


www.ifrc.org
Saving lives,
changing minds.

Emergency appeal

Guinea: Ebola Virus Disease (EVD) Response and Recovery

 International Federation
of Red Cross and Red Crescent Societies

Revised Emergency Appeal n° 4
MDRGN007

Glide n° EP-2014-000039-GIN

12.7 million people to be assisted
(11.2m response phase, 1.5m
recovery phase)

**CHF 56,016,354 revised Appeal
budget**

29.7m current funding gap

Initially launched 4 April 2014

Revision n° 4 issued 28 June 2015

Appeal ends 31 December 2017

This revised Appeal seeks a total of **CHF 56 million (increased from CHF 28.6m)**. This amount includes **CHF 23m** that will enable the IFRC to continue to support the **Guinea Red Cross (GRC)** to deliver response and to increase the scope of recovery assistance and support to EVD-affected populations. With available resources (including bilateral) of some **CHF 26.2m**, the net Appeal needs are **CHF 29.7m** to be implemented over a total timeframe of **46 months**.

This revised appeal reflects a change of operational strategy; the existing enhanced and scaled-up response capacity is integrated with longer-term recovery assistance. While the immediate priority is to continue to control the epidemic in Guinea, longer-term recovery planning has been conducted considering the broader impacts of the EVD outbreak, identifying the emerging priority needs of the population, and drawing on common findings of recovery assessments carried out by IFRC. More specifically, the revised appeal has a focus on (i) emergency response; (ii) recovery of health and care (iii) disaster preparedness and risk reduction; (iv) food security and livelihoods; and (v) National Society development. Details are available in the [Emergency Plan of Action \(EPoA\)](#).

The disaster and the Red Cross and Red Crescent response to date

- March 2014:** Ebola outbreak in Gueckedou, Guinea
- March and April 2014:** CHF 250,000 DREF allocated
- April 2014:** Field Assessment and Coordination team (FACT) and Emergency Response Units (ERUs) deployed. IFRC Emergency Appeal launched for total of CHF 1.2m (including ERU bilateral component of CHF 366,000) for 3m people)
- June 2014:** suspected, probable and confirmed caseload reaches 450 with 330 deaths. IFRC Revised Emergency Appeal issued for CHF 2.6m.
- September 2014:** Cumulative caseload reaches 690 with 460 deaths. IFRC Revised Emergency Appeal n° 2 issued for CHF 8.8m
- November 2014:** EVD outbreak continues to escalate resulting in a total of 1,958 cases in 25 out of 34 prefectures with 1,189 deaths. IFRC revised Emergency Appeal n° 3 issued for a total of CHF 28.6m
- April 2015:** transmission begins to decline, concentrated almost entirely in and around Conakry.
- June 2015:** With 3,674 people infected and 2,444 deaths, IFRC revised Emergency Appeal n° 5 issued for CHF 56m focused on recovery needs and extending the operation until 31 December 2017.

The operational strategy

Needs analysis

As the number of new cases began to decline across Sierra Leone, Liberia and Guinea, the IFRC and Movement partners initiated a strategic planning process for early recovery. In support of this, the IFRC facilitated a recovery assessment in the three countries over a six-week period from 9 February to 20 March 2015, to identify recovery needs and response options, including steps to facilitate their delivery. The assessment team engaged directly with the National Society leadership and senior management team, delegates and staff from IFRC, PNS, and ICRC, in addition to government representatives, external agencies, donors, NGOs and sector coordination groups involved in the EVD response.

Beneficiary selection

The target for the appeal remains the entire population of Guinea, given that everyone is potentially at risk of contracting EVD. IFRC and CRG will focus ongoing response activities in prefectures where active transmission continues to occur, as well as other areas based on vulnerability criteria. Interventions will be particularly targeted at women and children, as well as people with disabilities.

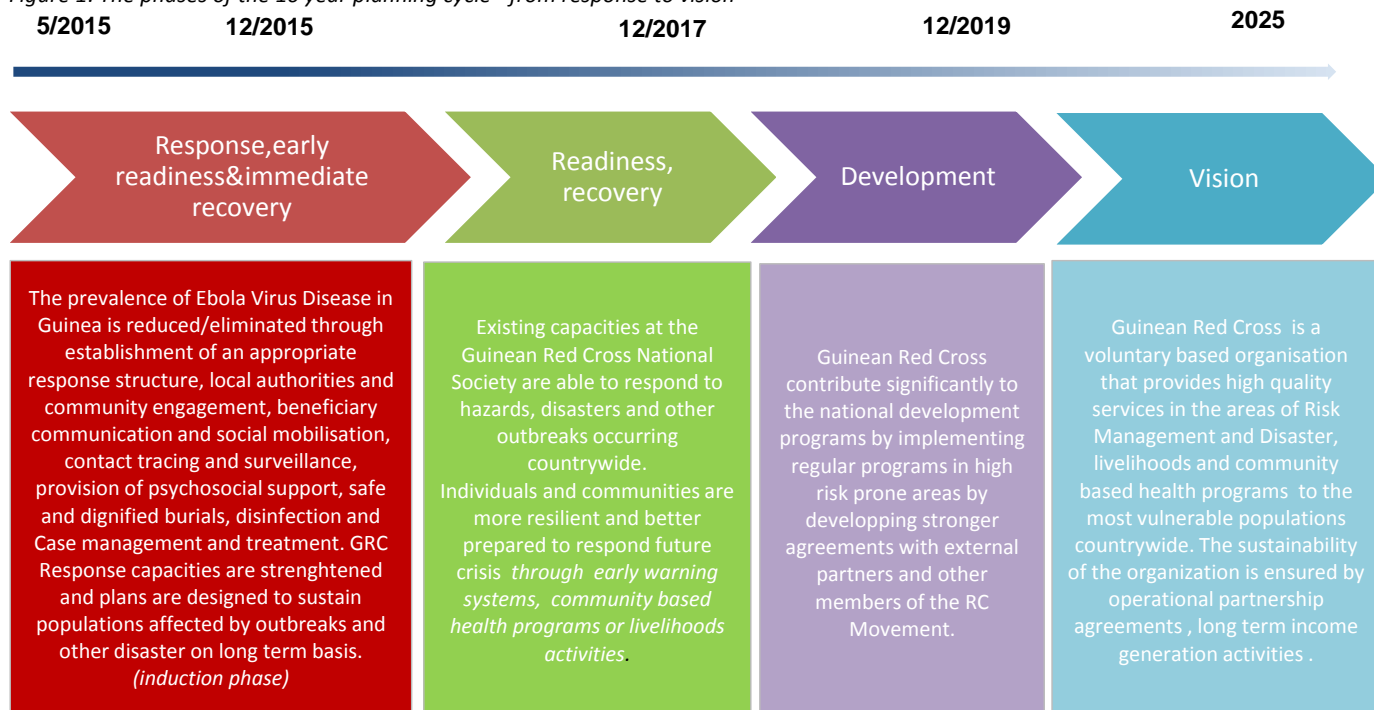
Proposed strategy

The strategy and plan of action underpinning this appeal revision is aligned with the long-term strategy and vision of GRC, and builds on the revised Ebola Strategic Framework, which identifies five outcomes: 1) The epidemic is stopped; 2) National Societies have better Ebola preparedness and stronger long-term capacities; 3) IFRC operations are well coordinated; 4) Safe and dignified burials (SDB) are effectively carried out by all actors; and 5) Recovery of community life and livelihoods. As there is still ongoing transmission in Guinea, the appeal revision will continue to focus on stopping the epidemic and introduce early recovery activities. The operational strategy seeks to:

- **Get to zero and maintain EVD response capacity** The immediate priority of the EVD operation in Guinea is to control transmission and end the epidemic. With the support of IFRC, GRC will scale up the implementation of key public health activities through the standard response pillars of Safe and dignified burials (SDB), contact tracing and surveillance, social mobilisation and beneficiary communications, case management through transfer of patients suspected of having EVD, and Psychosocial support to individuals and communities affected by the outbreak, including Red Cross volunteers. An important aspect will be strengthening cross-border capacity and collaboration. Longer-term institutional preparedness and response capacity will also be strengthened through contingency planning and the prepositioning of stock, as well as the formation of highly trained Rapid Response Teams.
- **Strengthen early warning systems for quality and timely interventions for regular epidemics and other disasters** Early warning, disease surveillance and rapid response systems will be strengthened through the implementation of community event-based surveillance (CEBS). Community event-based surveillance (CEBS) is the organized and rapid capture of information from the community about events that are a potential risk to public health. Community event-based surveillance has been employed in previous infectious disease outbreaks in a variety of settings, and has been identified as a surveillance tool that has potential to improve early Ebola Virus Disease (EVD) case identification, reduce Ebola transmission in the community and enhance response efforts. Information generated from this system both informs reporting on emerging Ebola hotspots while simultaneously feeding back information to communities. It is also a tool that can be used to improve community sensitization and enhance the rapid Ebola response at the local level. CEBS will be jointly implemented with National Societies in Liberia and Sierra Leone through Community Epidemic Response Teams (CERT), which will be supported by 1,000 active volunteers in Guinea.
- **Build community resilience through health-focused disaster risk reduction and management** An integrated and community-based programming approach forms the basis for this operational plan, and community resilience will be enhanced through a number of activities focused on community health, health system strengthening and food security and livelihoods.
- **Strengthen National Society capacity** With the objective of rebuilding and strengthening the organisational and operational capacities of GRC, support will be provided to: Institutional, governance and management capacity; Branch development (leadership, programming, security, refurbishment of infrastructure and equipment); Volunteer management; Administrative/HR management; and Planning, monitoring, evaluation and reporting (PMER).

The time period of the revised appeal (July 2015 to December 2017) is designed to cover three phases: response, readiness, and recovery, which will create a link between readiness / recovery activities and the long-term vision of the National Society. Interventions will be implemented in a staged approach, so as not to over-burden GRC and align with resourcing and capacity of the National Society.

Figure 1: The phases of the 10 year planning cycle - from response to vision



The activities outlined in this plan will be implemented in a phased approach to ensure alignment with the capacities of the National Society, and will be expanded geographically and as the capacity of GRC is strengthened.



Coordination and partnerships



Overview of Host National Society

The Guinea Red Cross (GRC) was established in 1983 after the Koumbia earthquake. GRC comprises a national headquarters, based in Conakry, with 33 prefectural committees, five communal committees and 202 sub-prefectural committees, supported by a network of 17,124 volunteers, 8,000 active members and the country-wide network of Rescue Brigades and Community Disaster Response Teams.



Despite a decrease in the case incidence rate in Guinea, the activities being undertaken by IFRC and GRC increased exponentially in March 2015 following a Presidential declaration stating that safe and dignified burials (SDB) must be carried out for all deaths, even those without an epidemiological link to Ebola. Red Cross is the only SDB provider in Guinea, and this declaration has dramatically increased the workload of operational teams.

Red Cross Red Crescent Movement in-country

IFRC established a country delegation to support the GRC in the implementation of the EVD response operation. A number of Movement partners have been supporting the EVD response, and many have plans to continue their support into the recovery phase. ICRC is present in country, and continues to support GRC technical departments and key positions in local branches with the aim of strengthening capacities to run ongoing humanitarian programs. Danish Red Cross has a representation in Guinea, and provides bilateral support to a reproductive health program in middle Guinea. French Red Cross has been working in Guinea since March 2014, deploying an Emergency Response Unit (ERU) and operating Ebola Treatment Centres in Macenta, Kérouané and Forecariah.

Non-RCRC actors in country

The Government of Guinea coordinated the Ebola response through the Ministry of Health and the National Ebola Coordination Cell, which has included UNMEER, WHO, UNICEF, WFP, the French Embassy, GRC, IFRC, MSF, CDC, USAID/OFDA, African Union/ASEOWA, OOAS, ELU and other international NGOs and members of local civil society.

Proposed sectors of intervention



Health & care (continued response)

Specific objective: To get Ebola to "zero cases" (staying there) and maintain capacities to respond Ebola outbreaks and other disasters throughout Guinea based on the traditional 5 pillars response:

Outcome 1.1: To contribute to the elimination Ebola Virus Disease in Guinea through community engagement, beneficiary communication and social mobilisation, contact tracing and surveillance

- Output 1.1.1: To ensure adequate managing of safe and dignified burials (SDB) increasing response capacities in hotspot areas including rehabilitation of infrastructures, training health staff, capitalizing lessons learned, sharing knowledge and focusing on National society capacity building.
- Output 1.1.2: Social mobilisation campaigns efficiently and effectively carried out in hotspot areas and target communities. Social mobilisation, community engagement and beneficiary communication: Community understanding, engagement, ownership and implementation of prevention and control measures is ensured through effective social mobilisation and two-way communication with beneficiaries, community leaders and religious leaders to prevent further transmission and control the outbreak.
- Output 1.1.3: To strengthen contact tracing and surveillance activities in Ebola hotspot areas.
- Output 1.1.4: Psychosocial and economical support is provided to staff, volunteers and affected population by EVD.



Health & care (recovery)

Specific objective: To make communities more resilient by improving access to health services.

Outcome 2.1: Communities are more resilient and get a better access to basic health care by improving health post facilities (software/hardware) and raising awareness campaigns

- Output 2.1.1. Health system (software and hardware) is strengthened and access to health facilities is improved in high risk prone areas in Guinea.
- Output 2.1.2.: Community health prevention and care in high risk prone areas in Guinea is improved
- Output 2.1.3: The capacity is built to provide psycho-social support in disaster and post-disaster situations



Disaster Risk Reduction

Specific objective: To reduce the vulnerability of targeted communities to epidemics and other disasters through strengthened capacities and application of risk reduction preparedness and response measures

Outcome 3.1: Strengthened emergency preparedness to better respond to regular epidemic peaks and keep surge capacity to respond to Ebola potential re-emergency (Readiness).

- Output 3.1.1: Guinean Red Cross response teams on prefecture level are trained.
- Output 3.1.2: GRCS and community volunteers trained on CEBS (early warning systems)
- Output 3.1.3: Contingency plans are updated and revised annually, with specific focus on cross-border coordination



Food Security and Livelihoods

Specific objective: To strengthen and make sustainable the livelihoods and food security access and capacity of communities affected by the EVD epidemics

Outcome 4.1: Agricultural production and income-generating activities are re-established; nutrition gaps covered

- Output 4.1.1: Food-for-work actions provided to target communities (vulnerable populations in high risk prone areas - Forecariah, Nzerekore, Mamou, Kindia, Nzerekore)



National Society Development (Organizational Development)

Specific objective: To rebuild and strengthen the organizational and operational capacities of GRCS for effective and efficient service delivery to the vulnerable people during the recovery phase.

Outcome 5.1: Strengthened capacities of the National Society at National and Branch level to achieve in a qualitative way the assigned objectives

- Output 5.1.1: GRC governance is strengthened and coordination capabilities are improved
- Output 5.1.2: GRC management capacities are strengthened
- Output 5.1.3: GRC branches are strengthened on prefecture, sub-prefecture, and district level
- Output 5.1.4: GRC key infrastructure is rehabilitated



Budget

See attached [IFRC Secretariat budget \(Annex 1\)](#) for details.

Walter Cotte
Under Secretary General
Programme Services Division

Elhadj Amadou As Sy
Secretary General

Contact Information

For further information specifically related to this operation, please contact:

- **Guinea Red Cross Society:** Facély Diawara, Ebola operations manager /Head of Health and Community Care department; phone: 224 642 265 08; Email: faceli76@yahoo.fr
- **IFRC Guinea:** Aliou Boly, Country Representative,, phone: +224 621880995, email: aliou.boly.@ifrc.org
- **IFRC Ebola Guinea** Oscar Llorente Pelayo, Head of Operations, IFRC Ebola response, phone: +224 623669430, email: oscar.llorente@ifrc.org
- **IFRC Ebola Regional Coordination:** Norbert Allale, Head, IFRC Ebola response, phone: +224 620 100 615 /+41 79 708 4588, email: norbert.allale@ifrc.org
- **IFRC Geneva:** Cristina Estrada, Operations Quality Assurance Senior Officer; Geneva; phone: +41 22 730 4260; email: cristina.estrada@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños Gonzalez, Disaster Management Coordinator for Africa; Nairobi; phone: +254 20 283 55213; email: daniel.bolanos@ifrc.org
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of Zone Logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Ghana:** Terry Carney, Ebola Resource Mobilisation Coordinator; Accra; phone: +233 266 444 147; email: terry.carney@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone:** Robert Ondrusek, PMER Coordinator for Africa; phone: +254 731 067 277; email: Robert.ondrusek@ifrc.org

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 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:

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

Guinea EVD Revised Emergency Appeal (n° MDRGN007)

Budget Group	Response	Recovery	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0.00	0.00		0.00
Shelter - Transitional	0.00	0.00		0.00
Construction - Housing	0.00	0.00		0.00
Construction - Facilities	0.00	650,000.00		650,000.00
Construction - Materials	0.00	2,150,000.00		2,150,000.00
Clothing & Textiles	202,254.07	200,000.00		402,254.07
Food	12,147.29	0.00		12,147.29
Seeds & Plants	0.00	400,000.00		400,000.00
Water, Sanitation & Hygiene	1,735,241.13	0.00		1,735,241.13
Medical & First Aid	2,019,253.28	50,000.00		2,069,253.28
Teaching Materials	40,421.10	1,280,260.00		1,320,681.10
Utensils & Tools	358,176.11	130,000.00		488,176.11
Other Supplies & Services	517,497.29	0.00		517,497.29
Emergency Response Units	0.00	0.00	180,000.00	0.00
Cash Disbursements	10,840.56	400,000.00		410,840.56
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	4,895,830.83	5,260,260.00	180,000.00	10,156,090.83
Land & Buildings	0.00	0.00		0.00
Vehicles Purchase	929,982.16	436,841.45		1,366,823.61
Computer & Telecom Equipment	501,228.85	505,100.00		1,006,328.85
Office/Household Furniture & Equipment	79,685.88	120,000.00		199,685.88
Medical Equipment	0.00	200,000.00		200,000.00
Other Machinery & Equipment	0.00	0.00		0.00
Total LAND, VEHICLES AND EQUIPMENT	1,510,896.89	1,261,941.45	0.00	2,772,838.34
Storage, Warehousing	15,851.36	0.00		15,851.36
Distribution & Monitoring	1,463,765.28	200,000.00		1,663,765.28
Transport & Vehicle Costs	7,575,884.50	830,535.80		8,406,420.30
Logistics Services	0.00	0.00		0.00
Total LOGISTICS, TRANSPORT AND STORAGE	9,055,501.14	1,030,535.80	0.00	10,086,036.94
International Staff	5,321,000.00	4,968,000.00		10,289,000.00
Regionally Deployed Staff	102,918.00	0.00		102,918.00
National Staff	472,430.35	699,348.00		1,171,778.35
National Society Staff	1,127,799.01	1,230,500.00		2,358,299.01
Volunteers	4,733,703.82	4,403,090.52		9,136,794.34
Total PERSONNEL	11,757,851.18	11,300,938.52	0.00	23,058,789.70
Consultants	70,379.15	50,000.00		120,379.15
Professional Fees	291,893.55	166,000.00		457,893.55
Total CONSULTANTS & PROFESSIONAL FEES	362,272.70	216,000.00	0.00	578,272.70
Workshops & Training	1,884,810.97	1,578,657.93		3,463,468.90
Total WORKSHOP & TRAINING	1,884,810.97	1,578,657.93	0.00	3,463,468.90
Travel	425,169.40	93,157.08		518,326.48
Information & Public Relations	490,104.29	305,000.00		795,104.29
Office Costs	443,450.43	534,000.00		977,450.43
Communications	123,589.28	31,340.00		154,929.28
Financial Charges	16,000.00	0.00		16,000.00
Other General Expenses	8,738.85	0.00		8,738.85
Shared Support Services	11,468.88	0.00		11,468.88
Total GENERAL EXPENDITURES	1,518,521.13	963,497.08	0.00	2,482,018.21
Programme and Supplementary Services Recovery	2,014,069.51	1,404,769.00	0.00	3,418,838.52
Total INDIRECT COSTS	2,014,069.51	1,404,769.00	0.00	3,418,838.52
TOTAL BUDGET	32,999,754.35	23,016,599.78	180,000.00	56,016,354.13
Available Resources				
Multilateral Contributions	26,220,402.00			26,220,402.00
Bilateral Contributions	59,500.00		0.00	59,500.00
TOTAL AVAILABLE RESOURCES	26,279,902.00	0.00	0.00	26,279,902.00
NET EMERGENCY APPEAL NEEDS	6,719,852.35	23,016,599.78	180,000.00	29,736,452.13