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Emergency Appeal Operations Update Guinea: Ebola virus disease outbreak

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRGN007		Glide n° EP-2014-00039-GIN
Operations Update n° 2; Date of issue; 23 April 2014		Period covered: 10 - 19 April 2014
Appeal launch date: 4 April 2014		Expected timeframe: 6 months
Appeal budget: CHF 1,292,372 (including CHF 366,000 in bi-lateral support)	Current Appeal coverage: 14% (according to the current donor response update)	Expected end date: 3 October 2014
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 3 million plus		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 volunteers mobilized.		
Red Cross Red Crescent Movement partners involved in the operation: International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies and Danish Red Cross.		
Other partner organizations actively involved in the operation: Ministry of Health, WHO, UNICEF, Care International and Médecins Sans Frontières, UNHCR, UNFPA, WFP and Save the Children		

Summary:

Responding to the confirmed outbreak of Ebola virus disease (EVD), the IFRC launched an Emergency Appeal on 4 April 2014 to support the Guinea Red Cross 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 Appeal and the support to the National Society are in the form of IFRC surge capacity – a Field Assessment and Coordination Team (FACT), Regional Disaster Response Team (RDRT), complemented by a Swiss Red Cross Logistics Emergency Response Unit (ERU), and a French Red Cross Basic Health Care ERU. Both ERU teams are providing vital and effective support in their areas of technical expertise.

Given that the outbreak is fundamentally about numbers (cases, deaths, and new transmission) as previous reports emphasised, care needs to be

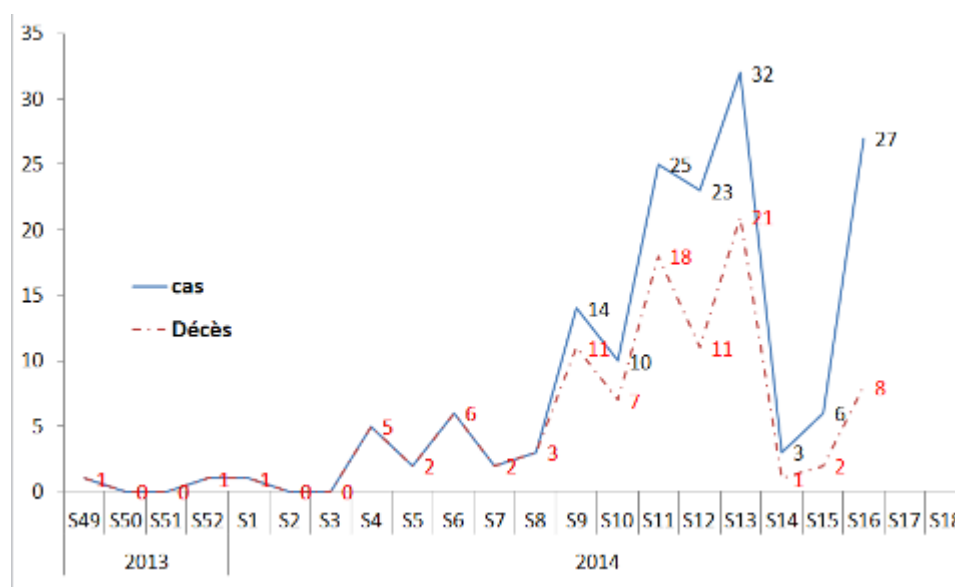
taken with figures emerging from the coordination meetings, and there continues to be a degree of confusion over discrepancies. The fast evolving and epidemiological nature of Ebola virus disease means that a fixation on numbers presents a one-dimensional aspect to the situation; the reality is that the epidemiological trend is nearly impossible to predict. This is illustrated with the figures from 17 April that indicated 190 identified cases, with reportedly 120 deaths (a case mortality rate of some 68%). Subsequently, the classification of figures were adjusted, resulting in the new figures below which are considered more accurate but which also has some discrepancies.



Guinea Red Cross volunteers preparing for disinfection activities-courtesy Guinea RedCross

CLASSIFICATION	NUMBER	DEATHS	ALIVE
Total confirmed cases	109	61	47
New confirmed cases as of 17 April	1	0	1
Total confirmed cases hospitalized as of 17 April	24	-	24
Total confirmed cases departed from isolation	36	21	15

Graph: illustration of the evolution of Ebola virus disease cases, week 49, 2013 to week 16, 2014 (as of 16 April 2014); an important interpretation of this graph is that the deaths line follows relatively closely the cases line, implying that people are not going to medical facilities soon enough after becoming ill, and therefore the need to reinforce communication and sensitization efforts to decrease the rates of transmission.



Overall operational objective: support the Guinea Red Cross to contribute to the reduction of morbidity and mortality related to Ebola Haemorrhagic Fever Virus in Guinea through the following key activities: community health outreach; clinical case management; social mobilization; psychosocial support. Due to the highly contagious nature of the disease, IFRC, in support of the Guinea Red Cross, is doing its utmost to protect volunteers while carrying out the planned activities to mitigate the spread of the disease

Strategy: A deadly, fast-proliferating epidemic, Ebola virus disease does not follow the sequentially of sudden onset natural disasters (with assessment-planning-response-recovery). Assessments will continue throughout the course of the epidemic and operational decisions will be made based on the evolution of the situation. The implementation of life-saving measures started immediately and have been intensified, modified, relocated and refocused based on the dynamics of the epidemic. The strategy falls within three broad areas:

- information, education and communication to the population.
- protection, prevention and treatment availability.
- Psychosocial support. National Society strengthening; volunteer training, logistics support, material support.
- Beneficiary communication.

Coordination and partnerships

In Conakry

Coordination and logistics support (FACT / RDRT and Swiss Red Cross ERU): coordination activities in Conakry have primarily focused on supporting the Guinea Red Cross in a number of coordination meetings at the central Government level (Ministry of Health) crisis committees, city of Conakry government level (committees to follow cases), and other coordination functions. The National Society has 104 volunteers that have been trained in community sensitization and are carrying out campaigns in public places (markets and places of worship). 30 volunteers have been trained for the disinfection of houses (two vehicles assigned by Ministry of Health) and transport of deceased cases (one ambulance, dead bodies are prepared for transport by Médecins Sans Frontières). In terms of community sensitization in Kaloum market, the World Health Organisation, Ministry of Health and the health director of Conakry have requested Red Cross support for their contact tracing activities. They also requested an extension of the sensitization activities to the neighbourhoods of cases. Médecins Sans Frontières has approached the Red Cross for support in the preparation of dead bodies and eventually in case management at the isolation centres in case of a strong increase of hospitalizations or a prolonged outbreak.

Based on a coordination meeting with the Guinea Red Cross that took place on 19 April, the following action points emerged:

- Operational one-month budget to be established and agreed as a basis for implementation.
- Procedures provided to the National Society to accelerate the hiring of additional drivers.
- The National Society to finalize the calculation of per diem and salaries for staff deployed to the field.
- Arrangements with the guest house to increase the number of hours for the generator (electricity).
- IFRC to provide French translations of key documents to the National Society.
- The National Society meeting room to be upgraded for the IFRC / Guinea Red Cross Ebola operation room. Swiss Red Cross logistics ERU to support this with equipment and procurement of material.
- The National Society to undertake a field evaluation next week in the three prefectures affected to assess the local committees and the living conditions of National Society staff deployed to the field.
- National Society to discuss with the Government the continued use of at least one of the vehicles loaned by the Ministry of Health.
- IFRC to immediately recruit / assign finance / admin support (experienced in IFRC procedures) for the operation.
- Begin cash transfer activities immediately for vulnerable families particularly affected by Ebola virus disease.
- The IFRC communications team to support the National Society in working with the Government (commission on Ebola communications) to disseminate messages by SMS and other social media.
- National Society to increase messages disseminated by radio in local languages, in Conakry and the three affected prefectures.
- Assess the state of National Society vehicles (four) to either repair or sell.
- Swiss Red Cross logistics ERU to explore the procurement of disposable thermometers.
- Procure three motorcycles and replace two loaned by the ICRC.
- National Society to provide a list of drivers to be tested by 22 April for deployment to Gueckedou. IFRC fleet manager leading and supporting this activity.

Proposed additional activities proposed for the National Society in Conakry: after coordination meetings with World Health Organisation and Ministry of Health staff of Conakry to discuss the gaps in the response in Conakry the following additional activities were defined together with the National Society head of health:

- Coordination with partners through regular attendance of coordination meetings.
- Training of community agents in community sensitization
- Transport and communication support for community agents and focal points for months of May and June
- Provision of thermometers to the community agents (to be discussed).
- Training of 60 additional Red Cross volunteers in community sensitization in order to start door to door sensitization in the most affected districts (Ratoma and Matoto).
- Group sensitization (women groups, religious leaders, schools and university).
- Reproduction of information, education and communication material (posters, fliers, image boxes and t-shirts) for community sensitization.
- Support of decentralization of contact tracing activities with regular meetings at district level
- Training of 30 Red Cross volunteers in dead body management.

In Gueckedou (French Red Cross Health ERU)

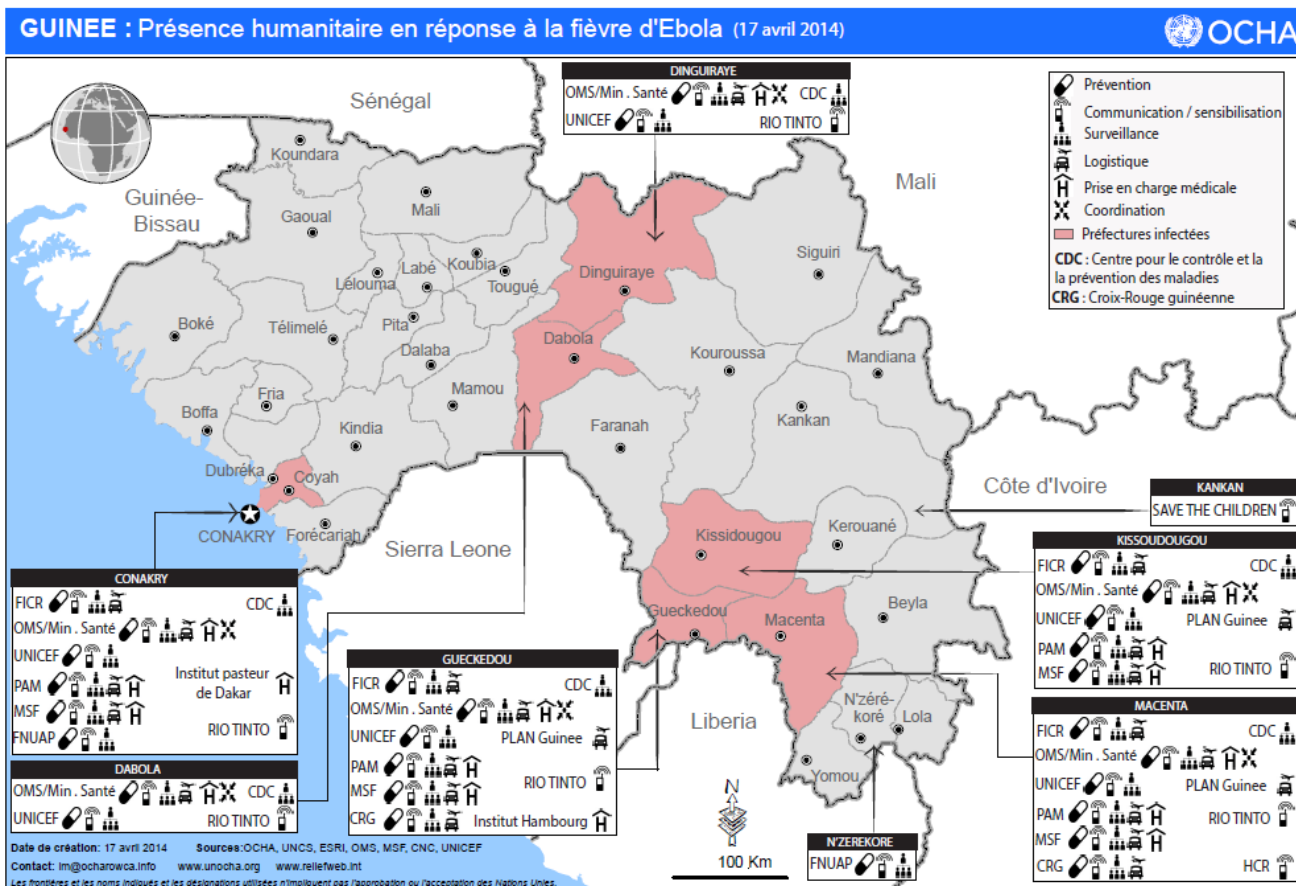
In summary, first step of initial intervention (assessment and training of Guinea Red Cross volunteers on sensitization and psychosocial activities) took place in a timely way, and training with disinfection and contact cases monitoring in Macenta and Kissidougou is being completed while scaling up operational activities in Guéckédou and Macenta (priority 1) and Kissidougou (priority 2). Last step will cover Faranah, Mamou and Kindia (basic sensitization and

personal protection equipment distribution). ERU team is now fully operational. Priority is to resolved outstanding driver and vehicle challenges in order to achieve full effectiveness and efficiency.

Human resources: With the exception of the secondary psychosocial support delegate gap, all requested profiles are in country and operational. The FACT / RDRT team includes a Team Leader, Senior Medical Officer, Beneficiary Communications and xx. In addition, the French Red Cross led Basic Health Care ERU and Swiss Red Cross led Logistics ERU are fully staffed. French Red Cross ERU are changing into second rotation of staff while after the Swiss Red Cross ERU will stand down after first rotation is completed. An Operations Manager is in place to manage the overall operation and will take over coordination duties from the outgoing FACT Team Leader.

Security: the security situation throughout Guinea remains stable but an epidemic with a high case/fatality ratio induces fear in the population and among health care workers, and therefore the corresponding need to be aware of and take precautions due to potential fear and misinformation in the population about Ebola virus disease (causes and effect) and accordingly potential targeting of operational field staff.

The French health ERU has established security rules and emergency plans with draft sent to Operations Manager and FACT Team Leader. For logistics, there is the ongoing potential for temporary transport syndicates strikes resulting in limitations on movement.



Operational monitoring (as of 18 April) - 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.	April	Complete (Deployed; 100%)
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.	April	In process / ongoing (100%)
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.	April – September Ongoing as needed)	Established (100%)
Develop detailed emergency plan of action.	April1	Developed (100%)
Deploy an IFRC operations manager and an IFRC Regional Disaster Response Team to support RCG in implementation and management of the operation.	April	Deployed (100%)
Deploy logistics ERU to support management of transport of personnel and equipment, incoming goods, procurement.	March / April	Deployed 100%
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.	April	Trained / ongoing (100%)
Prepare key messages to be used for information campaign.	April	Prepared / disseminated (100%)
Reproduce and disseminate guidance and tools of community supervision cases.	April	Produced / disseminated /ongoing (50%)
Procure “low-risk” PPE kits and train volunteers on the use of PPEs.	April	Procured, packed, despatched (100%)
Produce and disseminate context-specific Information, Education and Communication (IEC) materials, including leaflets and posters.	April	Produced / disseminated /ongoing (50%)
Procure visibility equipment and materials, including t-shirts, banners and megaphones	April	Procured / ongoing (50%)

Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in affected districts.	April - July	Conducting in process (25%)
Produce radio spots in line with the government communication plan and broadcast	April - July	25%
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.	April	Trained / in process (100%)
Procure "medium-risk" and "high-risk" PPE kits and train volunteers on the use of PPE's.	April	Medium risk procured; High risk pending procurement (50%)
Procure sprayers and chlorine for disinfection purposes.	April	Procured (100%)
Establish case registers and suspicious deaths of EVD at headquarters.	April - August	Established (100%)
Enumerate all the contacts and place them under daily surveillance for 21 days in order to detect the possible onset of fever.	April - July	In process (50%)
Deploy volunteers to organize the active search for suspected cases and contacts in the community to detect suspected cases of EVD.	April - June	Deployed / in process (50%)
Deploy volunteers for disinfection of high-risk areas, secure burial of dead bodies and secure waste management at isolation centres.	April – June	Deployed / in process (50%)
Monitor and report on activities carried out.	April - September	In process (50%)
Output 1.4: Clinical case management.		
Activities planned:		
Deploy IFRC basic health unit emergency response unit.	April	Deployed (100%)
	April - June	In process (50%)
Supervision and capacity building of local nursing staff.	April - June	In process (50%)
Output 1.5: Psychosocial support.		
Activities planned:		
Train volunteers in psychosocial support techniques using the IFRC Reference Centre for psychosocial support material.	April	Trained / in process (100%)
Establish volunteer care mechanisms and systems.	April	Established (100%)
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.	April - September	Provided / in process (100%)
Accompany and support individuals discharged from isolation back to their to their communities to assist in re-entry and re assure community.	April - September	Accompanied / supported / ongoing (50%)

Conduct community visits for mitigation and reduction of stigma and fear.	April - September	Conducted / in process (50%)
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.	April	Established (100%)
Identify and establish secure cash-transfer system.	April	Cases identified (100%)
Transfer 500,000 GNF (64 CHF) to 300 families.	April - July	Pending availability of funding (DREF / appeal)
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.	April - September	Activated (100%)
Prepositioning of PPE kits in Sierra Leone and Liberia.	April	pending
Establishment of IFRC regional EVD task force including all National Societies at risk.	April - September	pending
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.	April	pending

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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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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.