

DREF operation update Guinea: Cholera

DREF operation n° MDRGN005 GLIDE n° EP-2012-000158-GIN Update n°1 – 5 November, 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.

Period covered by this update:
12 September to 28 October, 2012

Summary: CHF 178,829 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 07 September, 2012 to support the Red Cross Society of Guinea (RCSG) in delivering assistance to some 25,000 households.

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 reached a level that exceeded the response capacities of the National Society. The situation escalated and required quick response in order to save lives.



Sensitization and hygiene kit distribution in Conakry. Photo/ IFRC / RCSG

The funds received under this DREF have enabled the National Society to rapidly increase cholera prevention activities across several affected regions and to support the Cholera Treatment Centres (CTCs) as per the plan of action developed after detailed needs assessments carried out by the National Society. Additionally, the National Society has produced and distributed sensitization materials and has planned Epidemic control for Volunteers (ECV) and PHAST trainings for its volunteers.

The response operation is being implemented in coordination with local authorities and other humanitarian actors. Through these concerted efforts, the epidemic is said to be under control as no case has been reported during the last week of October 2012.

The Netherlands Red Cross and government contributed CHF 51,856 to the DREF in replenishment of the allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the

Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of DREF contributions are found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf

The situation

Since February 2012, the Guinea Ministry of Health has reported 5,699 cases of cholera including 109 deaths (fatality rate 1.91%). 3,060 of the confirmed cases were reported in the last three weeks of September 2012 with the worst affected areas being the regions of Conakry and Forecariah. There was a peaked increase in week 33 in Conakry of up to 25.9 cases per 100,000 inhabitants. The outbreak was first reported in Forecariah region bordering the neighbouring country of Sierra Leone, and has been believed to be related to the cholera crisis in Sierra Leone.

There was a slow increase in cases from February, but with the start of the rainy season in July, there was a sharp increase in number of new cases. The intervention needs exceeded the capacity of the Guinea government and its partners, including the Red Cross Society of Guinea (RCSG).

Despite numerous efforts by the authorities and humanitarian agencies to contain the epidemic, cholera continued to progress with more reported cases each week. In neighbouring Sierra Leone, the cases 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 but the onset of the rainy season and population movement between Sierra Leone and Guinea continued to worsen the situation.

The spread of the outbreak is attributed to consumption of unsafe drinking water, lack of latrines and proper sanitation and non-compliance with basic hygiene practices. The main regions where the epidemic has been at its worst are Conakry, Forecariah, Coyah and Boffa, which follow the population movement lines between Sierra Leone and Guinea. The focus of the authorities and humanitarian agencies has been on these areas to contain the epidemic and prevent new cases while treating the affected ones.

The Inter-Agency WASH and Health clusters predict that by the pace of the epidemic, it may result in a total of more than 12,000 cases.

Coordination and partnerships

Humanitarian coordination meetings with the authorities and agencies have been held regularly to assess response activities. Joint assessment missions have been conducted by the Red Cross Society of Guinea (RCSG) along with the authorities and other agencies. Results of the assessments have been shared with all partners and whenever possible, joint planning of interventions has been discussed at coordination meetings. Currently, RCSG is working with the Danish Red Cross, ICRC, Action Against Hunger (ACF), Doctors Without Borders Switzerland and Belgium, UNICEF and the Ministry of Health and Public Hygiene.

Red Cross and Red Crescent action

The National Society has been implementing a cholera prevention programme supported by the Danish Red Cross since February 2012. Since the first cases of the outbreak were reported, RCSG has worked with authorities and other humanitarian agencies in undertaking various assessment missions to gather data analyse and define common response solutions. The IFRC deployed a health Regional Disaster Response Team member to support the National Society consolidate the information and formulate a National Society response plan.

Progress towards outcomes

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):

- 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:

- 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

Progress:

The primary means of preventing cholera being hygiene promotion, the National Society prepared cholera prevention messages for hygiene and sanitation promotion aimed at improving public awareness on prevention on the cholera epidemic. Information, Education and Communication (IEC) materials and health messages such as brochures and posters have been produced and used for sensitization reaching 9,000 households in Conakry. Household visits coupled with distribution of 9,000 hygiene kits to 9,000 households located in the 33 affected areas of Conakry have been conducted. Preparation of the training materials and the identification of volunteers to take part in the epidemic control (ECV) and PHAST training is underway.

The National Society is highly constrained by time as it works to ensure that the Epidemic control for Volunteers (ECV) and PHAST trainings for 500 volunteers as well as sensitization of 25,000 households in the 11 regions planned for mid November, 2012 progress as planned.

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):

- 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:

- 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

Progress:

To increase access to hygiene and sanitation materials for families in targeted areas, the National Society has procured and dispatched products to be used for the operation to the targeted regions. These include 40,000 bottles of 250ml concentrated chlorine and 25,000 pieces of 1kg soap purchased and provided to 25,000 households for use in treatment of drinking water and food preparation as well as for personal hygiene. In addition, 25,000 oral rehydration salts were distributed to 100,000 persons.

The identification of public areas such as markets, schools and borders points to be targeted for education campaigns on the importance and proper use of distributed WASH materials is progressing as planned.

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 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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