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DREF final report Guinea: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRGN005
GLIDE n° EP-2012-000158-GIN
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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 Red Crescent response to emergencies. 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.

Summary: CHF 178,829 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 7 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 of 2 September 2012) and reached a level that exceeded the response capacities of the National Society.



Mass sensitization in Matato located in Conakry. IFRC / RCSG

With the DREF funds allocated, the National Society implemented cholera prevention activities across several affected regions to support the Cholera Treatment Centres (CTCs). A detailed assessment was undertaken by the National Society, which informed the plan of action developed. The National Society produced and distributed sensitization materials as well as hygiene kits to 25,000 households. Up to 645 volunteers were trained on Epidemic Control (ECV) and Participatory Hygiene and Sanitation Transformation (PHAST) as well as dead body management. The trained volunteers sensitized 174,080 people on cholera prevention, water treatment and hygiene in the households. Additionally, volunteers supported disinfection of community facilities and households where cholera outbreaks had been recorded, as a way to prevent further spread.

Significant achievements were recorded at the end of the operation as no new cases were registered since the last week of October 2012. This can be partly attributed to the continuous and sustained hygiene awareness and sensitization sessions supported by the trained Red Cross volunteers and also to related

interventions by collaborating partners. The response operation was implemented in coordination with local authorities and other humanitarian actors, enhancing the collaboration between the Red Cross Society of Guinea and its partners. At the end of the operation, a small balance of CHF 5,410 remained and was returned to DREF.

The Netherlands Red Cross and government contributed to the replenishment of the DREF 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

[<click here for the final financial report, or here to view contact details>](#)

The situation

For several decades, the countries in the West Africa and Sahel region have been hard hit by cyclic outbreaks of cholera, causing thousands of people to be infected and claiming many lives. Guinea was not spared from a cholera outbreak; in February 2012, the Guinea Ministry of Health reported 5,699 cases of cholera, including 109 deaths (fatality rate 1.91%). Up to 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. The outbreak was first reported in Forecariah region bordering the neighbouring country of Sierra Leone, and was believed to be related to the cholera crisis in Sierra Leone. There was peaked increase in week 33 in Conakry of up to 25.9 cases per 100,000 people.

While reported cases in February were limited, with the start of the rainy season in July there was a sharp increase in number of new cases. The needs exceeded the capacity of the 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, the outbreak continued to progress with more reported cases each week. In Sierra Leone, the number of cases increased dramatically, especially on the border regions neighbouring Guinea.

The spread of the outbreak was attributed to the consumption of unsafe drinking water, lack of latrines and proper sanitation and non-compliance with basic hygiene practices. The main regions affected by the epidemic included Conakry, Forecariah, Coyah and Boffa, which followed the population movement lines between Sierra Leone and Guinea.

A rapid response from the Ministry of Health and Hygiene and its partners was organized throughout the country but the onset of the rainy season and population movement between Sierra Leone and Guinea continued to worsen the situation. The focus of the authorities and humanitarian agencies were on the affected areas to contain the epidemic and prevent new cases while treating the affected ones.

At the regional health platform meeting at United Nations Office for Coordination of Humanitarian Affairs (UN OCHA) in Dakar on 14 August 2012, attended by the World Health Organization (WHO), IFRC, Action Against Hunger (ACF), Médecins Sans Frontières (MSF), United Nations Children's Fund (UNICEF), ECHO and others partners, it was agreed that international support to the crisis was needed.

Red Cross and Red Crescent action

Since the first cases of the outbreak were reported, RCSG, jointly with the authorities and other humanitarian agencies, undertook assessment missions to gather data and define common response solutions. Humanitarian coordination meetings with the authorities and agencies were held regularly to assess response activities.

The RCSG undertook information, education and communication campaigns for persons travelling by ferry in high risk regions, where there had been cholera outbreaks. Furthermore, they also trained local agents on

cleaning and spraying docks and ports in targeted areas to prevent the further spread of cholera. The RCSG also assisted the Ministry of Health in their immunization campaigns, through social mobilization activities in Boffa and Forécariah regions.

RCSG also supported MSF in the management of 12 cholera treatment centres across the country through 165 volunteers who registering new cholera patients, prepared chlorine solutions for decontamination, performed dead body management (decontamination and preparation for burial), and provided psychosocial support and information to friends and family of patients at the cholera treatment centres.

With the support of DREF, the RCSG trained 645 volunteers in ECV, PHAST and dead body management. The volunteers performed health education, cholera prevention and hygiene awareness to the affected communities. Sanitation and hygiene kits were distributed along with training for the families in water treatment for household use. Additionally, the volunteers supported disinfection of community facilities and households where cholera outbreaks had been recorded, as a way to prevent further spread.

IFRC supported the planning and monitoring of the operation, including financial monitoring, and deployed a health RDRT member to support the National Society in planning and implementing its response plan.

ICRC provided complementary support to the RCSG through volunteer mobilization and management of dead bodies. In addition, the National Society has been implementing cholera prevention programmes supported by the Danish Red Cross since February 2012, and the Danish Red Cross extended its financial support to the Ministry of Health since the early stages of the epidemic.

Achievements against outcomes

The National Society managed to carry out all of their planned activities, and reach the targeted beneficiaries within the set time frame.

Emergency health

Outcome: To sensitize and prevent cholera at the community level of targeted regions for 25,000 households 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 other regions affected in Guinea has improved.

Activities planned:

- Conduct epidemic control (ECV) and PHAST training for 500 volunteers.
- Carry out cholera prevention health messaging, 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.

Achievements:

A total of 645 volunteers were trained on Epidemic Control (ECV) and Participatory Hygiene and Sanitation Transformation (PHAST) as well as dead body management. The trained volunteers used its acquired knowledge to sensitize affected communities on how to prevent cholera, treat water at home, and improve hygiene in the households.

In total, 174,080 beneficiaries (25,000 households) were reached with health messages on cholera prevention and treatment of water (chlorine, administration of oral rehydration salt solutions (ORS)), households and environmental hygiene. The National Society also produced and distributed sensitization materials.

The health education of the cholera disease, modes of transmission, signs/symptoms, preventive measures, enabled the community to adopt positive behaviours and practices. This was done through the distribution of communication, education and information materials distributed in markets, places of worship and public places in affected communities. This contributed to an early containment of the outbreak.

The following table gives more details about the distribution and sensitization activities:

Areas	Households reached	Beneficiaries reached through distribution activities	ITEMS			Persons reached through sensitization
			Pieces of soap distributed households	Bottles of concentrated chlorine distributed households	ORS distributed households	
Conakry	9,500	62,107	9,500	9,500	9,500	73,930
Forecariah	3,500	10,392	3,500	10,500	3,500	18,559
Coyah	3,000	11,748	3,000	9,000	3,000	13,893
Dubreka	2,000	7,683	2,000	6,000	2,000	8,947
Boke	2,000	10,347	2,000	6,000	2,000	12,014
Boffa	1,200	657	1,200	3,600	1,200	8,757
Fria	1,200	532	1,200	3,600	1,200	6,934
Mamaou	700	7,785	700	2,100	700	9,926
Kankan	600	2,843	600	1,800	600	5,675
Dalaba	700	4,574	700	700	700	6,673
Kindia	600	6,729	600	1,800	600	8,772
Total	25,000	124,208	25,000	54,600	25,000	174,080

Challenges:

Due to the remoteness of the National Society headquarters from the affected towns, it was challenging for the staff to be on time at work. This sometimes resulted in delays and especially the swift delivery of records regarding the distribution of kits in Conakry by the local committees.

Water, sanitation, and hygiene promotion

<p>Outcome: Reduce cholera epidemic risks through the provision of safe water, adequate sanitation and hygiene promotion to 25,000 families</p>
<p>Outputs (expected results):</p> <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 of transmission are high • Improve hygiene knowledge and behaviour of 100,000 persons • Increased access to appropriate sanitation for 25,000 families
<p>Activities planned:</p> <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

Achievements:

The National Society procured and dispatched 54,600 bottles of 250 ml concentrated chlorine, 25,000 pieces of 1kg soap, and 25,000 packets of ORS. A total of 25,000 households were provided with these hygiene and sanitation kits as well as oral rehydration salts, based on need.

The distribution of water treatment products and ORS was accompanied with training for households on how to use it.

Meanwhile, the provision of hygiene and sanitation materials enabled the families to improve hygiene and treat their water for use in food preparation and personal hygiene.

The RCSG volunteers also assisted communities and families who had reported cases of cholera in their households, to disinfect their houses and sanitary facilities, which improved sanitary conditions and reduced risks for new cholera infections.

Lessons learned

A lessons' learned meeting was conducted soon after the operations, with a presentation shared which included the achievements of the National Society as well as areas to be improved.

Overall, it was felt that the implementation of DREF went well. RCSG has a good reputation with its partners at both state and institutional levels, and collaborative relationships have improved with the relevant ministries.

Areas to be strengthened include:

- Capacity building in finance and logistics
- Coordination, planning and implementation between technical departments
- Development of a contingency plan against the cholera epidemic
- Continued cooperation with all partners.



Disinfection activities in Mamou village. Photo: IFRC/RCSG

Contact information

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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 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.



MDRGN005 - Guinea - Cholera

Appeal Launch Date: 07 sep 12

Appeal Timeframe: 07 sep 12 to 07 dec 12

FINAL Report

Selected Parameters	
Reporting Timeframe	2012/09-2013/1
Budget Timeframe	2012/09-2012/12
Appeal	MDRGN005
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	178,829					178,829	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	178,829					178,829	
C4. Other Income	178,829					178,829	
C. Total Income = SUM(C1..C4)	178,829					178,829	
D. Total Funding = B +C	178,829					178,829	
Coverage = D/A	100%					100%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	178,829					178,829	
E. Expenditure	-173,419					-173,419	
F. Closing Balance = (B + C + E)	5,410					5,410	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		178,829					178,829	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	67,500	70,957				70,957	-3,457	
Teaching Materials	11,250	10,962				10,962	288	
Total Relief items, Construction, Supplies	78,750	81,920				81,920	-3,170	
Logistics, Transport & Storage								
Storage	1,000	975				975	25	
Distribution & Monitoring	2,000	1,950				1,950	50	
Transport & Vehicles Costs	7,500	8,375				8,375	-875	
Total Logistics, Transport & Storage	10,500	11,301				11,301	-801	
Personnel								
International Staff	15,000	7,822				7,822	7,178	
National Society Staff	12,665	11,159				11,159	1,506	
Volunteers	30,000	27,494				27,494	2,506	
Total Personnel	57,665	46,475				46,475	11,190	
Workshops & Training								
Workshops & Training	5,000	4,876				4,876	124	
Total Workshops & Training	5,000	4,876				4,876	124	
General Expenditure								
Travel	6,000	5,139				5,139	861	
Information & Public Relations	3,500	3,669				3,669	-169	
Office Costs	1,500	1,463				1,463	37	
Communications	2,000	1,827				1,827	173	
Financial Charges	3,000	6,165				6,165	-3,165	
Total General Expenditure	16,000	18,263				18,263	-2,263	
Indirect Costs								
Programme & Services Support Recov	10,914	10,584				10,584	330	
Total Indirect Costs	10,914	10,584				10,584	330	
TOTAL EXPENDITURE (D)	178,829	173,419				173,419	5,411	
VARIANCE (C - D)		5,411				5,411		