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Emergency appeal operations update

Guinea: Ebola virus outbreak

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRGN007;		Glide n° EP-2014-000039-GIN	
Operations update n° 1; Date of issue; 11 April 2014;		Period covered: 30 March - 10 April 2014	
Appeal launch date: 4 April 2014		Expected timeframe: 6 months; Expected end date 3 October 2014	
Appeal budget: CHF 1,292,372 (including CHF 366,000 in bi-lateral support);	Current Appeal coverage: 0% (according to the current donor response update.		
Disaster Relief Emergency Fund(DREF) allocated: CHF 250,000			
Number of people affected: At-risk communities in Guéckédou, Macenta, Kissidougou, Faranah, Mamou and Conakry prefectures – estimated over 3 million.		Number of people to be assisted: All at-risk communities in Guéckédou, Macenta, Kissidougou, Faranah, Mamou and Conakry prefectures	
Host National Society presence (n° of volunteers, staff, branches): Up to 400 Guinean Red Cross volunteers to be mobilized.			
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross, French, Canadian, Congolese, Swiss, Republic of Congo, Burkinabé, British, Togolese Red Cross			
Other partner organizations actively involved in the operation: Ministry of Health, WHO, UNICEF, Care International and Médecins Sans Frontières.			

Background and summary

Responding to the confirmed outbreak of Ebola virus disease (EVD), the IFRC launched an Emergency Appeal on 4 April 2014 to support the National Society in their strategy to contribute to the reduction of morbidity and mortality through community health outreach, and social mobilization; psychosocial support. Major components of the Emergency Appela and the support to the National Society are in the form of IFRC surge capacity – a Field Assessment and Coordination Team (FACT), complemented by a Swiss Red Cross Logistics Emergency Response Unit (ERU), and a French Red Cross Health ERU. Both ERU teams are providing vital and effective support in their areas of technical expertise.



Guinea Red Cross volunteers preparing personal protection kits (PPE's) at the NS HQ in Conakry, 9 April 2014, to be despatched to Guéckédou where the French Red Cross health ERU is operational. Photo courtesy of the Swiss Red Cross ERU

Current situation

Latest EVD figures indicate 159 clinical cases, with 104 deaths -- a case fatality ratio of some 65% (see figures 1 and table 1 below for details). Care is to be taken with these figures; the fast evolving and epidemiological nature of EVD means that the figures can present a potentially one-dimensional aspect to the situation; the reality is that the epidemiological trend is impossible to predict. Currently, a total of 675 contacts have been identified (those who may have come into contact with persons carrying the ebola virus); most of these are in known locations and are being monitored (lasting over a 3-week period); but a significant number of contacts remain in known locations and are therefore not monitored.

The main route from Guinée Forestière through Faranah in Haute Guinée and Mamou in Moyenne Guinée to Conakry is at particular risk. The agreed Red Cross and Red Crescent approach is not to try and chase confirmed cases, but to accept the likely proliferation of the outbreak and engage in social mobilization, case finding, and contact tracing in the areas at risk.

Figure 1: Epidemiological situation as of 11 April 2014

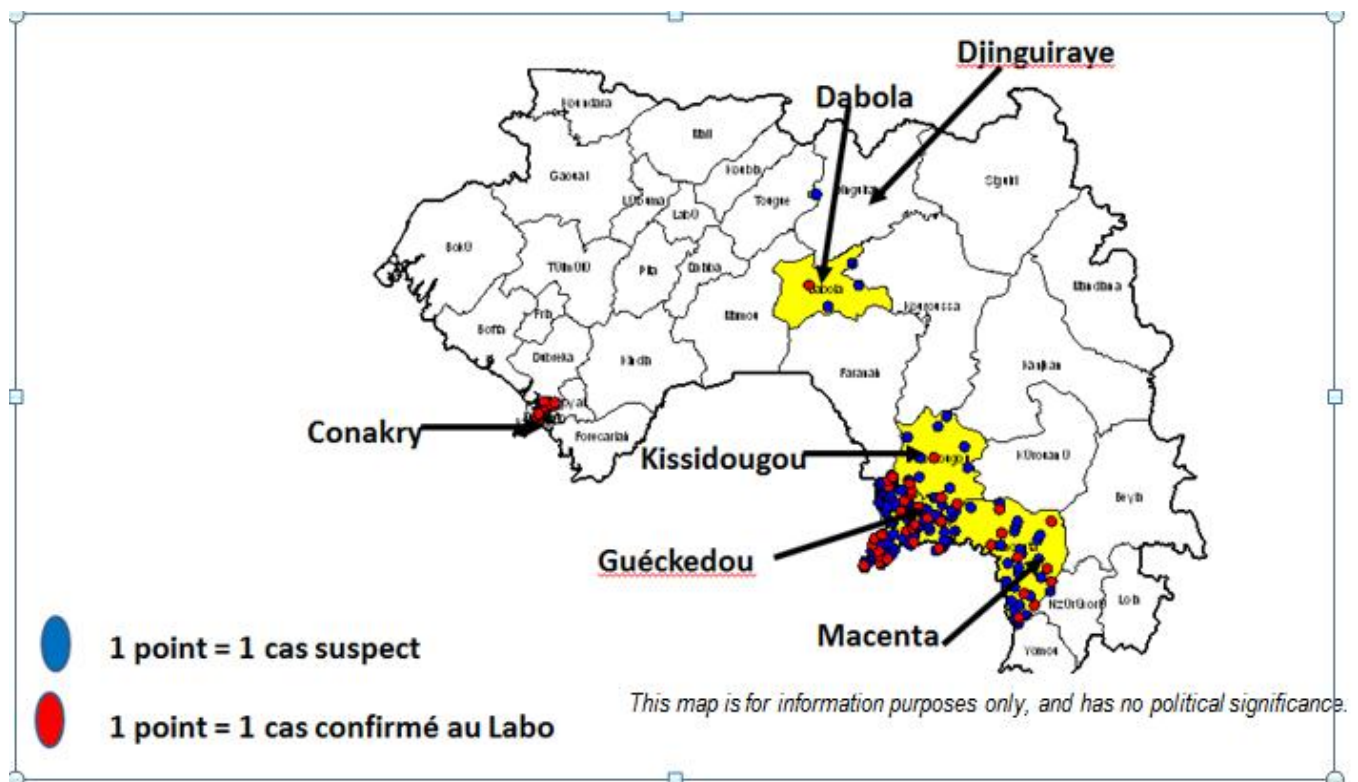


Table 1: Epidemiological figures as of 11 April 2014

DISTRICTS	CASES	DEATHS
Conakry	31	13
Guéckédou	95	68
Macenta	21	15
Kissidougou	6	5
Dabola	4	2
Dinguiraye	2	1
TOTAL	159	104

Neighbouring countries:

- Mali: Six (06) suspected cases are in observation (Bamako 3, Kourémali 2 et Bancouma 1). Efforts are focused on reinforcement of surveillance measures at the Kourémali border crossing and the airport, briefing of health personnel, and arranging isolation units at border crossing with Guinea.
- Sierra Leone: No suspected cases. Surveillance efforts and training of personnel reinforced.
- Liberia: 25 suspected cases of which 12 deaths and 5 confirmed cases. Follow-up of contacts is in process.

Coordination and partnerships

Government: The Ministry of Health maintains the overall Government lead for the operation, directing a National Crisis Committee (NCC) consisting of key Government ministries (meeting on a daily or as-needed basis).

IFRC:

- **FACT:** led by a team leader, a FACT (light) team is liaising with the National Society and the two ERU teams.
- **Logistics ERU (Swiss Red Cross):** two-person team supporting the mobilizing of local procurement and support to incoming teams deployed Guinea forestière and for the operation hub in Guéckédou. Support to the National Society logistics personnel.
- **Health ERU (French Red Cross):** three-person team (team leader, admin / finance, and nurse) arrived in Conakry on 8 April and deployed to Guéckédou on 10 April to begin support to the National Society branches in Guéckédou and surrounding areas affected by Ebola.
- A senior medical officer is due to arrive in Conakry on 13 April 2014 to support the Guinea Red cross health department.

ICRC: ICRC is the lead agency for the Movement in Guinea, and has welcomed the IFRC's involvement and collaboration in the Ebola operation and support of the Guinea Red Cross. Weekly coordination meetings are taking place with the ICRC, the IFRC, and the Guinea Red Cross to take stock of the evolving situation, address areas of concern (ie. volunteer protection), and to adjust the operation to the actual caseload situation.

United Nations: to the extent possible efforts are made to participate in key UN agency meetings. However, the focus on support to the National Society, the location of the National Society in Conakry itself (far from the city center and agency and Ministry offices), and the related transportation and logistics challenges mean that priority is given to the National Society and ICRC coordination meetings. The ICRC is present at the Government and National Crisis Committee meetings and serves as a reference source for the National Society and the IFRC

Operational implementation

Overall objective: support the Guinea Red Cross to contribute to the reduction of morbidity and mortality related to Ebola Virus Disease in Guinea through the following key activities: community health outreach; clinical case management; social mobilization; psychosocial support.

Strategy: A deadly, fast proliferating epidemic does not follow the sequencing of sudden onset natural disasters (with assessment-planning-response-recovery). The assessment phase will continue throughout the course of the epidemic and operational decisions will be made based on the evolution of the situation. Similarly, the implementation of pivotal life-saving measures that started immediately have been intensified, modified, relocated and refocused based on the dynamics of the epidemic. Beneficiary communication is a major component in the interagency response plan, and needs considerable focus in Red Cross response. The strategy is based on the following activities (planned or already underway):

- Information, education and communication to the population; protection, prevention and treatment availability.
- ECV crash course and materials to facilitate community-level training.
- Contribution to epidemiological investigation and epidemic control; case finding, contact tracing.
- Volunteer groups making community visits and tracing contacts of suspected cases.
- Volunteer groups making disinfection, transport of dead bodies and support to funerals.
- Clinical case management; isolation and life support, supervision of local nursing staff.
- ERU deployment to support public health care sector with an isolation ward and HCW supervision
- Psychosocial support coping with crisis, grief, loss. Community mitigation and reduction of stigma.
- National Society strengthening; volunteer training, logistics support, material support.
- Emergency appeal, delegate deployment.
- Procurement of materials: a potential alternative route for items for Guinée is air freight to Dakar and road transport from there to Conakry.

Due to the highly contagious nature of the disease, IFRC, in support of the Guinea Red Cross, is focusing on protecting volunteers while carrying out the planned activities to mitigate the spread of the disease. Volunteer trainings that have already been carried out are being replicated by the initially trained volunteers and National Society staff members. The table below summarizes the activities carried out with the National Society as of 9 April.

Activities implemented	Prefectures affected			
	Gueckedou	Macenta	Kissidougou	Conakry
Formation of volunteers in disinfection	12	5	17	38
Formation of volunteers in community communication and sensibilization	46	10	32	74
Sensibilization of the population in hygiene (n° of persons)	6,000	2,500	284,800	112,094
Disinfection of households and latrines	9	150 houses	157	518
Disinfection of public latrines		0	211	
Distribution of hygiene kits	0	0	480	12,000
Distribution of food (affected households)	0	0	rice, vegetable oil, salt	0

Information, education and communication to the population; protection, prevention and treatment availability:

- ECV crash courses started and materials dispatched to facilitate community-level training.
- PPE trainings given to trainers in Conakry, Mamou, Kissidougou, Macenta and Guekedou.
- IFRC/CRG team currently in Guekedou coordinating, assessing and planning with WHO and MSF;
- Guinea Red Cross monitoring of activities:
- Contribution to epidemiological investigation and epidemic control; case finding, contact tracing: Volunteer groups making community visits and tracing contacts of suspected cases. RAMP being set up for mobile data gathering, tracing and reporting.

Psychosocial support: the psycho social support delegate who arrived on 31 March, moved to Guéckedou on 7 April, and has been working with the Guinea Red Cross to elaborate a programme plan and training strategy. The first volunteer sessions were organized and held on 9 April and have continued in the Guekedou area.

National Society strengthening; volunteer training, logistics support, material support: the Emergency Appeal and operational plan included 6 health RDRT/delegates; 2 logisticians; 1 bencomms delegate; 1 additional PSS delegate; one operations manager. ECHO emergency funding proposal submitted on 09/04 date for EUR 300,000.

Next steps and operational challenges:

- **Funding:** the operation is currently solely funded by DREF; pending the submission and response from ECHO, the **lack of further confirmed funding for the Emergency Appeal is a significant concern.**
- CRG/IFRC has had to turn down a request from the Crisis Commission for psychosocial support for a group of Ebola orphans due to lack of human resources and the impossible recruitment situation of PSS specialists. If the HR situation can be changed and support to the Appeal will come, this request should be given priority and followed up.
- **Related health risks and seasonal challenges:** Several other factors present significant challenges to the EVD operation: Guinea has recently had a measles outbreak and currently has a cholera outbreak in the north with a pre-emptive campaign being launched in the coming months with WHO and the Ministry of Health (MOH). Also the meningitis season is not over yet and will last until the rains. As a result the capacity of the National Society is currently very stretched, with a concern that its limits may be exceeded. A meningitis and/or cholera outbreak are potential significant threats to the population and an additional burden to the health sector already decimated by absenteeism. The seasonal rains are also due to start in 6-8 weeks and are likely to challenge road transport and accessibility to affected areas. An epidemic with a high case/fatality ratio induces fear in the population and among the health care workers, leading to absenteeism. There has been no increase in the number of affected health-care workers (HCW) from the 14 reported previously (including 8 deaths); 11 of the affected HCWs are laboratory confirmed cases.
- **Contact tracing** in Conakry is a concern. The Red Cross has offered the MOH and Direction de Protection de la Santé in Conakry collaboration to scale-up tracing in the capital. The Conakry situation should be taken very seriously and immediate measures should be put in place to mobilise Red Cross volunteers and other assets for contract tracing.
- **Security:** Security conditions are mainly affected by internal tensions related to the economic situation. Road transport may be challenged by aggressive driving, looting at roadblocks, and the use of firearms cannot be ruled out. Trivial incidents may unexpectedly turn into a riotous disorder with resulting violence. The IFRC benefits from ICRC's long-time presence in the country and follows security advice provided in regular coordination meetings. There is a vital need to be aware of and take precautions due to potential fear and misinformation in population about EVD (causes and effect) and accordingly potential targeting of operational field staff. The recent incident in Macenta with MSF targeted by the local population serves as a useful reminder of the potential for misinformation. The most recent reports indicate that the issue in Macenta has been resolved and MSF will re-initiate work there. For logistics, there is the potential for transport syndicates strikes resulting in limitations on movement.

- **Operational plan:** currently being modified based on the latest information from the Government and National Society, resulting in a revised Appeal and budget that will be communicated shortly (next operations update).

Operational monitoring (provisional); Sector of intervention: Health and care

Outcomes	By when month (s)	Status – (cumulative achievement % provisional); Explanatory observations (if relevant)
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		
Deploy FACT to support the National Society in planning and implementation of the international response to the epidemic.	<i>April</i>	<i>Complete (Deployed; 100%)</i>
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.	<i>April</i>	<i>In process / ongoing (100%)</i>
Establish National Society task force at headquarters level maintaining close coordination with national health authorities, partner organizations and the RCG branches in the affected areas.	<i>April – September Ongoing as needed)</i>	<i>Established (100%)</i>
Develop detailed emergency plan of action.	<i>April 1</i>	<i>Developed (100%)</i>
Deploy an IFRC operations manager and an IFRC Regional Disaster Response Team to support RCG in implementation and management of the operation.	<i>April</i>	<i>Deployed (100%)</i>
Deploy logistics ERU to support management of transport of personnel and equipment, incoming goods, procurement.	<i>March / April</i>	<i>Deployed 100%</i>
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		
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.	<i>April</i>	<i>Trained / ongoing (100%)</i>
Prepare key messages to be used for information campaign.	<i>April</i>	<i>Prepared / disseminated (100%)</i>

Reproduce and disseminate guidance and tools of community supervision cases.	<i>April</i>	<i>Produced / disseminated /ongoing (50%)</i>
Procure “low-risk” PPE kits and train volunteers on the use of PPEs.	<i>April</i>	<i>Procured, packed, despatched (100%)</i>
Produce and disseminate context-specific Information, Education and Communication (IEC) materials, including leaflets and posters.	<i>April</i>	<i>Produced / disseminated /ongoing (50%)</i>
Procure visibility equipment and materials, including t-shirts, banners and megaphones	<i>April</i>	<i>Procured / ongoing (50%)</i>
Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in affected districts.	<i>April - July</i>	<i>Conducting in process (25%)</i>
Produce radio spots in line with the government communication plan and broadcast	<i>April - July</i>	<i>25%</i>
Output 1.3: Contribution to epidemiological investigation and epidemic control.		
Activities planned:		
Train volunteers and supervisors in case finding, contact tracing, disinfection and dead body management.	<i>April</i>	<i>Trained / in process (100%)</i>
Procure “medium-risk” and “high-risk” PPE kits and train volunteers on the use of PPE’s.	<i>April</i>	<i>Medium risk procured; High risk pending procurement (50%)</i>
Procure sprayers and chlorine for disinfection purposes.	<i>April</i>	<i>Procured (100%)</i>
Establish case registers and suspicious deaths of EVD at headquarters.	<i>April - August</i>	<i>Established (100%)</i>
Enumerate all the contacts and place them under daily surveillance for 21 days in order to detect the possible onset of fever.	<i>April - July</i>	<i>In process (50%)</i>
Deploy volunteers to organize the active search for suspected cases and contacts in the community to detect suspected cases of EVD.	<i>April - June</i>	<i>Deployed / in process (50%)</i>
Deploy volunteers for disinfection of high-risk areas, secure burial of dead bodies and secure waste management at isolation centers.	<i>April – June</i>	<i>Deployed / in process (50%)</i>
Monitor and report on activities carried out.	<i>April - September</i>	<i>In process (50%)</i>

Output 1.4: Clinical case management.		
Activities planned:		
Deploy IFRC basic health unit emergency response unit.	<i>April</i>	<i>Deployed (100%)</i>
Establish unit for isolation and life support.	<i>April - June</i>	<i>In process (50%)</i>
Supervision and capacity building of local nursing staff.	<i>April - June</i>	<i>In process (50%)</i>
Output 1.5: Psychosocial support.		
Activities planned:		
Train volunteers in psychosocial support techniques using the IFRC Reference Centre for psychosocial support material.	<i>April</i>	<i>Trained / in process (100%)</i>
Establish volunteer care mechanisms and systems.	<i>April</i>	<i>Established (100%)</i>
Provide psychosocial counselling to patients, affected family members, people who have been separated and volunteers. This includes home-based care and establishment of support groups.	<i>April - September</i>	<i>Provided / in process (100%)</i>
Accompany and support individuals discharged from isolation back to their to their communities to assist in re-entry and re assure community.	<i>April - September</i>	<i>Accompanied / supported / ongoing (50%)</i>
Conduct community visits for mitigation and reduction of stigma and fear.	<i>April - September</i>	<i>Conducted / in process (50%)</i>
Output 1.6: Provide economical support to individuals or families who have lost belongings due to disinfection and epidemic control measures.		
Activities planned:		
Establish selection criteria and validation systems for beneficiary selection.	<i>April</i>	<i>Established (100%)</i>
Identify and establish secure cash-transfer system.	<i>April</i>	<i>Cases identified (100%)</i>
Transfer 500,000 GNF (64 CHF) to 300 families.	<i>April - July</i>	<i>Pending availability of funding (DREF / appeal)</i>
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:		
Initial volunteer insurance of volunteers of the Sierra Leone Red Cross and the Liberia Red Cross Society is activated.	<i>April - September</i>	<i>Activated (100%)</i>
Prepositioning of PPE kits in Sierra Leone and Liberia.	<i>April</i>	<i>pending</i>
Establishment of IFRC regional EVD task force including all	<i>April -</i>	<i>pending</i>

National Societies at risk.	<i>September</i>	
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.	<i>April</i>	<i>pending</i>

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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 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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2. Enable healthy and safe living.
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