Covid-19 tests are required before entry or exiting the country, set up of proximity screening sites, set up of treatment centres; risk communication, providing updated information on the COVID-19 situation.

National Society responses to COVID-19 are supported through the IFRC [global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and [regional Emergency Plan of Action for COVID-19](#) developed by the IFRC Africa Regional Office, in coordination with global and regional partners. This means that the NS will ensure, even as it responds to the EVD outbreak, COVID-19 prevention measures are adhered to in line with regional plan of action and its national COVID-19 country plan. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this pandemic and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items, procurement issues, and movement of NS volunteers and staff as well as international staff. For more information, please consult the [Covid-19 operation page](#) on the IFRC Go platform.

Below table indicates potential impact of the pandemic on this DREF operation and how Guinea Red Cross Society will respond to the situation in the event of COVID 19 mitigation measures are made more stringent.

COVID-19 measures	Standard epidemic control measures	Temporary lockdown of society (schools, shops, public functions)	Sustained lockdown and restriction of movement during implementation period
Likelihood	<b>High</b>	<b>Low</b>	<b>Very low</b>
Impact on operation	No impact on the operation. GRCSS will ensure to adhere to the epidemic control measures in place.	The impact will be relatively low on this operation, as Government has requested support from all its partners in response to the EVD outbreak. GRCSS is assured to be able to implement response activities even in the event of temporary lockdown.	Given that the Government has requested support from GRCSS, the NS is ensured to be able to carry on its activities. In addition, lockdown measures have been made a bit more flexible, so it is unlikely that sustained lockdown will be required, unless there is a drastic increase in the number of Covid-19 cases in the country.
Mitigating measures	<p>As the epidemic control measures were already in place before the outbreak, the operation is designed to adhere to the measures.</p> <p>Trainings will be conducted in small groups, with due respect to physical distancing measures.</p> <p>Awareness raising exercises will ensure that physical distancing norms will be adhered to and will mainly be done with loudspeakers and be mobile to avoid gatherings.</p>	Same as under standard epidemic control measures. In addition, some delays might be experienced with procurement of SDB kits and useful equipment. If this happens, a timeframe extension may be requested.	All planned activities will be adjusted in line with any new measures that might come up, while relief through cash and voucher assistance will be provided.

## B. Operational strategy<sup>1</sup>

### Overall Operational objective:

Contribute to preventing and reducing morbidity and mortality resulting from the Ebola virus disease outbreak in Gouecké and neighbouring health Zones in *Guinée forestière* region of Guinea. The NS will prioritize risk communication and community engagement activities in the affected districted, including the set-up of a community feedback system to inform the response. The community volunteers will be mobilized to support early detection of possible new cases through active case finding and surveillance support at the community level and contact tracing.

Based on current information, the strategy of the IFRC response will be to contribute to containing the EVD outbreak and will focus on:

1. Support GRCS immediate lifesaving interventions in the affected area and at-risk neighbouring Health Zones.
2. Deployment of relevant surge capacity to support the National Society to identify gaps and develop an appropriate response strategy.
3. Carrying out initial assessment in collaboration with partners to identify clear role of the NS.

The response plan has an initial phase of 3 weeks and is focused on life-saving interventions in the affected area and Ebola risk communication in the neighbouring health zones.

<sup>1</sup> The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

The plan includes the deployment of up to eight (8) surge personnel (HeOps, Public Health specialist, Logistics, Communication, CEA, Finance, HR in emergencies and Security) during the **first month** of the operation. The HeOps (team leader) will be deployed to oversee the response and different technical sectors, depending on the number of National Societies with qualified and available personnel that require financial assistance for deployment. The deployed surge team is expected to carry out more detailed needs assessments and coordinate with GRCS to update this Emergency Plan of Action for either an extension of the DREF operation or an Emergency Appeal – the way forward will depend on the context analysis. Indeed, the situation is still unfolding on the ground, as such, once on the field, Surge team will collect useful information from both the capital, Conakry and N'zérékoré, to inform overall response strategy.

Some of the activities to be carried out by the surge team include, but will not be limited to:

- Train and support the National Society in implementing activities safely and effectively including monitoring and reporting
- Identify the support delivered and planned by the Government, WHO, UNICEF, MSF, and identify the gaps to be addressed by the Red Cross Red Crescent Movement in the response
- Assist the National Society and IFRC Regional office with the formulation of a Plan of Action
- Participate in coordination meetings as needed and in agreement with National Society and support the National Society in the coordination within the RCRC Movement
- Conduct field visits where necessary
- Support the National Society in the response interventions as required
- Support the National Society with the possible use of further IFRC disaster response tools if appropriate including further technical support
- Support GRCSS in the development, potential scale up and adaptation of the response strategy depending on the evolving situation.

While the surge support is under way, GRCS will engage in immediate lifesaving intervention using available capacity and equipment from the 2014/2016 Ebola outbreak to engage in the following activities in line with the government.

- Surveillance/ contact tracing and active case finding (early detection)
- Risk communication and Community engagement (RCCE)
- Psycho-social support (PSS)
- Conduct safe and dignified burials (SDB).

The scale up of the above actions shall be strengthened by further assessment and close coordination with other actors to refine and modify the operational strategy as necessary for an effective response.

The NS will ensure, through this operation, readiness to support the government in safe and dignified burial activities, disinfection of houses and hospitals and direct psychosocial interventions to those affected. This will meet the immediate needs of Ebola awareness and sensitization of affected communities and areas at risk, as well as the need for support to the government in psychosocial interventions, safe management of bodies and disinfection of suspected infected houses and areas. All this will be based on local cultures and traditions.

### **Operational Support Services**

**Human resources:** Some 400 volunteers and 20 supervisors will conduct the sensitization campaign. They will be distributed as follows:

- Gouecké subprefecture: 100 volunteers
- N'zérékoré prefecture: 100 volunteers
- Conakry: 50 volunteers
- Guékédou, Macenta, Lola, Yomou and Beyla prefectures: 150 volunteers (30 per prefecture)

The volunteers will be selected in the targeted communities based on their status in the community, availability, literacy level, communications skills and willingness to participate according to the Red Cross Movement principles. These volunteers will be deployed in teams to work three days a week during the operation, thus ensuring a 7 days per week coverage. A national focal point and one focal point of the affected health district will be deployed in this operation from the National Society. This team will be reinforced by two drivers and a finance officer.

All volunteers will be trained on how EVD is transmitted, prevention messages, as well as safety procedures and PSS first aid. Volunteers undertaking infection prevention and control (IPC) or safe and dignified burial (SDB) work will be provided with additional specialised training and supervision.

Volunteers supporting contact tracing and or CBS will also be provided with specialised training in coordination with WHO and MoH.

GRCS volunteers in affected areas will also be mobilised and will receive the necessary training to enhance the National Society's capacity in community-based surveillance and social mobilization. This will go a long way to support early detection and control of the outbreak.

Surge support in fields of coordination, Public Health in Emergencies, Community engagement and accountability, finance, logistics and WASH will be deployed to support the NS in assessment, planning, coordination, implementation and monitoring of the operation. Close coordination and collaboration with other key stakeholders for effective response will be ensured.

**PMER:** Activity reports will be prepared by the National Society and sent to the partners. Updates will be shared, and the National Society will receive technical support from Sahel CCST Office for the preparation of interim reports and the final report. Additional technical support is available from the IFRC Africa Regional Office and IFRC headquarters health and care, PMER, communications, finance and administration units. The Head of Sahel Country Cluster Delegation in Dakar will assume overall responsibility for the implementation, reporting, compliance, and finance management of this project. In addition, since GRCS is a French speaking National Society, it is important to highlight the need for translation of this EPoA, any eventual Ops update and final reports from French into English and French, to ensure that National Society can share its achievements as part of this operation with Government and other non-English speaking partners. A lesson-learned workshop will be organized at the end of the operation, to collect information on the challenges and actions to be taken in the future in the face of similar situations.

**Information Management:** IM ARO will work closely with PMER to setup required data collection tools, analysis for the operations and testing of **SDB IM toolkit**. Maps, dashboards, and content uploads in GO platform will be supported from Regional office in collaborations with IM in Guinea Red Cross and surge team. Support from DRC IM on different sections on SDB toolkits.

**Logistics and Purchasing Procedures:** The logistics coordinator of the Sahel cluster will be able to provide support if necessary. The procurement procedures applied will be based on the administrative and financial procedures manual of the Guinean Red Cross and that of the IFRC. The implementation of activities will give priority to the supply of goods and inputs in the intervention areas, subject to their availability in quantity and quality and to market stability. If necessary, part of the purchases will be made internationally. Personal protective equipment (PPE), SDB materials and other items will be procured by the Regional Office. These purchases will be completed in the country and if necessary, taken from the IFRC warehouses across the Region.

Surge personnel with experience in relief and logistics will be deployed to support the NS in the response, and above all to ensure that the supply is done within standards.

**Communication:** Communication materials will be developed to ensure the visibility of the action of the GRCS and its partners at all stages of the implementation (press release, capitalization of progress and results of activities, photos, videos, etc.), social media will also be used to increase the visibility of the operation. Budget is planned to support launching of a media campaign, to highlight Red Cross Movement response actions.

**Administration and Finance:** The National Society has an accounting and financial service which will facilitate and ensure a rational use of financial resources, in accordance with the DREF Project Funding Agreement between the GRCS and IFRC. Financial management will follow GRCS procedures and regulations specified by the DREF Agreement.

**Security:** The N'Zérékoré region in southern Guinea is volatile due to inter-ethnic tensions and anti-government sentiment. Inter-communal violence can break out without notice between rival ethnic groups due to latent tensions in southern parts of the Guinée Forestière region, particular along the borders. There is a high risk to IFRC personnel participating in the Ebola operations in some rural parts of the Guinée (Kindia, and Forecariah) due to a negative perception held by some inhabitants towards government authorities and humanitarian workers. There is some rural banditry on roads in the countryside, particularly near the borders with Côte d'Ivoire, Sierra Leone and Liberia. This risk is most notable on the routes linking Kissidougou with N'Zérékoré. On market days and at night, motorists suspected of carrying cash or valuable are particularly exposed to banditry in the vicinity of main urban centres in these regions.

Crime in urban cities like Conakry and in semi-urban communities like Gouecke in N'Zérékoré present a considerable risk. These towns experience a wide range of criminal activity. Crimes of opportunity (e.g., pickpocketing, bag snatching, theft of valuables from vehicles, assaults, residential burglaries) are of concern. Low level criminal activity occurs in areas where people congregate, such as markets. The condition of the roads in Conakry is generally poor. Although many roads are paved, they can have huge potholes or be dilapidated. Riots are frequent, especially in Conakry and Kankan; sporadic protests take place regularly across the country, some of which have turned violent and have resulted in injuries and / or deaths. Kidnappings occur in Guinea, but especially in regions far from Conakry; most incidents affect

residents and are linked to family or cases where victims know their kidnappers. Medical care is substandard throughout Guinea. Hospitals are inadequate and advanced technologies are lacking. Some private medical facilities offer a better range of treatment options than public facilities.

To ensure that participating Red Cross and Red Crescent staff are adequately protected and that program activities can be implemented; adequate security risk mitigation measures should be in place. These measures include, but are not limited to, monitoring the situation, and providing timely security advice to field staff. RCRC personnel should be clearly identifiable by wearing RCRC visibility items. All RCRC personnel actively participating in operations must have completed the IFRC online security courses (i.e., Stay Safe Personal Security, Security Management or Volunteer Security). All Movement and government security measures will be strictly observed by all volunteers and personnel involved in the operation to reduce risks.

## C. Detailed Operational Plan



### Health

**People targeted: 423,951 (60,564 households)**

Male: 199,257

Female: 224,694

**Requirements (CHF): 77,720**

**Needs analysis:** The major needs for this sector include facilitating an initial assessment, while carrying out community-based surveillance, contact tracing, Safe and Dignified Burials, IPC/disinfection, and risk communication and community engagement to avoid further spread of the disease.

**Population to be assisted:** RCSG is targeting **423,951 (60,564 households)** through this operation, to be reached with general messaging.

**Programme standards/benchmarks:** The activities under this sector will follow strict WHO regulations and standards for preventing and controlling the spread of Ebola virus.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	Number of health zones reached with surveillance and contact tracing activities.															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	<ul style="list-style-type: none"> <li>Number of RC personnel deployed for pre-assessment.</li> <li>Number of operation updates resulting from this assessment</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Conduct pre- assessment (NS WASH focal point, NS logistics officer, IFRC ops manager) to establish contact with key players on the ground																
AP021	Provide support to the provincial and district branch in the planning and implementation of activities																
AP084	Develop and roll out a Knowledge, Attitudes and Practices survey/rapid situational analysis to assess behavioural challenges, local cultures, customs, concerns and risk behaviours and practices of communities as well as track believes and knowledge gaps																
P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	<ul style="list-style-type: none"> <li>Number of RC branches provided with support in addressing the Ebola Outbreak</li> <li>Percentage of population reached with sensitization messages</li> </ul>															

Health Output 4.1: Community-based disease control and health promotion is provided to the target population		<ul style="list-style-type: none"> <li>• Number volunteers trained in contact tracing and RCCE</li> <li>• Number of volunteers trained in community-based surveillance and actively reporting on health risks in the area</li> <li>• Number of contacts traced</li> <li>• Number of PPE provided to volunteers</li> <li>• Number of awareness sessions conducted for community-based disease control and health promotion</li> </ul>															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP021	Training of 72 volunteers and 8 supervisors on the signs and symptoms of Ebola, epidemic management, surveillance, referral, contact tracing and community engagement (as far as training capacity available)																
AP021	Carry out community-based surveillance and contact tracing in affected and surrounding health areas using mobile phone for data collection.																
AP021	Procure PPE kits for replenishment of stock/for use in the operation																
AP084	Risk communications and community engagement activities to promote community-based disease control and health promotion (door to door or mass awareness through interactive radio programmes, etc.)																
P&B Output Code Health Output 4.3: National Society volunteers support safe and dignified burials to limit the spread of disease		<ul style="list-style-type: none"> <li>• Number of contaminated houses/areas disinfected</li> <li>• Number SDB teams trained and equipped to respond</li> <li>• Number of volunteers dedicated to SDB activities</li> <li>• Percentage of successful SDBs conducted (Target: At least 80%)</li> </ul>															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP021	Training of 45 and 2 supervisors volunteers in safe and dignified burial protocols																
AP021	NS volunteers provide safe burial services																
AP021	Establishment of or linking to surveillance and alert system for suspect deaths																

AP021	Procurement and supply of SDB materials																	
AP084	Community engagement activities to support and adapt SDB (access, acceptability, feedback)																	
AP021	Information management is supported for SDB activities																	
AP023	PSS activities to support SDB volunteers																	
P&B Output Code	<b>Health Outcome 6: The psychosocial impacts of the emergency are lessened</b>	<i>Percentage/Number of affected persons reached with PSS services</i>																
	<b>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>	<ul style="list-style-type: none"> <li>• Number of volunteers trained in PSS</li> <li>• Number of staff and volunteers having benefitted from PSS services</li> </ul>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP023	Training of 20 volunteers to psychosocial support																	
AP023	Provide psychosocial support to the families who lost their family members or property using culturally appropriate and accepted approaches.																	
AP023	Support of staff and volunteers throughout the operation.																	
P&B Output Code	<b>Health Outcome 7: National Society has increased capacity to manage and respond to health risks</b>	<i>Number of Social mobilization sessions organized</i>																
	<b>Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services</b>	<i>Percentage of target population reached with Social mobilization activities</i>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Training of 100 volunteers on the signs and symptoms of Ebola, on the management of the epidemic awareness-raising techniques																	
AP084	House-to- house two-way communication and social mobilization																	
AP084	Establish community feedback system to capture rumour, myths, feedback and complaints on an ongoing basis, address these and adapt the response accordingly.																	
AP084	Establish community engagement and social mobilization teams in affected and surrounding villages																	



## Water, sanitation and hygiene

**People targeted: 423,951 (60,564 households)**

Male: 199,257

Female: 224,694

**Requirements (CHF): 13,697**

**Needs analysis:** The major needs for this sector include preventing and controlling any further spread of the Ebola virus disease.

**Population to be assisted:** RCSG is targeting **423,951 (60,564 households)** through this operation, to be reached with general messaging.

**Programme standards/benchmarks:** Activities under this sector will follow strict WHO regulations and standards for preventing and controlling the Ebola virus.

P&B Output Code	WASH Outcome 1: : The spread of Ebola is limited by disinfection of affected houses in N'zérékoré health zone	Number of contaminated houses/areas disinfected.															
	WASH Output 1.1: Affected populations benefit from assistance in household disinfection	Number of volunteers trained in household disinfection.															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP030	Training 18 volunteers and 2 supervisors in the prevention and control of infections.																
AP030	Provision of disinfection materials and protective equipment to the team																
AP030	Conducting disinfection activities in contaminated environment, including Ebola-affected households and case management facilities (mattresses, blankets, clothing and other contaminated objects replaced and destroyed)																
AP030	Sensitization of the population in affected households																

## Strategies for Implementation

Requirements (CHF): 198,792

P&B Output Code	<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>	<i>Number of surge staff deployed for the operation Target: 8</i>															
	<b>Output S2.1.4: Deployment of surge capacity</b>	<i>Number of surge staff deployed for the operation Target: 8</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	Preparation for arrival of surge capacity																
AP046	Deployment of Surge capacity (1 HeOps, 1 Public health in emergencies, 1 CEA/RCCE, 1 Finance and 1 logistics, 1 communication, 1 HR in emergencies and 1 Security)																
AP049	IFRC Monitoring visits																
P&B Output Code	<b>Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.</b>	<i>Number of communication materials produced Target:1</i>															
	<b>Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues</b>	<i>Number of radio broadcast/documentary film produced Target: 1</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Communications work																
AP049	Translation work (EPoA, Ops update and Final report)																
P&B Output Code	<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>	<i>Number of lessons-learned workshops organized Target: 1</i>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	AP049	Organize a lessons-learned workshop															

## Funding Requirements

Overall funding allocated to implement this plan is CHF 290,210 as detailed budget below.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss  
Francs (CHF)*

## DREF OPERATION

MDRGN012 - GUINEA - EBOLA VIRUS DISEASE OUTBREAK

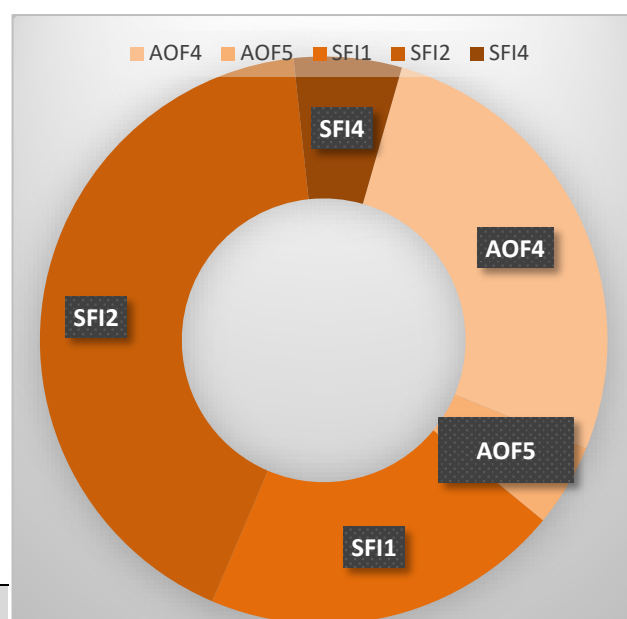
17/02/2021

### Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	1,184
Medical & First Aid	19,800
Teaching Materials	486
Utensils & Tools	833
Other Supplies & Services	2,318
<b>Relief items, Construction, Supplies</b>	<b>24,620</b>
International Staff	57,600
National Society Staff	5,634
Volunteers	22,302
<b>Personnel</b>	<b>85,536</b>
Workshops & Training	66,510
<b>Workshops &amp; Training</b>	<b>66,510</b>
Travel	16,740
Information & Public Relations	73,782
Communications	2,160
Financial Charges	3,150
<b>General Expenditure</b>	<b>95,832</b>
DIRECT COSTS	272,498
INDIRECT COSTS	17,712
<b>TOTAL BUDGET</b>	<b>290,210</b>

### Budget by Area of Intervention

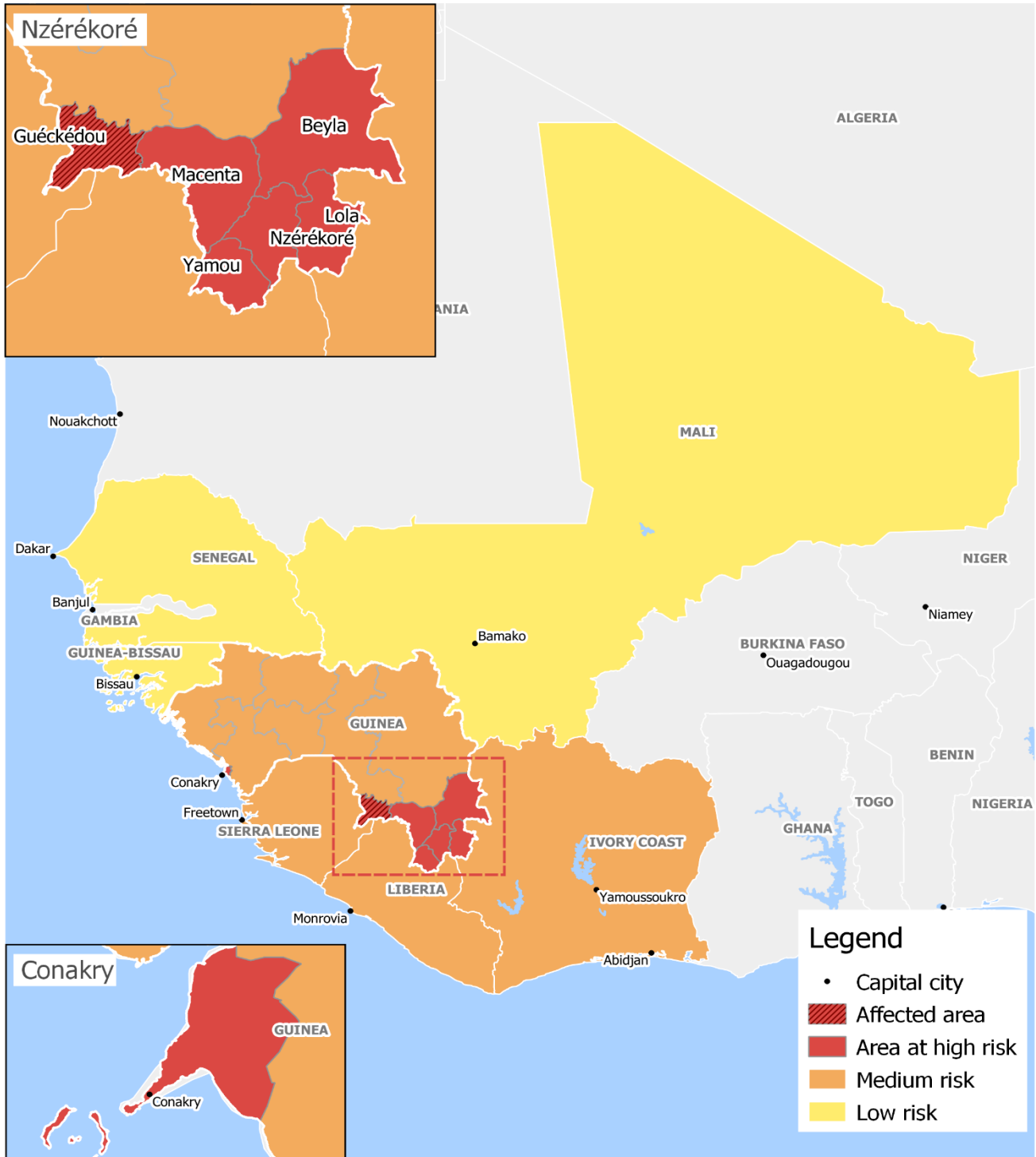
AOF4	Health	77,720
AOF5	Water, Sanitation and Hygiene	13,697
SFI1	Strengthen National Societies	59,465
SFI2	Effective International Disaster Management	121,500
SFI4	Ensure a strong IFRC	17,828
<b>TOTAL</b>		<b>290,210</b>





# Guinea: EVD Outbreak

16 February 2021 ● EP-2021-000016-GIN



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. Map data sources: GADM, IFRC, Natural Earth, Guinean Red Cross.



## Reference documents



Click here for:

- Operation Update
- Emergency Plan of Action (EPoA)

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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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.

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



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.