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Emergency appeal

Guinea: Ebola virus disease outbreak



Emergency Appeal n° MDRGN007	Glide n° EP-2014-000039-GIN
Date of launch: 4 April 2014	Expected timeframe: 6 Months, Expected end date: 3 October 2014.
DREF allocated: CHF 250,000; Appeal budget: CHF 1,292,372 (including CHF 366,000 in bi-lateral support)	
Number of people affected: At-risk communities in Guéckédou, Macenta and Kissidougou prefectures (3 million plus)	Number of people to be assisted: At-risk communities in Guéckédou, Macenta and Kissidougou prefectures (3 million plus)
Host National Society presence (n° of volunteers, staff, branches): Up to 400 Red Cross Society of Guinea, volunteers to be mobilized.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): International Committee of the Red Cross (ICRC)	
Other partner organizations actively involved in the operation: Ministry of Health, WHO, UNICEF and Médecins sans Frontières (MSF)	

<click>:

- [here](#) for the Emergency Appeal budget
- [here](#) for a map of the affected area
- [here](#) for contact details

The disaster

This Emergency Appeal seeks CHF 1,292,372 in cash, kind or services to support the Red Cross Society of Guinea to assist over 3 million persons in At-risk communities in Guéckédou, Macenta and Kissidougou prefectures for 6 months.

Guinea recorded early this year 134 suspected cases of febrile illness and 84 deaths (including 34 community deaths) in some districts of the Forest Guinea, with a fatality rate of 63 per cent.

Faced with this situation, the health authorities of the N'Zérékoré Administrative Region, together with the Institute of Public Health, Infectious Diseases University Hospital, WHO and MSF worked together to confirm the nature of this unusual pathology. On 17 March, 2014, a total of 36 samples were taken, of which 12 were sent to the Laboratory of Lyon (France) for confirmation. The results of these samples were received in Conakry on 21 March, and revealed 6 positive samples, including 3 positive for filo Ebola virus disease (EVD). Of the 3 cases positive for EVD, 1 case moved to Liberia and all are from the health district Macenta. As a result, the Ministry of Health, in collaboration with its partners, has taken the following steps:

- Provision of free treatment for all patients in the isolation centers.
- Informing populations on individual and collective hygiene.
- Exclusive responsibility for the treatment of the bodies of deceased patients to health personnel and the Red Cross Society of Guinea (RCG) to limit contamination.
- Census of all persons who have had direct contact with the patients who died and those with the signs mentioned above.
- Dissemination of awareness messages in the media (radio, TV, internet).

Table 2: Epidemiological situation as at 2 April, 2014

PREFECTURE	CASES	FATALITIES	CASE FATALITY RATIO
Conakry	15	4	(20.7%)
Guékedou	80	58	(72.5%)
Kissidougou	9	5	(55.5%)
Macenta	26	14	(53.8%)
Dabola	3	2	(66.7%)
Dinguira	1	1	(100%)
TOTAL	134	84	62.7%

The response

Since the initial confirmation of cases, the government has responded with the following:

- The establishment of patient isolation centers of in the affected prefectures.
- Disinfecting the homes of patients with suspected cases and deaths.
- Development of a response plan.
- Mobilization of resources.
- Delivery of personal protective equipment (PPE) kits and support in the affected areas (first stock of MPI was made available on 22 March, as conveyed by the Minister of Health).
- Strengthening of epidemiological surveillance.
- Arrival of a team from the Institut Pasteur in Dakar to strengthen the capacity of the Laboratory of hemorrhagic fever Donka.
- Expected arrival of a team from the Institut Pasteur de Lyon (mobile laboratory) to support the rapid confirmation of suspected cases in the country.

IFRC does not have representation in the country, and supports RCG through its Sahel regional representation office based in Dakar. At the time of reporting, an RDRT member, mobilized by IFRC, is present in-country to support the ongoing DREF operation in response to the measles outbreak in late January, and is providing additional technical support to the National Society. A small, specialized FACT deployment has been done with the support of this DREF and includes a team leader and two health specialists (epidemiologist and a psychosocial support specialist). An additional FACT member for reporting has been alerted, and a health specialist FACT member has been deployed to Liberia. A four-member Regional Disaster Response Team (RDRT) has been mobilized to provide logistics, beneficiary communication and operational implementation support to the RCG. An IFRC Emergency Response Unit (ERU) has been deployed for logistical support to the operation and a Basic Health Unit ERU including medical personnel is being mobilized.

ICRC are present in-country and the delegation is kept informed of the evolving situation as well as IFRC's planned response to date, to ensure close coordination and support to the National Society. ICRC has provided initial support to the RCG in terms of initial training of 100 volunteers and some equipment.

Coordination and partnerships

To date, the RCG participates in meetings with the Management Committee in response to epidemics with all other actors' present in-country every Wednesday at the WHO office. The epidemiological situation is monitored closely and shared with partners including IFRC and ICRC.

To date, the Red Cross Society of Guinea (RCG) participates in meetings with the Management Committee in response to epidemics with all other actors' present in-country every Wednesday at the WHO office. The epidemiological situation is monitored closely and shared with partners including IFRC and ICRC.

The RCG also meets with local committees in Conakry to plan and carry out prevention activities and strategies needed to mobilize the population in the fight against the outbreak. The National Society also is working in close contact with prefectural committees in Macenta, Guékédou and Kissidougou and has begun to mobilize its volunteers.

The operational strategy

Needs assessment and beneficiary selection:

Given the nature of the outbreak, assessments are continual based on secondary data and gap analysis while the evolving epidemiological indicators are assessed that will allow for developing scenarios and the most appropriate response to control the outbreak. Regular task force meetings of all partners allow for regular gap analysis based on the location and current case load.

The Ministry has mounted a large response to the outbreak but is hampered by a weak health system, limited disease surveillance capabilities and increasing absenteeism of health staff in key locations. Several areas of urgent assistance have been identified. These include;

- Information, education and communication to the population
- protection, prevention and treatment availability
- Contribution to epidemiological investigation and epidemic control
- Case finding, contact tracing, disinfection, dead body management
- Clinical case management; isolation and life support, supervision of local nursing staff.
- Psychosocial support; coping with crisis, grief, loss.
- Community mitigation and reduction of stigma.
- National Society strengthening; volunteer training, logistics support, material support

Risk Assessment

Due to the highly contagious nature of the disease, IFRC, in support of RCG, is doing its utmost to protect the volunteers while carrying out planned activities to mitigate the spread of the disease. An epidemic with a high case/fatality ratio induces fear in the population and among the health care workers (HCW), leading to absenteeism. Four confirmed cases in health care workers have been identified at a hospital in Pithé, Conakry, and a suspected HCW case at another hospital in Conakry is under investigation. This has the potential of further exacerbating absenteeism in desperately needed case management.

The country has recently had a measles outbreak, has currently a cholera outbreak in the north with a pre-emptive Oral Cholera Vaccine campaign being launched with WHO/MOH, plus the meningitis season is not over yet and will last until the rains in May / June. This means that as the National Society is engaged in all these epidemic responses, their capacity may quickly reach its limits; a meningitis and/or cholera outbreak are also potential threats to the population and an additional burden to the health sector already decimated by absenteeism;

A key challenge is the approaching seasonal rains anticipated to start in 6-8 weeks, and are likely to make road transport difficult with affected areas becoming more inaccessible.

In addition, the risk of wide scale fear and panic, in Guinea and neighboring countries poses a significant risk. Despite WHO not recommending any trade or travel restrictions Senegal has already tightened border control with several other countries taking precautions such as infra-red scanning at airports. The high rates of fear stigma and general panic that the disease creates not only in the affected populations but also in surrounding areas requires urgent attention. Beneficiary communication is a major component in the inter agency response plan, and needs considerable focus in the Red Cross response as a trusted source of information and a key player in managing the possible impact of panic in the communities.

Following confirmation of 3 EVD cases in Liberia and suspected cases in Sierra Leone, the risk of a regional epidemic is imminent. As initial regional preparedness, the IFRC is supporting National Societies in neighbouring countries (Liberia and Sierra Leone) with the mobilization of PPE, activation of Red Cross volunteer insurance, information and guidance.

Summary table of planned sector interventions, outcomes, and main activities:

Health and care							
Outcome 1: The immediate risks to the health of affected populations are reduced.							
Output 1.1: The capacity of Red Cross of Guinea to manage EVD outbreak response has been strengthened.							
Activities planned	Week / Month	1	2	3	4	5	6
Deploy FACT to support the National Society in planning and implementation of the international response to the epidemic.							
Conduct a rapid assessment in the community to describe the current epidemic, in order to ensure that all activities of the chain of transmission are identified and measures to prevent future infections are implemented.							
Establish RCG task force at headquarter level maintaining close coordination with national health authorities, partner organizations and the RCG branches in the affected areas.							
Develop detailed emergency plan of action.							
Deploy an IFRC operations manager and an IFRC Regional Disaster Response Team to support RCG in implementation and management of the operation.							
Deploy logistics ERU to support management of transport of personnel and equipment, incoming goods, procurement.							
Output 1.2: Increased public awareness about EHF disease (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures, anti-stigma information).							
Activities planned	Week / Month	1	2	3	4	5	6
Train supervisors and volunteers in EHF signs and symptoms, prevention measures and referral mechanisms as well as personal protection. Refresh volunteers on community-based awareness-raising and social mobilization techniques.							
Prepare key messages to be used for information campaign.							
Reproduce and disseminate guidance and tools of community supervision cases.							
Procure "low-risk" PPE kits and train volunteers on the use of PPEs.							
Produce and disseminate context-specific Information, Education and Communication (IEC) materials, including leaflets and posters.							
Procure visibility equipment and materials, including t-shirts, banners and megaphones.							
Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in affected districts.							
Produce radio spots in line with the government communication plan and broadcast in areas of risk.							
Disseminate key messages through SMS broadcast.							
Output 1.3: Contribution to epidemiological investigation and epidemic control.							
Activities planned	Week / Month	1	2	3	4	5	6
Train volunteers and supervisors in case finding, contact tracing, disinfection and dead body management.							
Procure "medium-risk" and "high-risk" PPE kits and train volunteers on the use of PPEs.							
Procure sprayers and chlorine for disinfection purposes.							
Establish case registers and suspicious deaths of EVD at headquarters.							
Deploy volunteers to organize the active search for suspected cases and contacts in the community to detect suspected cases of EVD.							
Enumerate all the contacts and place them under daily surveillance for 21 days in							

order to detect the possible onset of fever.							
Deploy volunteers for disinfection of high-risk areas, secure burial of dead bodies and secure waste management at isolation centers.							
Monitor and report on activities carried out.							
Output 1.4: Clinical case management.							
Activities planned	Week / Month	1	2	3	4	5	6
Deploy IFRC basic health unit emergency response unit.							
Establish unit for isolation and life support.							
Supervision and capacity building of local nursing staff.							
Output 1.5: Psychosocial support.							
Activities planned	Week / Month	1	2	3	4	5	6
Train volunteers in psychosocial support techniques using the IFRC Reference Centre for psychosocial support material.							
Establish volunteer care mechanisms and systems.							
Provide psychosocial counseling to patients, affected family members, people who have been separated and volunteers. This includes home-based care and establishment of support groups.							
Accompany and support individuals discharged from isolation back to their communities to assist in re-entry and re assure community.							
Conduct community visits for mitigation and reduction of stigma and fear.							
Output 1.6: Provide economical support to individuals or families who have lost belongings due to disinfection and epidemic control measures.							
Activities planned	Week / Month	1	2	3	4	5	6
Establish selection criteria and validation systems for beneficiary selection.							
Identify and establish secure cash-transfer system.							
Transfer 500,000 GNF (64 CHF) to 300 families.							
Outcome 2: Regional EVD preparedness measures and coordination mechanisms are in place.							
Output 2.1: The National Societies of the countries bordering Guinea and considered at risk are prepared to respond to the epidemic.							
Activities planned	Week / Month	1	2	3	4	5	6
Initial volunteer insurance of volunteers of the Sierra Leone Red Cross and The Liberia Red Cross Society is activated.							
Prepositioning of PPE kits in Sierra Leone and Liberia.							
Establishment of IFRC regional EVD task force including all National Societies at risk.							
Development of EVD communication package in French and English, including key messages, facts and figures, volunteer care guidance and EVD intervention planning and implementation guidance.							

Operational support services

Human resources: RCG plans to mobilize up to 400 volunteers and 40 supervisors to carry out the activities outlined in this operation. The National Society's finance manager as well as a staff from the health department will also devote (collectively) a 3 full working months each throughout the operation timeframe towards the management of the operation and finances related to this operation. Additional staff will also be mobilized as necessary to monitor the implementation of the operation.

IFRC deployed a 3-person Field Assessment and Coordination Team (FACT) which includes a team leader, an epidemiologist and a psychosocial support specialist to provide technical assistance to the National Society in its response to the EVD outbreak.

An IFRC operations manager is being mobilized through this emergency appeal to resume project manager responsibilities of the response operation and ensure that necessary support is provided to the RCG for a successful implementation of the operation.

A four-member Regional Disaster Response Team has been mobilized through the Togolese Red Cross society, The Congolese Red Cross Society, The Red Cross of the Democratic Republic of Congo, The Burkina Faso Red Cross and the Red Cross of Burundi to provide logistics, training, beneficiary communication and operations implementation support to the GRCS at national headquarters and branches.

A 2-member logistics emergency response unit team has been deployed by the Swiss Red Cross to support the GRCS with fleet management, trucking, warehousing and goods management support for the operation.

A basic health unit Emergency Response Unit is being mobilized to support the RCG and the ministry of health with clinical case management through establishment of an isolation ward clinic. The unit includes both equipment and the necessary personnel.

Logistics and supply chain: Guinea Red Cross will utilise two vehicles from its fleet for this operation and additional four 4x4 vehicles will be mobilized through the IFRC vehicle rental program for the entire operational timeframe. Additional transport needs will be met through hire of local vehicles. The logistics support will be provided by the headquarters. While the chlorine, sprayers and training equipment will be procured locally, the specialized PPE kits will be procured by IFRC to ensure they meet the necessary standards. The logistics ERU team will be supporting the RCG in meeting the increased demand for logistics services during the operation. Once the heavy logistical tasks have been completed, the ERU team will ensure a smooth transition to the RCG logistician who was recently trained in IFRC logistics systems and procedures.

Information technologies (IT): Guinea Red Cross has radio network coverage in all affected districts which will allow for uninterrupted communication access if telephone lines are not functioning. IT equipment necessary for the operation will be procured for the IFRC and RCG team.

Communications: the Red Cross Society of Guinea, with support from IFRC regional and zone communications, aims to coordinate various awareness and publicity activities, to sensitize the public, media and donors on the situation on the ground and the humanitarian response. Activities to date include: identifying and updating qualified IFRC and NS spokespeople and sharing with media; producing facts and figures, key messages, questions and answers, press release and two web stories; conducting several media interviews with print, television, radio and on-line organizations.

Planned activities:

- Deploy IFRC regional communications officer to Guinea for up to two months to support communications related activities as outlined below
- Hire photographer/videographer consultant to produce high quality photographs with extended captions, and video b-roll and interviews of operations
- Hold press conferences, either in Guinea, Dakar or Geneva as warranted
- Produce twice-weekly facts and figures, and weekly updated key messages and reactive lines, and share with relevant stakeholders, including beneficiaries and partners
- In collaboration with programmes, work on advocacy messages to address issues linked to the outbreak, in Guinea and the region (protection, prevention, fear, stigma etc.)
- News releases, fact sheets, videos, photographs and qualified spokespeople contacts are immediately developed and made available to media and key stakeholders
- Proactively engage with international media regarding the added value of Red Cross interventions
- Facilitate media field trips to raise awareness among stakeholders and to raise the profile of the Red Cross Society of Guinea and IFRC
- Maintain a social media presence throughout the operation utilizing IFRC sites such as Facebook and Twitter

- Support the launch of this appeal and other major milestones throughout the operation using people-centred, community level diverse content, including web stories, blogs, video footage and photos with extended captions. Share any communications material created through this appeal with IFRC for use on various communications channels including the newly launched IFRC Africa web page, www.ifrc.org/afrique and www.ifrc.org/africa
- Provide the NS communication team with communication training and appropriate equipment as needed (photo and video camera)

Security: The FACT Team Leader is in charge of security during the FACT operation. IFRC has prepared a security brief and security regulations for its staff deployed to the country. The team will coordinate closely on security matters with the National Society and ICRC who have permanent presence in the country.

Planning, monitoring, evaluation and reporting (PMER): RCG, in close cooperation with the IFRC regional office will monitor the progress of the operation and provide necessary technical expertise and updates. The monitoring and reporting of the operation will be undertaken by the RCG and FACT deployed in the initial weeks of the operation. Brief weekly updates will be provided by RCG to the IFRC on general progress of the operation, and regular monitoring reports will provide detailed indicator tracking. Where possible, IFRC will aim to publish operations updates. An IFRC reporting officer of the regional office in Dakar will be provide dedicated reporting support to the operation for an aggregate one month.

Administration and Finance: RCG has a permanent administration and finance which ensures the proper use of financial resources in accordance with conditions laid down in the memorandum of understanding between the National Society and the IFRC. Financial resource management will be according to RCG regulations and IFRC guidelines. In addition, the RCG's own procedures will be applied to the justification of expenses process and will be done on IFRC formats. A finance officer of the IFRC regional office in Dakar will provide dedicated finance management support to the operation for an aggregate one month.

Budget

See attached IFRC Secretariat budget (Annex 1) for details.

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Under Secretary General
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Secretary General

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.
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EMERGENCY APPEAL

04.04.2014

Guinea: Ebola virus disease outbreak (MDRGN007)

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0			0
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	0			0
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	14,280			14,280
Medical & First Aid	80,500			80,500
Teaching Materials	26,500			26,500
Utensils & Tools	0			0
Other Supplies & Services	0			0
Emergency Response Units			366,000	366,000
Cash Disbursements	21,000			21,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	142,280	0	366,000	508,280
Land & Buildings	0			0
Vehicles Purchase	0			0
Computer & Telecom Equipment	10,000			10,000
Office/Household Furniture & Equipment	10,000			10,000
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	20,000	0	0	20,000
Storage, Warehousing	0			0
Distribution & Monitoring	30,000			30,000
Transport & Vehicle Costs	118,140			118,140
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	148,140	0	0	148,140
International Staff	120,000			120,000
National Staff	5,400			5,400
National Society Staff	13,644			13,644
Volunteers	171,480			171,480
Total PERSONNEL	310,524	0	0	310,524
Consultants	35,000			35,000
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	35,000	0	0	35,000
Workshops & Training	105,000			105,000
Total WORKSHOP & TRAINING	105,000	0	0	105,000
Travel	40,000			40,000
Information & Public Relations	33,500			33,500
Office Costs	9,000			9,000
Communications	9,500			9,500
Financial Charges	12,000			12,000
Other General Expenses	4,888			4,888
Shared Support Services				
Total GENERAL EXPENDITURES	108,888	0	0	108,888
Programme and Supplementary Services Recovery	56,539	0	0	56,539
Total INDIRECT COSTS	56,539	0	0	56,539
TOTAL BUDGET	926,372	0	366,000	1,292,372
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	926,372	0	366,000	1,292,372



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

MDRGN007
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Guinea Ebola Outbreak

Data as of 02 April 2014

