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Disaster relief emergency fund (DREF) Guinea: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRGN005
GLIDE n° EP-2012-000158-GIN
11 September 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

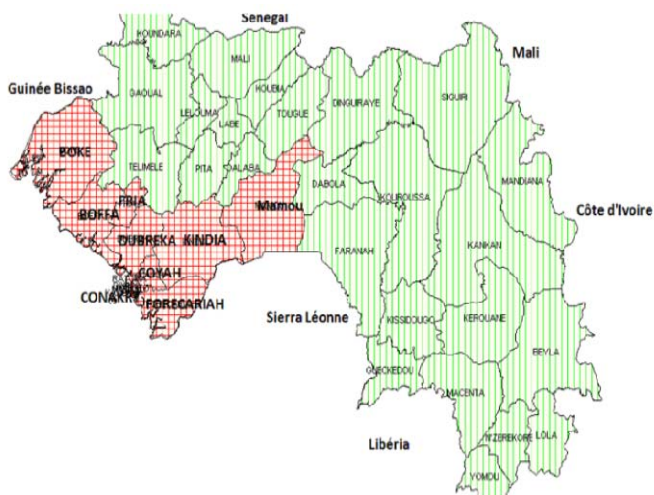
CHF 178,829 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to 25,000 households. Unearmarked funds to repay DREF are encouraged.

Summary: In February 2012, cholera cases began to appear throughout the regions of Conakry and Forecariah. The epidemic worsened in July and August (5,699 cases and 109 deaths as per September 2, 2012) and has now reached a level that exceeds the current response capacities.

The Red Cross Society of Guinea has been responding to the outbreak since February 2012, but the current situation poses a dramatic evolution of the epidemic and requires a significant up scaling of the activities. This DREF operation seeks to rapidly increase both cholera prevention activities across several affected regions and support to ongoing Cholera Treatment Centres (CTCs).

This DREF operation is based on a plan of action developed by the Red Cross Society of Guinea following detailed needs assessments and coordination of actions with the authorities and other humanitarian organizations. The operation will give support to 25,000 families in prevention of cholera through water, sanitation and hygiene promotion in addition to supporting the already operational Cholera Treatment Centres across the country.

The operation is expected to be implemented over three months and will therefore be completed by 7 December 2012; a Final Report will be made available three months after the end of the operation (by 7 March 2013).



Map of the cholera affected areas in Guinea

[<click here for the DREF budget; contact details; and a map of the affected areas>](#)

The situation

Since February 2012, the Guinea Ministry of Health has reported 5699 cases of cholera including 109 deaths (fatality rate 1.91%). To date, 3,060 of the confirmed cases have been reported in the last three weeks, and though the number of new cases reported in week 35 was significantly lower than the number of reported cases in week 33 and 34, it is still too early to say whether the weekly number of cases will continue to rise.

The worst affected areas are the regions of Conakry and Forecariah (see table 1). The outbreak was first reported in Forecariah region bordering the neighbouring country of Sierra Leone, and is believed to be related to the current cholera crisis in Sierra Leone.

There was a slow increase in cases from February, but since the onset of the rainy season in July, there has been a heavy increase in number of new cases (see figure 1), and the intervention needs are believed to exceed the capacity of the Guinea government and its partners, including the RCG.

Region	Cases	Deaths	Fatality rate (%)
Conakry	2,729	19	0.70
Forecariah	313	26	8.31
Boffa	195	10	5.13
Mamou	91	10	10.99
Boké	67	4	5.97
Fria	183	5	2.73
Dubrêka	113	4	3.54
Coyah	312	7	2.24
Kindia	51	3	5.88
Kankan	48	5	10.42
Total	4,102	93	2,27

Table 1: total cases pre region (19 Aug 2012)

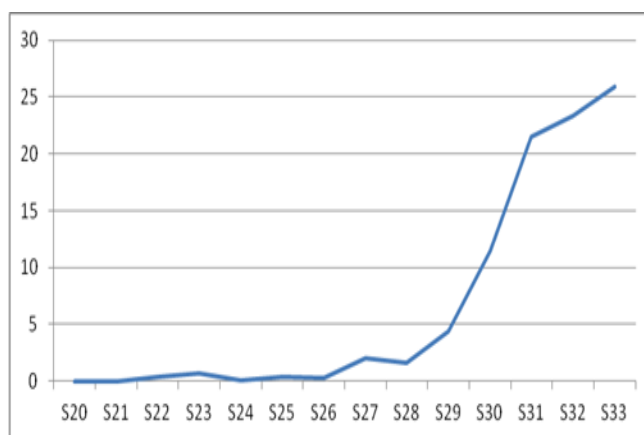


Figure 1: Conakry accumulated number of cases in 100s

Despite numerous efforts by the authorities and humanitarian agencies to contain the epidemic, cholera continues to progress with more reported cases each week. In neighbouring Sierra Leone, the cases have dramatically increased, especially in the border regions neighbouring Guinea. A rapid response from the Ministry of Health and Hygiene and its partners was organised throughout the country; however the onset of the rainy season and population movement between Sierra Leone and Guinea continue to worsen the situation.

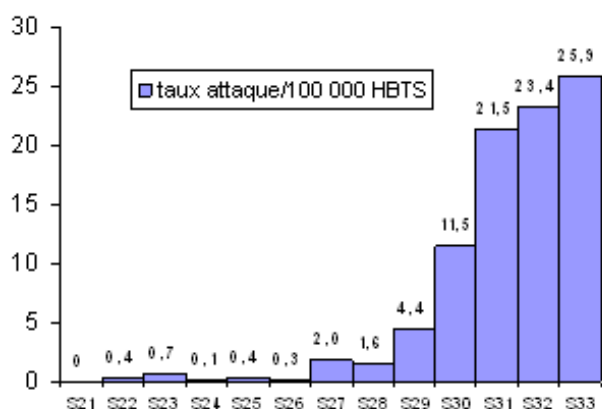


Figure 2: weekly attack rate

In reference to Figure 2 above, there was peaked increase in week 33 in Conakry of up to 25.9 cases per 100,000 inhabitants. Factors favouring the epidemic include consumption of unsafe drinking water, lack of latrines and sanitation, non-compliance with basic hygiene practices. The main regions where the epidemic is worsening include Conakry, Forecariah, Coyah and Boffa, which follow the population movement lines

between Sierra Leone and Guinea. The focus of the authorities and humanitarian agencies is on these areas to contain the epidemic and prevent new cases while treating the affected.

According to predictions by the Inter-Agency WASH and Health clusters, the current pace of the epidemic may result in a total of more than 12,000 cases.

Coordination and partnerships

Humanitarian coordination meetings with the authorities and agencies are held regularly to assess response activities. Joint assessment missions continue to be made by the Red Cross Society of Guinea (RCSG) along with the authorities and other agencies. Results of the assessments are shared with all partners and whenever possible, joint planning of interventions is discussed at coordination meetings.

Currently, RCSG is working with the Danish Red Cross, ICRC, Action Against Hunger (ACF), Doctors Without Border Switzerland and Belgium, UNICEF and the Ministry of Health and Public Hygiene.

- The Ministry of Health has overall responsibility for the management of the cholera epidemic. It organizes meetings, coordinates the actions of partners and organizes the management of patients in the CTCs in addition to on-going epidemiological surveillance.
- UNICEF is involved in community outreach and distribution of hygiene kits and works in partnership with the Ministry of Health
- WHO is providing medical technical support to the Ministry of Health
- MSF Switzerland and MSF Belgium are supporting the CTCs
- ACF is active in Conakry in the areas of sanitation and management of dead bodies
- The Danish Red Cross has provided financial support to the Ministry of Health since the early stages of the epidemic
- The ICRC continues to support the Red Cross Society of Guinea through volunteer mobilisation and management of dead bodies.

At the regional health platform meeting attended by WHO, IFRC, ACF MSF, UNICEF, OCHA, ECHO and others partners, at OCHA West Africa regional office in Dakar on 14 August 2012, it was agreed that international support to the eminent crisis is urgently needed.

Red Cross and Red Crescent action

The Red Cross Society of Guinea (RCSG) has had a cholera prevention programme supported by the Danish Red Cross since February 2012. Since the first outbreak of cases, the RCSG has worked with authorities and other humanitarian agencies in undertaking various assessment missions to gather data analyse the outbreak and define common solutions.

Specific actions in the last weeks by the RCSG include:

- Participation in the rapid assessment missions and coordination mechanisms established by MoH
- Undertaking information, education and communication campaigns for persons travelling by ferry in high case regions.
- Training of local agents on cleaning and spraying docks and ports in targeted areas.
- Social mobilization for immunization against cholera in Boffa and Forécariah regions

RCSG is also supporting MSF in the management of 12 cholera treatment centres across the country through its 165 volunteers involved in:

- Registering new cholera patients
- Preparing the chlorine solutions for decontamination
- Managing the dead bodies (decontamination and preparation for burial)
- Providing psychological and information support to friends and family of the patients at the cholera treatment centre

The IFRC deployed a health Regional Disaster Response Team member to support the RCSG consolidate the information and formulate a National Society response plan.

The needs

Assessment reports identified the following needs:

- Inadequate access to clean water as some affected areas and neighbourhoods lack any clean drinking water.
- Inadequate hygiene and sanitation conditions in Conakry and neighbouring regions
- Low local knowledge on cholera in terms of mode of transmission and social attitudes of suspected cases or suspected deaths.

The proposed operation

Emergency health	
Outcome: To sensitize and prevent cholera at the community level of targeted regions for 25,000 families over three months.	
Outputs (expected results): <ul style="list-style-type: none">• Cholera prevention, sanitation and hygiene techniques are disseminated in targeted areas at community and household levels• Knowledge on cholera prevention in households living along the border between Guinea and Sierra Leone and others regions affected in Guinea has improved	Activities planned: <ul style="list-style-type: none">• Conduct epidemic control (ECV) and PHAST training for 500 volunteers• Carry out cholera prevention health messaging and sanitation and hygiene promotion campaigns to 25,000 households (integrated with water, sanitation and hygiene promotion activity)• Carry out sanitation activities at household levels of cholera patients• Print and distribute information, education and communication materials on health messaging such as brochures and posters.
Water, sanitation and hygiene promotion	
Outcome: Reduce cholera epidemic risks through the provision of safe water, adequate sanitation and hygiene promotion to 25,000 families.	
Outputs (expected results): <ul style="list-style-type: none">• Access to safe water for 25,000 households in targeted regions• Increased access to hygiene and sanitation materials for 25,000 families in targeted areas• Access to sanitation facilities in health centres and along traffic routes where risks for transmission are high.• Improve hygiene knowledge and behaviour of 100,000 persons• Increased access to appropriate sanitation for 25,000 families	Activities planned: <ul style="list-style-type: none">• Procure and distribute 40,000 bottles of 250ml concentrated chlorine to 25,000 households for the treatment of drinking water and food preparation• Procure and distribute 25,000 1kg soap for 25,000 households for improvement of hygiene and sanitation• Procure and distribute 25,000 oral rehydration salts to 100,000 persons• Carry out education campaign on importance and proper use of distributed WASH materials• Monitor, conduct impact evaluations and report on the timeliness and effectiveness of the WASH activities.

Contact information

For further information specifically related to this operation please contact:

- **Red Cross Society of Guinea:** Mamady Cisse, Executive Secretary; Tel :+224 68 682 201; Email: crgsecretaire.executif@gmail.com
- **IFRC Regional Representation:** Momodou Lamin Fye, Regional Representative; Tel: +221 33 869 36 41; Email: momodoulamin.fye@ifrc.org
- **IFRC Africa Zone DMU:** Daniel Bolaños, Disaster Management Coordinator; phone: +254 731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41 22 730 45 29; email: christine.south@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone RM:** Loïc de Bastier, Resource Mobilisation Coordinator; Tel: +251 93 003 4013; Email: loic.debastier@ifrc.org

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

- **IFRC Africa Zone PMER:** Robert Ondrusek, PMER / QA Delegate; Tel: +254 731 067 277; Email: robert.ondrusek@ifrc.org



[Click here](#)

1. DREF budget [below](#)
 2. Click [here](#) to return to the title page
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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.

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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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DREF OPERATION

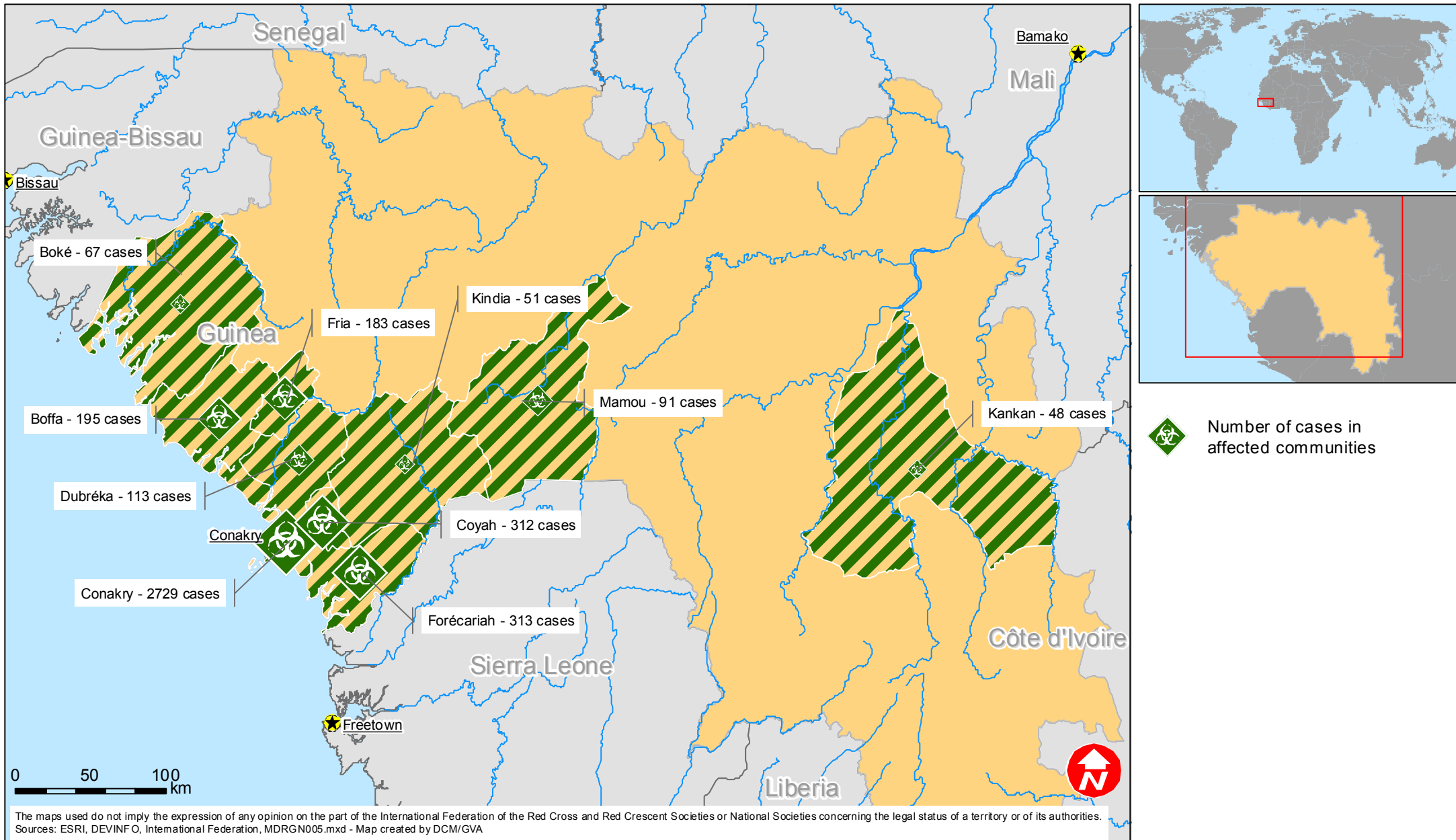
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Guinea Cholera: MDRGN005

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	67,500
Medical & First Aid	
Teaching Materials	11,250
Utensils & Tools	
Other Supplies & Services	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	78,750
Land & Buildings	
Vehicles	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	1,000
Distribution & Monitoring	2,000
Transport & Vehicle Costs	7,500
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	10,500
International Staff	15,000
National Staff	
National Society Staff	12,665
Volunteers	30,000
Total PERSONNEL	57,665
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	5,000
Total WORKSHOP & TRAINING	5,000
Travel	6,000
Information & Public Relations	3,500
Office Costs	1,500
Communications	2,000
Financial Charges	3,000
Other General Expenses	
Shared Office and Services Costs	
Total GENERAL EXPENDITURES	16,000
Partner National Societies	
Other Partners (NGOs, UN, other)	
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	10,914
Total INDIRECT COSTS	10,914
TOTAL BUDGET	178,829



Guinea: Epidemic - Cholera



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.
 Sources: ESRI, DEVINFO, International Federation, MDRGN005.mxd - Map created by DCM/GVA