

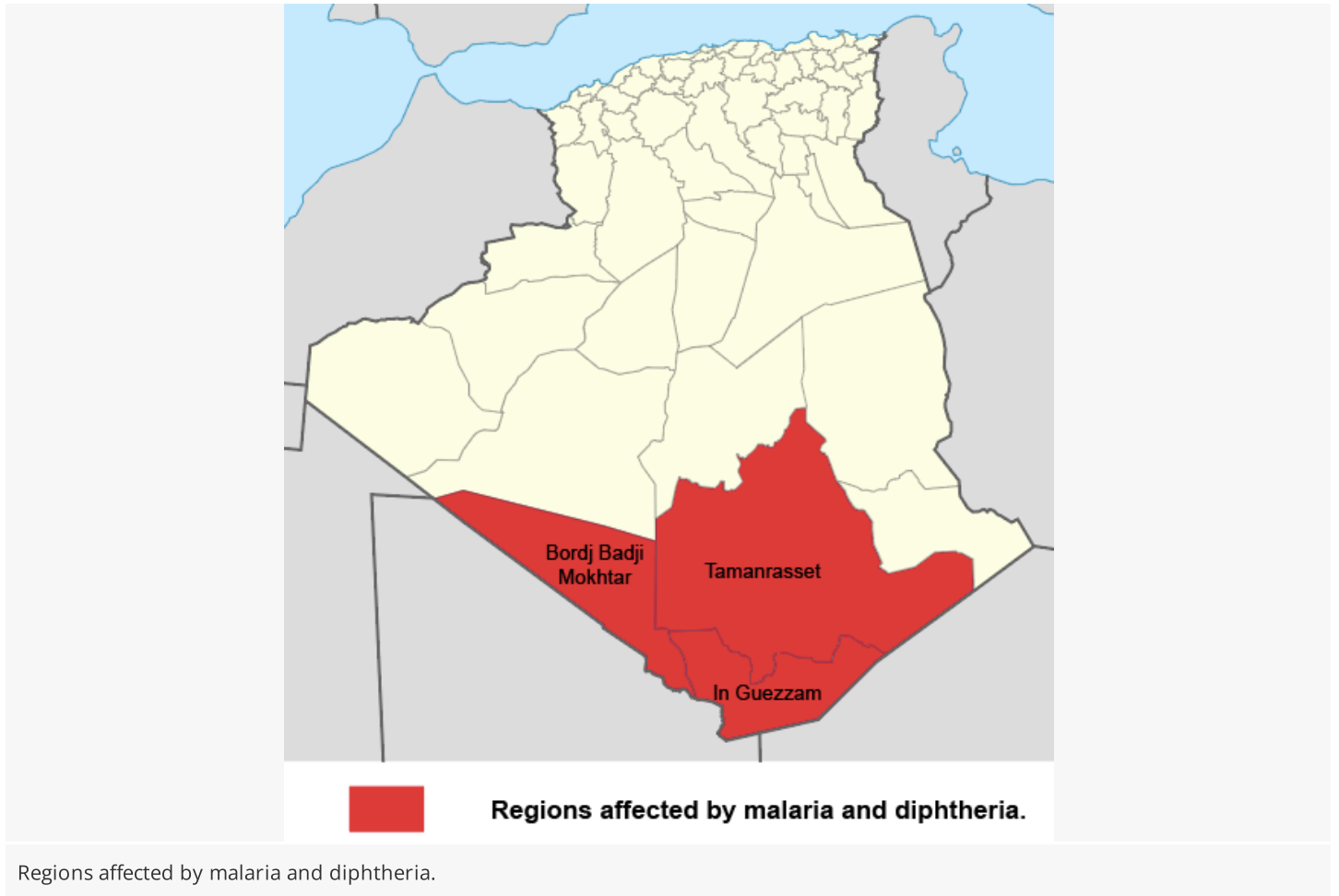


Appeal: <b>MDRDZ012</b>	Country: <b>Algeria</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Sudden</b>	DREF Allocation: <b>CHF 214,695</b>	
Glide Number: <b>-</b>	People Affected: <b>6,000 people</b>	People Targeted: <b>6,000 people</b>	
Operation Start Date: <b>28-10-2024</b>	Operation Timeframe: <b>6 months</b>	Operation End Date: <b>30-04-2025</b>	DREF Published: <b>01-11-2024</b>
Targeted Areas: <b>Tamanrasset</b>			

# Description of the Event

## Date of event

28-09-2024



## What happened, where and when?

In July 2024, violent hostilities erupted in the Kidal region of northern Mali, close to the Algerian border. Armed clashes between the Malian Armed Forces and rebel groups, intensified the geopolitical instability in the region. The fighting led to widespread destruction and forced thousands of civilians, particularly women and children, to flee their homes. As of late July, reports indicated that between 5,000 and 6,000 people had crossed into Algeria, primarily through the border town of Tinzaouatine, seeking refuge from the violence. This represents just a peak in the displacement, which had begun much earlier, leading to the movement of tens of thousands of people.

As a result of the mass population movement, Algeria's southern wilayas of In Guezzam and Bordj Badji Mokhtar have been overwhelmed, and the public health crisis in these areas has rapidly escalated. The influx of displaced persons has significantly contributed to the spread of malaria and diphtheria. By late September, 536 cases of malaria had been recorded, with 40 deaths, alongside 115 cases of diphtheria, with 28 fatalities.

Environmental factors have also played a role in exacerbating the situation. Heavy rains in September created widespread stagnant water, providing fertile breeding grounds for mosquitoes, which led to a sharp rise in malaria cases. Meanwhile, the low vaccination coverage among displaced populations, especially those coming from rural areas of Mali, has accelerated the spread of diphtheria. The combination of population movement, inadequate shelter, and an unprepared healthcare system has created the perfect storm for these outbreaks, leaving thousands of vulnerable people at heightened risk of illness and death.

The combination of mass population movement, environmental conditions, and the healthcare system's inability to manage the resurgence of malaria and diphtheria, leading to a severe public health emergency in Algeria's southern regions has led the MoH to request support from the Algeria RC to support the response in the affected areas. On October 3rd, the MoH declared the number of confirmed cases for the outbreaks and the need for intervention in the affected regions.

The violent conflict in northern Mali, coupled with environmental factors and inadequate healthcare infrastructure, has led to a severe

public health emergency in Algeria's southern regions. The mass displacement of thousands of civilians into Algeria has overwhelmed local resources, causing a rapid spread of malaria and diphtheria, exacerbated by heavy rains and low vaccination rates among displaced populations. With hundreds of cases and numerous fatalities, the Algerian Ministry of Health has sought urgent intervention from the Algerian Red Crescent to address the escalating crisis.



## Scope and Scale

The current humanitarian crisis in southern Algeria is multifaceted, involving several critical issues. The influx of tens of thousands of displaced individuals from Mali, ongoing migration flows, and the challenges faced by nomadic groups have stretched local resources to the breaking point. These displaced populations, predominantly women and children, lack adequate access to food, clean water, and healthcare, posing severe challenges for humanitarian response efforts. However, the most alarming issue has been the outbreak of malaria and diphtheria, which has escalated rapidly and poses the greatest threat to both displaced and local populations.

The outbreaks of malaria and diphtheria have significantly worsened the situation. These diseases have spread quickly among vulnerable groups already facing extreme hardship. The number of malaria cases is rising with daily malaria infections indicating active spread of the disease. The mortality rate, although relatively low compared to the total number of cases, remains concerning, especially among children, emphasizing the importance of strengthening vaccination and prevention programs for young children. As of 3 October, the Moh reported, total confirmed cases were 536 with 40 deaths. While the total number of diphtheria cases appears lower than that of malaria, the emergence of new cases requiring isolation highlights the need for continued surveillance of this highly contagious disease. As of 3 October, the Moh reported, total confirmed cases were 115 with 28 deaths.

However, these confirmed cases do not represent all potential cases, given the large geographic area affected and the nature of the displaced population. Many individuals are in movement, and it is likely that some cases have gone unreported. Additionally, the risk of the epidemic spreading rapidly necessitates an immediate and comprehensive intervention. The migrant population may not have timely access to appropriate healthcare, further increasing the urgency of the situation and the potential for the outbreak to worsen.

These outbreaks have been exacerbated by the poor living conditions of the displaced populations and mobile groups, many of whom lack access to essential healthcare services, including vaccinations. Our focus on these outbreaks stems from the immediate threat they pose to public health, both within the mobile populations and the host communities. Disease transmission is being driven by precarious living conditions, including poor hygiene, the lack of adequate shelter, and the overall strain on healthcare systems in In Guezzam and Bordj Badji Mokhtar.

According to WHO, vulnerable and marginalized groups tend to bear a disproportionately high burden of health problems. This observation is particularly evident in this crisis, where displaced persons, migrants, and nomads are disproportionately affected by health emergencies. Despite the various challenges in this crisis, the urgency of the outbreaks necessitates focused attention and action. Without immediate interventions, these diseases could continue to spread unchecked, further exacerbating the health crisis and overwhelming local healthcare systems. Addressing the outbreaks remains our top priority to mitigate the most severe impact on the affected populations and prevent a wider regional health crisis.

## Source Information

Source Name	Source Link
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1. Abdelhamid Afra : Nous sommes en phase de relèvement face à la Diphtérie et le Paludisme	<a href="https://news.radioalgerie.dz/fr/node/53066">https://news.radioalgerie.dz/fr/node/53066</a>
2. Malaria and diphtheria epidemic ravages southeastern Algeria	<a href="https://www.msn.com/en-xl/news/other/malaria-and-diphtheria-epidemic-ravages-southeastern-algeria/ar-AA1rOxqs">https://www.msn.com/en-xl/news/other/malaria-and-diphtheria-epidemic-ravages-southeastern-algeria/ar-AA1rOxqs</a>
3. Algeria says it registers cases of malaria, diphtheria among expatriates	<a href="https://www.reuters.com/world/africa/algeria-says-it-registers-cases-malaria-diphtheria-among-expatriates-2024-09-27/">https://www.reuters.com/world/africa/algeria-says-it-registers-cases-malaria-diphtheria-among-expatriates-2024-09-27/</a>
4. Cas de Diphtérie et de Paludisme à l'extrême Sud du pays- Grande mobilisation pour maîtriser la situation	<a href="https://www.lesoirdalgerie.dz/actualites/grande-mobilisation-pour-maitriser-la-situation-123172">https://www.lesoirdalgerie.dz/actualites/grande-mobilisation-pour-maitriser-la-situation-123172</a>
5. Crise sanitaire sans précédent au Nord du Mali : Nouveau flux migratoire à nos frontières	<a href="https://www.elmoudjahid.dz/fr/actualite/crise-sanitaire-sans-precedent-au-nord-du-mali-nouveau-flux-migratoire-a-nos-frontieres-224707">https://www.elmoudjahid.dz/fr/actualite/crise-sanitaire-sans-precedent-au-nord-du-mali-nouveau-flux-migratoire-a-nos-frontieres-224707</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

### Lessons learned:

Lessons learned from previous operations, particularly in coordinating with local authorities, are being leveraged to address similar challenges in the current response. Given the presence of multiple actors in the field, ensuring effective coordination is vital to prevent duplication of efforts and to guarantee that humanitarian assistance reaches all those in need. Additionally, the sharing of data plays a crucial role in enhancing the effectiveness of the Algerian Red Crescent's efforts.

## Current National Society Actions

### Start date of National Society actions

28-09-2024

<b>Shelter, Housing And Settlements</b>	The Algerian Red Crescent (ARC), in coordination with local authorities, set up 10 tents in Bordj Badji Mokhtar and 5 tents in In Guezzam to provide temporary shelter for people in health distress separating Malaria cases from Diphtheria cases, migrants from neighboring countries, and nomadic populations. Additionally, 500 mattresses were distributed in Bordj Badji Mokhtar, primarily targeting mobile populations to address immediate needs. This support helps improve living
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	<p>conditions and ensures some comfort during the medical care of those affected by the outbreak.</p>
<p><b>Livelihoods And Basic Needs</b></p>	<p>The Algerian Red Crescent (ARC), in coordination with local authorities, has taken steps to support livelihoods and address the basic needs of populations affected by the outbreak. Due to the isolation measures implemented to limit the spread of malaria and diphtheria, the ARC distributed 2,000 food parcels and 4,000 bags of flour to assist vulnerable families in the affected areas. Additionally, 1,163 long-sleeved garments were provided to women and children as protection against mosquito bites. These food and clothing distributions are crucial for ensuring the food security of isolated mobile communities and protecting them from mosquitoes, thereby addressing their immediate needs and contributing to their well-being during this period of restrictions.</p>
<p><b>Health</b></p>	<p>The Algerian Red Crescent (ARC) has played a vital role in responding to the malaria and diphtheria outbreaks in the southern wilayas of In Guezzam and Bordj Badji Mokhtar.</p> <p><b>Malaria Response:</b>  To combat the malaria outbreak, the Algerian Red Crescent (ARC) has mobilized a team of 40 doctors and 20 nurses, working in a rotational system. The first group has already been deployed to begin the intervention. Since September 29, 2024, antimalarial medications such as Mefloquine, Lumiter, and Faldi Care have been distributed to treat confirmed cases. Diagnostic kits and laboratory equipment have also been provided to enhance diagnostic capabilities.</p> <p>The ARC also implemented infection prevention and control (IPC) measures by disinfecting healthcare facilities and distributing personal protective equipment (PPE), including 20,000 medical suits, 5,000 pairs of surgical gloves, and 6,750 masks. For supporting patients with severe conditions, oxygen generators and 20 medical beds were set up, along with 50 camp beds and 3 sterilization devices to ensure safe treatment.</p> <p>Community surveillance was strengthened by deploying volunteers to track new cases, identify high-risk areas, and support contact tracing efforts. Awareness campaigns were also conducted to educate the public on malaria prevention and the importance of seeking prompt medical care.</p> <p><b>Diphtheria Response:</b>  The ARC's response to the diphtheria outbreak has also been proactive, focusing on vaccination, clinical management, and community engagement. The ARC advocated for increased vaccination coverage, coordinating vaccination campaigns and identifying at-risk populations. The teams facilitated the distribution of vaccines, protecting vulnerable groups, especially children.</p> <p>To manage confirmed cases, the ARC created isolation zones within healthcare facilities, providing 10 medical beds and 20 camp beds. Antiseptic solutions were provided to maintain clean environments. The ARC also collaborated with local authorities to set up temporary shelters to prevent the spread of the disease within communities.</p> <p>Additionally, the ARC established six tents to serve as care points (four in Bordj Badji Mokhtar and two in In Guezzam) and deployed 15 tents to accommodate patients, particularly nomadic populations. These installations are crucial for effective triage and to ensure appropriate treatment in a safe environment. They are essential to allow mobile populations to rest and receive necessary care during their illness, ensuring recovery in relatively optimal conditions.</p> <p><b>Psychosocial Support:</b>  The ARC has also provided psychosocial support to affected communities, deploying trained volunteers to offer psychological first aid and emotional support to patients, families, and healthcare workers.</p> <p>In summary, the ARC's targeted approach to managing the malaria and diphtheria outbreaks has eased the burden on local healthcare facilities, enabling rapid treatment</p>



	<p>and vaccination. By separating the response for each disease, the ARC has enhanced the effectiveness of health measures, thereby supporting local authorities in controlling the outbreaks and restoring health security.</p>
<p><b>Water, Sanitation And Hygiene</b></p>	<p>The Algerian Red Crescent (ARC) has focused its efforts on hygiene including mosquito control in response to the malaria outbreak, and hygiene promotion to control diphtheria, aiming to promote good hygiene practices and prevent the spread of these diseases. The ARC distributed antiseptic solution in affected areas, particularly in healthcare centers. Teams have been mobilized to disinfect and clean healthcare facilities, ensuring a safe environment for both patients and staff.</p> <p>Awareness campaigns were conducted to encourage regular handwashing and disinfection of living spaces. In parallel, to combat mosquitoes—the vectors of malaria—the ARC implemented awareness actions to encourage the use of mosquito nets and repellents, as well as the elimination of stagnant water. In collaboration with local authorities, the National Society led efforts to manage these stagnant water sources by organizing drainage activities and implementing vector control measures in the most affected areas. These combined efforts aim to reduce disease transmission and improve sanitary conditions for the affected populations.</p> <p>Hygiene kits, including soaps, detergents, and disinfectants, will be distributed to households to promote proper sanitation practices.</p>
<p><b>National Society Readiness</b></p>	<p>The Algerian Red Crescent (ARC) has demonstrated a high level of preparedness to respond to health emergencies , by constantly enhancing its operational capacity. In 2024, the ARC successfully organized training sessions focused on epidemic response, including the establishment of a National Response Team (NRT).</p> <p>The ARC has also made progress in setting up an Emergency Operations Center (EOC) to coordinate epidemic responses and Standard Operating Procedures (SOPs) to improve the efficiency of its interventions. Provincial and local teams have been mobilized, consisting of 38 provincial coordinators and specialized teams in health, psychosocial support, and epidemic prevention, ensuring active monitoring, rapid action, and an effective response to health crises.</p> <p>ARC's preparedness is further strengthened by 25 health emergency-trained medical doctors, and over 20,120 volunteers across 592 branches nationwide, providing comprehensive coverage and rapid response capability to protect communities against malaria and other health crises. Additionally, the ARC maintains a strategic emergency stockpile at its central warehouse, equipped with all necessary materials for emergency interventions. Its capacity to quickly mobilize volunteers and ARC staff ensures a swift and effective response in the event of a health crisis.</p> <p>The ARC has also a significant experience working with mobile populations, such as migrants and nomads, and has been active in providing healthcare, vaccination, and humanitarian assistance to these vulnerable groups.</p>
<p><b>National Society EOC</b></p>	<p>The Algerian Red Crescent (ARC) is in the advanced stages of establishing its Emergency Operations Center (EOC) to enhance coordination and response capacity in the face of health crises, such as the malaria and diphtheria outbreaks. The EOC plays a critical role in real-time monitoring of the epidemiological situation, coordinating communications, and enabling rapid decision-making to manage the spread of diseases across multiple provinces.</p> <p>The ARC has already activated its central EOC to coordinate the epidemic response efforts, track reported cases on the ground, and ensure effective resource mobilization. Provincial crisis cells have been set up to maintain direct contact with the EOC, ensuring that information from local authorities, the Ministry of Health, and ARC volunteers is relayed seamlessly and integrated into the national response strategy. This coordination structure strengthens the ARC's capacity to respond quickly and effectively to limit the spread of malaria and diphtheria, while ensuring the protection of the most vulnerable populations.</p>



# IFRC Network Actions Related To The Current Event

Secretariat	The IFRC country delegation team maintains daily cooperation with the NS, providing continuous support and operational coordination throughout this response to the malaria and diphtheria crisis. These efforts are part of the IFRC network's actions to respond effectively to the ongoing epidemic.
Participating National Societies	No Partner National Societies are currently contributing to this operation.

# ICRC Actions Related To The Current Event

N/A
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# Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>Local authorities and the Ministry of Health have been actively engaged in the response to the crisis. They are stationed at border points, regulating migrant access in order to control the outbreak, with borders only being opened twice a week. Authorities are also providing assistance on-site, facilitating the transport of urgent cases affected by the outbreak or referring individuals to shelters where organizations such as the Algerian Red Crescent (ARC) are operating.</p> <p>During the epidemic of malaria and diphtheria in In Guezzam and Bordj Badji Mokhtar, the government, through its health services, took the lead in initiating vaccination operations. The government later launched a large-scale vaccination campaign, supported by a sensitization effort to raise awareness about the disease. The Algerian Red Crescent (ARC) medical teams provided crucial assistance to these government-led efforts, particularly in helping with the vaccination of students in primary schools, achieving complete coverage. The ARC teams also extended their support to reach nomadic populations in remote areas like Timiaouine and Tinzaouatine, ensuring that the most vulnerable were not left behind.</p> <p>A medical commission has been dispatched by the MoH to the affected areas to assess the situation and provide necessary medical supplies. Large quantities of medications, anti-diphtheria serums, and protective equipment have been sent to the affected regions in addition to the establishment of 60-bed hospital and 2 ambulances in Bordj Badji Mokhtar wilaya. The MoH has also started a vaccination campaign of all residents in affected areas including boost-shots to those previously vaccinated.</p> <p>The Ministry of Health is continuously assessing and monitoring the situation. Currently, the outbreak remains confined to the southern regions, with local authorities implementing safety measures to prevent its spread across the country.</p>
UN or other actors	No United Nations actors have responded to this event.

# Needs (Gaps) Identified



The lack of awareness and education about preventive methods constitutes a major obstacle in the fight against malaria and diphtheria, particularly for mobile populations such as nomads and migrants, who often have limited access to information. Restricted access to healthcare, especially in rural and remote areas, complicates the situation for these vulnerable groups. Furthermore, the local healthcare infrastructure is severely under-resourced. Health services in the affected regions suffer from a critical



shortage of medical and paramedical personnel, which limits the capacity to provide adequate care. The scarcity of essential medications and medical equipment further hinders the ability to treat patients effectively. This situation is compounded by a lack of cleaning personnel, which increases the risk of infection and disease spread.

These shortages are particularly detrimental to nomads and migrants, who are frequently on the move and depend heavily on accessible and reliable healthcare. The absence of surveillance and case monitoring programs also undermines efforts to implement a rapid and targeted response. Furthermore, the need for communication strategies tailored to local communities is imperative to raise awareness and encourage preventive measures.

Specific Gaps related to Malaria, the proliferation of mosquitoes is exacerbated by stagnant water, complicating disease control efforts. The absence of vector control programs and the distribution of insecticide-treated bed nets limit the effectiveness of preventive actions. Early diagnosis is essential to ensure effective treatment. Diagnostic tests, such as blood smears and rapid diagnostic tests (RDTs), help identify the presence of parasites, while PCR tests offer high sensitivity. Improving access to these tests, especially in high-risk areas, is crucial for early diagnosis and appropriate treatment of malaria.

Specific Gaps for related to Diphtheria, the lack of vaccination represents a significant gap, as insufficient vaccination coverage renders populations, particularly children from nomadic and migrant communities, vulnerable to this disease. There is also an urgent need to organize vaccination campaigns in at-risk communities, specifically targeting mobile populations to enhance their protection against diphtheria.



## Water, Sanitation And Hygiene

In the context of the current humanitarian crisis, exacerbated by outbreaks of malaria and diphtheria, the needs of mobile populations have become critical. Stagnant water in the affected regions facilitates the spread of diseases.

It is important to emphasize that population fleeing Mali, in addition to the usual migratory flows, lack access to hygiene resources, which can worsen the situation and facilitate the spread of diphtheria.

Access to hygiene resources is crucial for reducing disease transmission. Migrants and nomadic communities require awareness campaigns to promote better hygiene practices, such as handwashing and disinfection. However, these efforts remain insufficient, particularly in rural areas.

It is also essential to ensure adequate access to potable water and sanitation facilities to improve living conditions. Mobilizing equipment to drain or treat stagnant water is necessary to mitigate health risks. An urgent need has been identified, which is the absence of handwashing facilities with access to water. It is therefore crucial to create community handwashing stations to ensure proper hygiene. Identified needs include also the distribution of hygiene kits, the organization of awareness campaigns, and access to potable water resources. These interventions are fundamental to protecting vulnerable populations and preventing the spread of diseases in a context of increased migratory movement.

## Any identified gaps/limitations in the assessment

The team sent for assessment is limited to a small number of personnel, compared to the large area to be covered. The assessment is still ongoing to cover all the area mentioned.

# Operational Strategy

## Overall objective of the operation

The overall objective of the operation is to provide urgent assistance to people affected by the outbreaks in South of Algeria including people in the move and host communities, with a focus on health (Malaria and Diphtheria). This operation aims to assist 6,000 affected people residing in the southern regions, including those directly impacted by the outbreaks in WASH and health sectors for 6 months.

## Operation strategy rationale

The operational strategy focuses on addressing health issues, particularly the malaria and diphtheria outbreaks. It is built on the necessity of a rapid and targeted response in the most affected and vulnerable areas, prioritizing mobile populations such as migrants and nomads. The strategy aims to reduce the risk of disease spread and address the urgent health needs of these affected populations.

The operation will support the following:

- Health intervention: In its response, the NS is focusing on the deployment of medical teams to the affected areas, the procurement and replenishment of some medical supply used in the response, supporting the MoH vaccination campaigns, the organization of community awareness raising campaigns and enhancing ARCS's ability to prevent, identify, and address diseases with epidemic potential



by conducting a feasibility assessment for community-based surveillance, in collaboration with the Ministry of Health and other health stakeholders. Under this DREF operation, the following will be covered:

- o Deployment of 40 doctors and 20 nurses organized in 6 teams of 10 members with a rotation system of 10 days, for 2 months. This will ensure early detection and follow up of the cases and the set up of referral system.
- o The Provision of medical supplies and PPEs used by the ARC teams during the response.
- o Supporting the MoH mass vaccination campaigns targeting remote areas and mobile populations, alongside the mobilization of volunteers to ensure widespread coverage.
- o Conduct community health awareness sessions via local community health committees targeting common public health risks
- o Strengthening the capacity of the NS responders on RCCE and CBH
- WASH intervention: The ARC has distributed drinking water and hygiene kits to the affected population. Under the DREF operation the following activities will be prioritized:
  - o Replenishment of 1,000 hygiene kits distributed to ensure proper hygiene practices and prevent the spread of diseases, particularly diphtheria.
  - o Replenishment of 4000 packs of safe drinking water distributed to affected families to ensure access to clean water.
  - o Organization of awareness campaigns focused on educating communities about protective measures against malaria and diphtheria.
  - o Engagement of volunteers with per diems to actively support awareness campaigns and other response activities.
  - o Procurement of 1,200 mosquito nets to be distributed to the affected population to avoid the spread of malaria.
  - o Procurement of cleaning materials to support the campaigns supported by the volunteer to clean the stagnant water
- National society development:
  - o The deployment of a national response team to assess the situation on the ground and manage the overall operation.
  - o Volunteer insurance.
- The intervention will also ensure monitoring visits by the country delegation team and the conduction of a lessons learned workshop at the end of the operation to capture the learnings from this intervention.

## Targeting Strategy

### Who will be targeted through this operation?

The operation will focus on populations affected by the outbreaks including people crossing into Algeria's southern borders and the host communities. These groups, often facing precarious conditions, suffer from limited access to healthcare services and other essential resources.

The border regions of In Guezzam, Bordj Badji Mokhtar, and Tinzaouatine will be particularly targeted, as they have been severely affected by these outbreaks. Migrants, seeking safety and better living conditions, often find themselves isolated, which makes them even more vulnerable.

### Explain the selection criteria for the targeted population

The operation will target the following groups:

- People crossing into Algeria through the southern borders: Many individuals on the move are grappling with a range of challenges, which makes them more susceptible to infectious diseases. They are suffering from lack of access to essential services. We prioritize these individuals to help prevent the spread of diseases.
- Host Communities: The communities that were impacted by the disease outbreaks. By supporting both people on the move and the host community, we strive for a holistic response that benefits everyone involved.
- Geographical Focus on Border Regions: Areas such as In Guezzam, Bordj Badji Mokhtar, and Tinzaouatine are particularly vulnerable due to their proximity to known outbreaks. Targeting these regions allows us to implement timely interventions where they are needed most.
- Vulnerable Groups: Our efforts pay special attention to children, pregnant women, the elderly, and individuals with pre-existing health conditions. These groups are at a higher risk of severe illness, and our goal is to ensure that our interventions are tailored to meet their specific health needs.



# Total Targeted Population

Women	3,500	Rural	90%
Girls (under 18)	0	Urban	10%
Men	2,500	People with disabilities (estimated)	2%
Boys (under 18)	0		
Total targeted population	6,000		

# Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Safety of Personnel in High-Risk Border Areas: Teams operating in border regions may face challenges due to the instability of the area and difficulties in accessing certain locations.	Implement enhanced safety measures for personnel, work closely with local authorities for continuous risk assessment, and proactively adjust routes and work schedules to ensure a secure working environment for all deployed teams on the ground.
Logistical risks and funding shortage: The remote locations of affected populations and the extent of the territory to cover, create logistical challenges in delivering healthcare services and humanitarian aid. Also there is a risk of funding shortages due to increased needs , stretching the capacity of the Algerian Red Crescent	- Coordination with Local Stakeholders To overcome logistical challenges, close coordination with local stakeholders, including regional health authorities, local NGOs -Resource Mobilization and Request for a DREF to address the risk of funding shortages - Prioritization of Activities Given the extent of the area and the logistical constraints, it will be crucial to prioritize activities based on the severity of needs, Priority will be given to the most vulnerable populations in remote and hard-to-reach areas.
Overwhelmed Health Systems, and risk of further transmission in isolated areas	Provide immediate support through mobile health units, ensure the replenishment of medical stocks, and coordinate with local health authorities to expand capacity
Risk of Contamination Among Volunteers and Deployed Health Personnel: Close contact with patients suffering from diphtheria, or presence in low hygiene environment exposes volunteers and health personnel to a high risk of infection.	Provide appropriate personal protective equipment (PPE), train personnel on infection prevention practices, and establish strict safety protocols to minimize the risk of transmission.

Has the child safeguarding risk analysis assessment been completed?

No

# Planned Intervention



Budget: CHF 130,869  
Targeted Persons: 6,000



## Indicators

Title	Target
#of deployed Doctors	40
#of deployed nurses	20
#of volunteers deployed	-

## Priority Actions

- Deployment of a team of 40 doctors and 20 nurses for a period of 2 months, organized into 6 teams of 10 members, with a rotation system of 10 days to ensure early detection and follow-up of affected cases, and set up a referral system.
- Replenishment of medical supplies used by the Algerian Red Crescent to ensure the continuity of support activities.
- Procurement of diagnostic and treatment supplies to enhance the capacity for disease detection and management for local healthcare facilities and local branches of the Red Crescent.
- Supporting the mass vaccination campaigns targeting remote areas and mobile populations, alongside the mobilization of volunteers to ensure widespread coverage.



## Water, Sanitation And Hygiene

**Budget:** CHF 41,345

**Targeted Persons:** 3,000

## Indicators

Title	Target
#of hygiene kits replenished	1,000
#of water bottles distributed	24,000
#of mosquito nets distributed	1,200

## Priority Actions

Replenishment of 1,000 hygiene kits distributed to ensure proper hygiene practices and prevent the spread of diseases, particularly diphtheria.

Distribution of 4000 packs of safe drinking water to affected families to ensure access to clean water.

Engagement of volunteers with per diems to actively support awareness campaigns and other response activities.

Distribution of 1,200 mosquito nets for prevention against malaria.



## Secretariat Services

**Budget:** CHF 14,740

**Targeted Persons:** -

## Indicators

Title	Target
# of lessons learnt workshop conducted	1

#field visits

2

## Priority Actions

- Lessons Learned workshop
- Field and monitoring visits



## National Society Strengthening

Budget: CHF 27,741

Targeted Persons: -

## Indicators

Title	Target
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## Priority Actions

- Operational costs including communications, admin and logistics expenses

# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 114 staff and volunteers will be involved in this operation. Their roles are as follows:

40 Doctors and 20 Nurses: Organized into 6 rotating teams, they will work over a 2-month period to provide early detection, medical follow-up, and treatment for affected cases of malaria and diphtheria.

10 Volunteers for Stagnant Water Cleanup: Working over 12 days, they will help reduce the risk of mosquito-borne diseases by cleaning up stagnant water.

32 Volunteers: Supporting the vaccination campaigns, conducting awareness sessions on disease prevention, and organizing fieldwork over a 15-day period.

7 Members of the National Team Response (NTR): Providing specialized support, coordination, and ensuring rapid response to emergencies within the operation.

5 Members from the National Office of the Red Crescent: Offering oversight, guidance, and coordination of the entire operation to ensure smooth implementation of activities.

## If there is procurement, will it be done by National Society or IFRC?

For this operation, procurement will primarily be handled by the Algerian Red Crescent (ARC). The ARC has experience in managing local procurement processes and will be responsible for sourcing most of the relief items.

The procurement in this operation will be both for distribution and replenishment. The initial distribution of essential items, such as food parcels, hygiene kits, tents, medicines and medical equipment will be followed by replenishment to restock the National Society's emergency reserves. Some items (such as hygiene kits and food parcels) will be replenished after being distributed to the affected population.

For items procured locally by the ARC, the tendering process is expected to take 1-2 weeks, depending on the availability of suppliers and the complexity of the items being procured. The ARC has a network of local suppliers that can be mobilized quickly.



## How will this operation be monitored?

The Algerian Red Crescent (ARC) will handle all monitoring activities. ARC staff and volunteers will track progress, assess distributions, and provide regular updates from the field. While there will be no IFRC monitoring visits, IFRC will offer remote support to ensure the operation meets its objectives. The ARC will also conduct internal evaluations and produce regular progress reports to share with the IFRC and other stakeholders, ensuring transparency and accountability.

A monitoring plan will be created and put into action during this response in direct conjunction with the PMER and Quality assurance team at IFRC MENA RO. PMER, IM, and CEA capabilities are included in the PMER and Quality Assurance unit and will work directly with ARC. Planning, monitoring, data collecting, and analysis will all be supported, along with any necessary CEA activities.

## Please briefly explain the National Societies communication strategy for this operation

The Algerian Red Crescent (ARC) will manage communication, providing updates via social media, press releases, and coordination with local authorities. Volunteers will collect information on the ground for dissemination. No direct IFRC involvement is planned, though remote support may be offered. ARC will handle all media engagements and public communication.



# Budget Overview



## DREF OPERATION

### MDRDZ012 - Algerian Red Crescent MDRDZ012-South Algeria population movement

#### Operating Budget

<b>Planned Operations</b>	<b>172,215</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	130,869
Water, Sanitation & Hygiene	41,345
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>42,481</b>
Coordination and Partnerships	0
Secretariat Services	14,740
National Society Strengthening	27,741
<b>TOTAL BUDGET</b>	<b>214,695</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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