

# Emergency Appeal Operation Update

## Ebola Virus Disease Emergency Appeals (Guinea, Liberia, Sierra Leone and Global Coordination & Preparedness)

### Combined Monthly Ebola Operations Update N° 29<sup>1</sup>

25 January 2016

#### Current epidemiological situation + country-specific information

The second week of January 2016 marked the first time since the beginning of the Ebola epidemic in West Africa when all three of the worst-hit countries had gone 42 days without a single new case. Yet the next day, another case was reported in Sierra Leone.

According to the WHO Ebola Situation Report of 20 January 2016, human-to-human transmission directly linked to the 2014 Ebola Virus Disease (EVD) outbreak in West Africa was declared to have ended in **Sierra Leone** on 7 November 2015.

The country then entered a 90-day period of enhanced surveillance to ensure the rapid detection of any further cases that might arise as a result of a missed transmission chain, reintroduction from an animal reservoir, importation from an area of active transmission, or re-emergence of virus that had persisted in a survivor.

On 14 January 2016, 68 days into the 90-day surveillance period, a new confirmed case of EVD was reported in Sierra Leone after a post-mortem swab collected from a deceased 22-year-old woman tested positive for the EVD. The woman died at her family home in the town of Magburaka, Tonkolili district, and received an unsafe burial. In the preceding 2 weeks the woman travelled from Port Loko, where she was a student, via the districts of Kambia and Bombali before arriving in Magburaka on 7 January. Reports indicate that her symptoms during travel included vomiting and diarrhoea.



**Red Cross volunteer Nabilou Camara addresses disseminates educational messages on hygiene and the EVD to villagers in Klalantou village of Guinea's Ebola-hit Forecariah district. Photo: IFRC**

IFRC's Ebola virus disease (EVD) strategic framework is organised around five outcomes:

1. The epidemic is stopped;
2. National Societies (NS) have better EVD 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;
5. Recovery of community life and livelihoods.

Helping stop the epidemic, the EVD operations employ a five pillar approach comprising: (i) Beneficiary Communication and Social Mobilization; (ii) Contact Tracing and Surveillance; (iii) Psychosocial Support; (iv) Case Management; and (v) Safe and Dignified Burials (SDB) and Disinfection; and the revision has included addition sector on recovery basically covering food security, livelihoods and disaster risk reduction.

Six emergency appeals were launched to respond to and combat EVD outbreaks in Guinea, Liberia, Sierra Leone, Nigeria and Senegal. Those in Guinea, Liberia and Guinea are still active whilst coordination and technical support continues at the regional level. The Ebola emergency appeals have been revised to anticipate a longer-term vision as operations head toward recovery. The revised appeals can be found at <http://ifrc.org/en/publications-andreports/appeals/> and are currently planned to end in December 2017.

Smaller preparedness and response operations were financed by the IFRC Disaster Response Emergency Fund (DREF) in Mali, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Chad, Gambia, Kenya, Guinea Bissau and Ethiopia. In total, 16 countries in Africa launched emergency operations relating to this outbreak.

<sup>1</sup> A single combined operations update is produced for the 4 Ebola operations on a monthly basis.

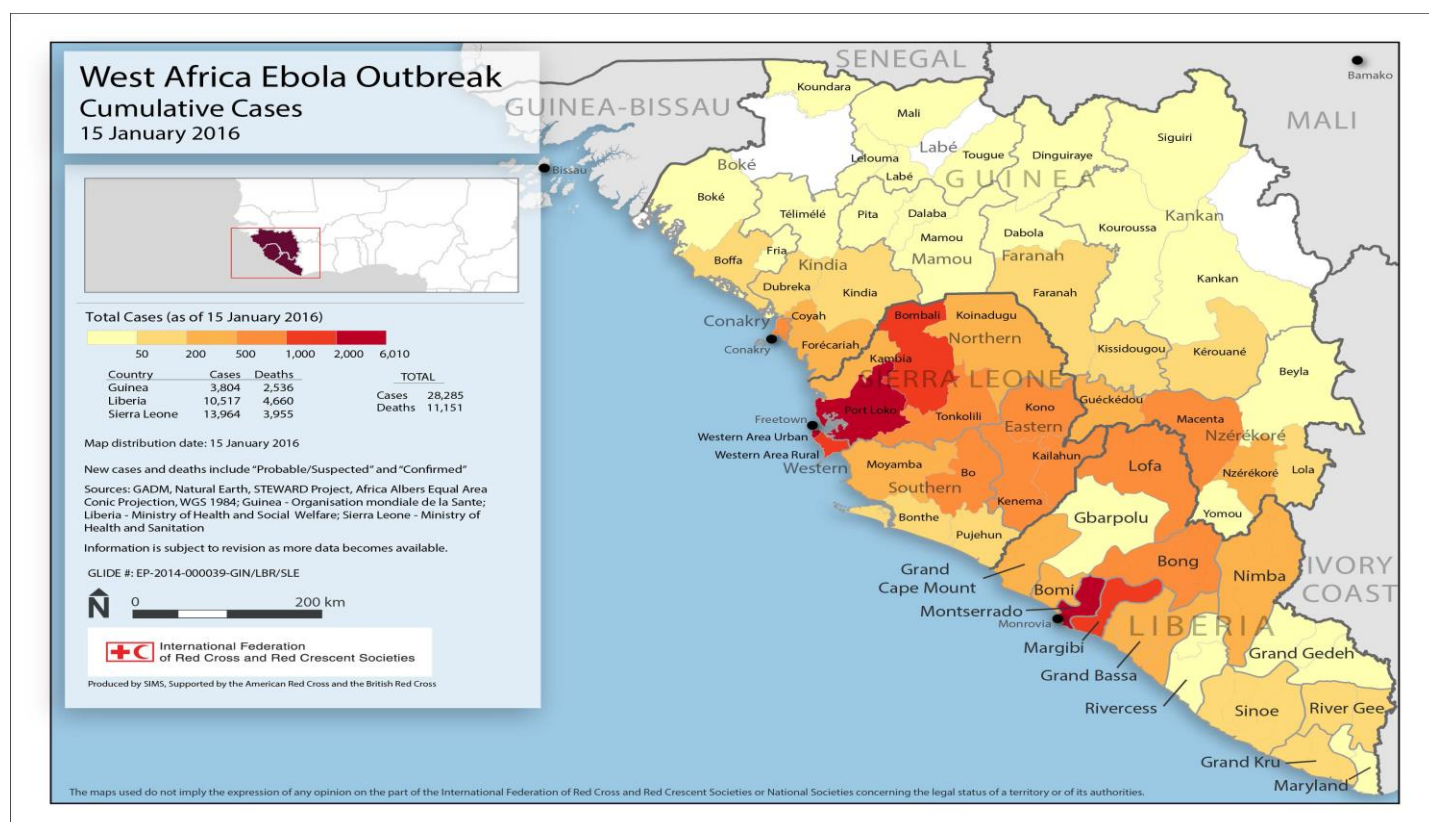
### Ebola Emergency Appeals: Summary Update on Resource Mobilization

| Appeal                | Guinea<br>MDRGN007 | Liberia<br>MDRLR001 | Sierra Leone<br>MDRSL005 | Coordination &<br>Preparedness<br>MDR60002 | Total Figures<br>(CHF) |
|-----------------------|--------------------|---------------------|--------------------------|--|------------------------|
| <b>Budget</b>         | 56.0 million       | 46.3 million        | 94.6 million             | 14.05 million                              | 213.9 million          |
| <b>Income to date</b> | 34.9 million       | 22 million          | 59.9 million             | 11.8 million                               | 128 million            |
| <b>Coverage</b>       | 62%                | 48%                 | 63%                      | 84%  | 61%                    |
| <b>Funding gap</b>    | 21.1 million       | 24.3 million        | 36.5 million             | 2.25 million                               | 85.9 million           |

**Funding priorities:** IFRC is urging donors to commit non-earmarked funds with longer timeframes.

The Sierra Leone Ministry of Health and Sanitation (MoHS), with the support of WHO and other partners, responded rapidly to the new case, identifying approximately 150 contacts of whom approximately 50 are deemed to be at high risk. Vaccination of contacts and contacts of contacts is underway under the authority and coordination of the Sierra Leone MoHS. However, the woman's extensive travel history in the 2 weeks prior to her death, her presentation to and subsequent discharge from a health care facility at which health workers did not use Personal Protective Equipment (PPE), her period of close contact with family whilst ill, and her unsafe burial indicate a significant risk of further transmission. One contact in Tonkolili remains to be traced. The origin of infection is under investigation. A second case of Ebola has since emerged in Sierra Leone with a close relative of the first victim testing positive.

For more than a year, **Liberia**, Guinea, and Sierra Leone have been experiencing the largest outbreak of Ebola in history. Although Liberia was declared free of Ebola transmission on September 2, 2015, a new cluster of Ebola cases was confirmed in late November 2015 in Paynesville, a suburb of Monrovia. The health system in Liberia continues to monitor for new cases and to take precautions to prevent transmission in the country. IFRC and the RCRC partners are also closely monitoring the situation.



On 29 December, WHO declared that human-to-human transmission of the Ebola virus has ended in **Guinea** after the completion of 42 days with zero cases since the last person confirmed to have EVD received a second consecutive negative blood test for the Ebola virus RNA. Guinea has now entered a 90-day period of heightened surveillance. The last known positive patient was discharged from the ETC on 16 November 2015. After the last case detected in Sierra Leone, the Government has strengthened surveillance mechanisms in cross-border areas with Sierra Leone.

## Operation Updates

Latest available cumulative data are provided below for 11 situation and programme indicators.

|   | Operational Countries and Appeals |            |              |           |
|---|-----------------------------------|------------|--------------|-----------|
|   | GUINEA                            | LIBERIA    | SIERRA LEONE | TOTAL     |
|   | (MDRGN007)                        | (MDRLR001) | (MDRSL005)   |           |
| <sup>2</sup> *Cumulative Cases                          | 3,351                             | 10,675     | 13,911       | 27,937    |
| *Cumulative Health Care Worker Deaths                   | 100                               | 192        | 541          | 833       |
| *Cumulative Deaths                                      | 2,083                             | 4,809      | 3,955        | 10,847    |
| *Fatality rate  | 62.2%                             | 45%        | 28%          | 38.8%     |
| Safe and Dignified Burials (SDB) conducted by NS        | 25,165                            | 3,825      | 28,781       | 57,771    |
| Trained RC volunteers active in Ebola                   | 892                               | 142        | 4,924        | 5,958     |
| Contacts traced by NS                                   | 1,295                             | 7,827      | 97,160       | 106,282   |
| Houses disinfected by NS                                | 35,546                            | 2,818      | 21,411       | 59,775    |
| People reached through face to face Social Mobilization | 2,318,990                         | 2,411,220  | 3,561,128    | 8,291,338 |
| People reached through Psychosocial Support             | 12,596                            | 8,953      | 405,030      | 426,579   |
| People treated by NS                                    | N/A                               | N/A        | N/A          |           |

## Guinea

The countdown of the 42 days to declare the country Ebola free ended on 29 December in Guinea. Up to 20 January 2016, it has been 64 days with no new cases reported in the country. Likewise, there were zero Ebola known contacts under follow up during the period which ended with the declaration of the official End of the Epidemics in Guinea. A joint statement of the WHO-Government and key stakeholders was issued and celebrations led by the head of state organized.

The IFRC issued a press release whereby the secretariat acknowledges the Red Cross volunteers, national and international staff for their unprecedented commitment to the merciless fight against Ebola. At the same time, IFRC also recognises the importance of maintaining a heightened vigilance in the coming months to avoid a further resurgence of the Ebola crisis. With the declaration of the end of the outbreak in Guinea, the country has entered as of 29 December 2015, a 90 days of heightened surveillance which will

<sup>2</sup> \* All Guinea figures provided according to the WHO sitrep No. 623 of 29 December 2015

last until March 2016. The Red Cross is also integrating resilience programming to support the gradual recovery of communities from the impact of Ebola outbreak. The security situations prevailing in Guinea remains relatively stable after the presidential election in October 2015. However, the Federation security unit continues to monitor the situation and take preventive measures in connection to local elections scheduled to take place in March 2016.

At the current stage of the EVD Operation, the IFRC is aligning its strategy to the WHO Ebola Response Phase III Framework up to March 2016. The table below provides a brief summary of the activities and resources deployed at field level.

| Activity   | Target Areas  | Estimation cost | Financial Gap |
|--|---|-----------------|---------------|
| Safe and Dignified Burials;<br>Rapid Test; Emergency<br>Response | Conakry;Forecariah;<br>Dubreka; Coyah ,Kindia   | 630 000 CHF     | 300 000 CHF   |
| Community health based<br>surveliance system                     | Boke; Gueckedou;<br>Forecariah (7 sous-<br>prefectures)   | 1,712,000 CHF   | 800,000 CHF   |
| Communication  | Forecariah; Conakry,<br>Dubreka , Coyah;<br>Boké, Geckedou, Kindia                                | 250 00 CHF      | 150 000 CHF   |
| Psychological support  | Conakry; Coyah; Dubreka;<br>Forecariah; Kindia;<br>Gueckedou; Macenta et<br>Nzerekore et Kérouané | 245 000 CHF     | 0 CHF         |

### Some Key figures:

- 892 volunteers mobilized, trained and active to support EVD Response during this period,
- 61 SDB teams deployed during the reporting period,
- 92 VRP vehicles mobilized for the EVD operation,
- 2 warehouses plus 3 operational bases,
- Scaling down of the International Staff from 31 to 20 supported by 30 local staff (supervisors, officers and focal points),
- More than 150 local staff involved in the operation,
- Main high risk active zones covered by EVD Response activities (8 counties) mainly in cross bordering areas.

### A. Social Mobilization and Beneficiary Communication

#### Highlights

- A total of 101,560 persons or 2,312 households have been reached through face-to-face community mobilization focusing on Ebola themes through, hygiene promotion and the fight of stigma against survivals,
- Training of 178 volunteers undertaken on communication techniques and hygiene promotion in the zone of Conakry,
- 38,854 pieces of soaps and 6,384 C-chlorine solution bottles distributed to households during sensitization campaigns, community dialogues, Focus Group Discussion sessions in the 5 communes of Conakry,
- 65 mosquito treated nets and 60 hand sprayers of 1L donated to targeted families during the sanitation and hygiene promotion campaign in Conakry,
- 87 interactive radio shows conducted on different Red Cross partner radio stations in Guinea. During these radio shows, 419 calls made by listeners were received.

### Challenges

During this reporting period, the following challenges were experienced:

- The consolidation of BenCom achievements to achieve a sustainable behaviour change at the community level still has a long way to go.
- Mobilizing the community to overcome the reluctance related to Ebola Rapid Test.

### Planning

From January 2016 and onwards, the BenCom will be focussing on communication activities aimed at supporting the Ebola Rapid Test approach in the community to mitigate possible reluctance effects.

### ***B. Psychosocial Support***

#### Highlights:

During this reporting period, PSS activities continued in targeted prefectures with a focus on the zone of Conakry whereby 1,377 Ebola survivors (770 men and 607 women) benefited from PSS. In total, 1,846 persons benefited from PSS support in 8 prefectures of the lower Guinea. In the same period, 241 volunteers attended a Psychosocial First Aid (PFA) session together with their peer PSS volunteers where 3 radio PSS interactive programmes focussing on the importance of PSS were broadcast in local languages to reach a larger audience.

Other important achievements include:

- Active participation in the Dakar PSS workshop (9 - 10 December 2015) where presentations on key achievements, lessons learned, challenges and future priorities were discussed between participants from the 3 countries; i.e. Sierra Leone, Liberia and Guinea. A debate on "Best practices" that should be disseminated formed part of key discussions during the workshop. This led to the formulation of a series of recommendations to guide future interventions during the recovery phase or future emergencies and disasters.
- As part of the post-crisis strategy, assessment forms were distributed to 128 volunteers, specifically those involved in SDB activities in prefectures of Forécariah and Dubreka, to identify their aspirations and expectations at the end of the Ebola crisis. Collective counselling sessions were conducted to enable them express their concerns with regard to the exit strategy and their return to normal volunteer life at the end of the epidemic.

### Challenges

The PSS pillar has challenges related to the deployment of volunteers to the field due to the lack of field supervisors and sufficient PSS field officers. This issue will be addressed in future planning sessions.

#### Planning:

Plans are underway to:

- Enhance the participation at the coordination meeting with other partners involved in the PSS and socio-economic reintegration of Ebola survivors for a well-coordinated intervention.
- Identify and train volunteers who will support the running of the baseline survey for PSS recovery-related activities.

### ***C. Contact Tracing and Surveillance***

#### Highlight:

Along with other key partners namely IOM, IMC, WHO, ACF, Concern Universal, CDC, USAID/DART, the Federation contributed to the joint planning session piloted by the Ebola National Coordination Cell - surveillance unit. The planning session was specifically focussing on surveillance activities during the 90 days of the heightened vigilance in Guinea. It has been decided that the Red Cross will be in charge of 7

cross-border sub-prefectures in 3 areas (Forécariah, Boké and Gueckedou). The planning process has already begun at the prefectural level in Forécariah and Boké. In addition to this, IFRC also participated in a joint elaboration of a surveillance manual which includes monitoring tools and indicators.

#### Challenges:

The main challenges experienced were as follows:

- The large funding gap in relation to funding for surveillance activities,
- The integration of Red Cross volunteers to the rest of other non-Red Cross Community Agents (as they operate on the same areas and serve the same communities) which is still a matter of concern.



Guinea RC participation during the celebration of the End of Ebola.  
Photo: GRC

#### Future Planning:

Plans are underway to

- Conduct a planning meeting in the prefecture of Guéckedou,
- Train an additional 600 community volunteers and 14 supervisors,
- Strengthen capacities of peripheral Health Centres (equipment, supervision, etc.),
- Provide volunteers with field work and visibility equipment: note books, umbrellas/rain coats, bags, and t-shirts, to facilitate their daily work,
- Continue fundraising to cover funding gaps for surveillance activities.

#### **D. Case Management in Red Cross Ebola Treatment Centres – Macenta**

No activities were reported during this reporting period.

#### **E. Safe and Dignified Burials and Disinfections of Houses**

##### Highlight

The period of December was specifically characterized by the training of 25 NDRT members specializing in WatSan and Hygiene matters during emergencies. The 7 day training was held in Dubreka and included volunteers selected in all prefectures of Guinea.

Other key achievements include:

- Successfully conducting SDBs, testing 95 bodies via the OraQuick system and 1,695 houses and other places disinfected. As part of the Ebola post-crisis strategy, SDB teams have been scaled down from 892 to 337.

- Training of an additional team of 111 volunteers in Conakry and Nzérékore on the Rapid Test Method (OraQuick) in Conakry. This system will permit the Red Cross to conduct the Ebola test on sick persons and bodies in the community before burials.

### Challenges

- Slowing down of volunteer activities towards the end of the year (a lot of travel is experienced by people during this festive season to spend Christmas or new year with parents or relatives),
- Partial reluctance of communities towards SDB teams in certain communities.

### Planning:

- Planning of the scaling up and follow up of Rapid Test related activities,
- Mobilizing training of 94 volunteers who will be conducting Rapid Tests during the 90 days of strengthened surveillance in Conakry, Forécariah, Dubréka, Kindia, Coyah, Nzérékore, Macenta and Guékedou prefectures,
- Conduct capacity building activities for NS volunteers with regard to the Disaster Risk Reduction and Preparedness,
- Monitoring of Rapid Test activities and the transportation of swabs in the prefectures of Conakry, Forécariah, Dubreka, Kindia, Coyah, Nzerekore, Macenta and Guekedou.

## **Liberia**

For more than a year, Liberia has been one of the three West African countries which have been experiencing the largest outbreak of Ebola in history. Although Liberia was declared free of Ebola transmission on September 2, 2015, a new cluster of Ebola cases was confirmed in late November 2015 in Monrovia. These were the first new Ebola cases in Liberia, since the country was declared free from the disease a second time in September 2015. No new cases have been reported since 20 November 2015.

Liberia has twice been declared free from Ebola, in May and September 2015, only for new infections to emerge. Transmission of Ebola is said to have ended in a country when two consecutive incubation periods—a total of 42 consecutive days—pass with no new infections. The health system in Liberia continues to monitor for new cases and to take precautions to prevent transmission in the country. Together with other partners, IFRC is also closely monitoring the situation.

### **A. Social Mobilization and Beneficiary Communication**

#### Highlights

- Both the LNRCS/IFRC is actively engaged in coordination, Infection Prevention and Control (IPC), health promotion, Social Mobilization and PSS activities.
- The volunteers who have been trained on Social Mobilization by the Ministry of Health and UNICEF continue to conduct awareness regarding signs and symptoms and protection from Ebola.

### **B. Psychosocial Support**

#### Highlights

- The PSS team conducted refresher training for PSS volunteers and government health staff on Psychological First Aid (PFA); this was implemented in collaboration with Red Cross/UNICEF/IMC/MoGCSP.

- Counselling of Ebola patients/survivors and their families, contacts and quarantined persons; and engagement of community leaders continues to play a central role in reducing stigma, and adherence to preventive messages.

### **C. Safe and Dignified Burials and Disinfection of Houses**

#### Highlights

- The thematic teams continue to undertake activities related to coordination, case investigation/contact tracing, laboratory, case management, IPC, health promotion and Social Mobilization, PSS, logistics, food, WASH, and safe burials.

### **D. Surveillance – Active Case Finding**

#### Highlights

- During the reporting period, there was no new confirmed case of Ebola.

### **E. Case Management in Red Cross ETC, Macenta**

#### Highlights

- Case management is being implemented bilaterally by French Red Cross.

## **Sierra Leone**

In order to effectively manage and respond to the consequences of residual Ebola risks, Sierra Leone put surveillance systems in place to enable health workers and members of the public to report any case of illness or death that they suspect may be related to EVD to the relevant authorities. The vast majority of alerts (878) were for community deaths. A total of 976 new and repeat samples (8 from live patients and 968 from community deaths) were tested for the EVD by the country's 8 operational laboratories over the same period.

In accordance with the post-Ebola transition plans the Red Cross and other implementing partners such as Concern Worldwide, World Vision, CRS, Cafod and IRC who supported the Ministry of Health & Sanitation (MoHS) teams scaled back activities on 8 November when mandatory SDB came to an end as determined by MoHS and WHO. As a result there are 24 SDB teams throughout the country on stand-by to be activated when a "suspicious death" as defined by a new case definition developed by the MoHS and WHO occurs. There are no Red Cross teams operating since the 24 stand-by teams are MoHS teams supported by the other partners.

Initially the strategy indicated that SDB would cease at 0+42+90, meaning this would have continued until 8 February 2016. However, WHO made the determination that 0+42 was the preferred option. There was a delay in transmitting this to the burial pillar (co-chaired by IFRC). This was a challenge experienced by IFRC and other implementing partners who were working on the 0+42+90 timeframe. IFRC SDB teams were personally notified of the transition and despite the initial concerns that were raised in regards to the very short notification period; there was understanding of the situation later on.

### **A. Social Mobilization; Community Engagement and Beneficiary Communications**

#### Highlights and achievements.

The rollout of the UNDP – IFRC Reskilling and Reintegration Project continued to gather pace during the reporting period. An assessment training was conducted for the PSS Officers and the SDB team leaders. The trainings focused on the collection of data and assessment on the level of stress and/or trauma experienced (if any) faced by the volunteers and their respective coping mechanisms.

During the last month of the year, most of the key project stakeholders went on Christmas break and so it was difficult to advance the project. Currently the collection of the last set of the assessments reports is underway. Simultaneously, IFRC is focusing on registering SDB volunteers who would like to enter the Education stream, into their various educational institutes.

The assessment teams have completed all the assessments in all of the 14 districts. Collection is ongoing as well as a mini analysis that has taken place for everyone to have an idea of which are the preferred streams, as well as the key PSS issues that the volunteers are facing. Plans will then be made to address the emerging issues. There are plans for a follow up meeting with all the assessors for the following:

- To discuss issues arising, and rectify any gaps discovered in the assessment.
- To ensure that the PSS Officers have made appropriate referrals and are doing the necessary follow-ups.
- To devise the best method to analyze the data to obtain quality and accurate information for M&E purposes.

### ***B. Psychosocial Support***

#### Highlights

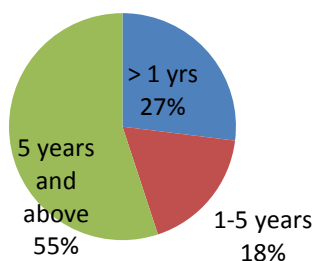
- PSS to staff and volunteers is ongoing.

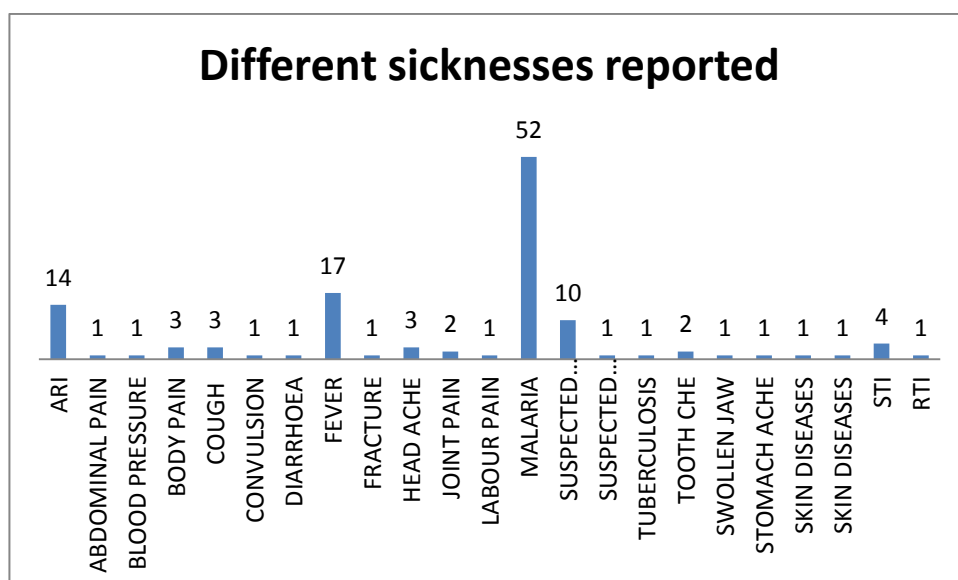
### ***C. Surveillance and Contact Tracing***

Achievements:

- Weekly reporting on suspected Ebola cases and death notification is ongoing from community-based volunteers and their supervisors. Numbers of reports received has increased over the last weeks, especially for sick cases. The volunteers are increasingly engaged in their communities and are referring and reporting more diseases than EVD. They have also been actively involved in detecting measles cases and involved in the vaccination campaign for the measles outbreak in Port Loko.
- Weekly meetings are held at branch with BHO and supervisors. Supervisors are also holding regular weekly meetings with their volunteers.
- Raingear distributed to all volunteers.
- Volunteers have been active in response to the measles outbreak through identifying cases, reporting, sensitizing and providing support in vaccination campaign.

#### **Sick alerts per age group**





#### ***D. Case Management in Red Cross Ebola Treatment Centres - Kenema and Kono***

##### Highlights

The ETC in Kono was officially closed on 27 November 2015.

- This marked the end of the 11 months long operation during which 424 patients were admitted, 250 of them discharged and 69 deaths.
- The operation that was mainly supported by the IFRC had benefitted from in-kind support in human and material resources from the Finish RC, Norwegian RC, Spanish RC British RC, Australian RC, New Zealand, Swiss RC and German RC among others.

The decontamination and the decommissioning were completed in December 2015. The school that was hosting the ETC was renovated and handed over to the community.

#### ***E. Safe and Dignified Burials and Disinfections***

##### Highlights

After the declaration by WHO on the end of Ebola on 7 November, SDBs are no longer mandatory within the transition plan with a much reduced number of teams on stand-by to deal with suspicious deaths as set out in a new case definition. As a result Red Cross and other agencies including the Ministry of Health & Sanitation have dramatically reduced the number of SDB teams from 143 to 28. None of the remaining teams are managed by the Red Cross.

### **Capacity building of the National Societies**

It is envisaged that the capacity building support provided by the Federation Secretariat to the Red Cross Red Crescent organizations in the countries affected by the EVD will help them become better-functioning organizations and able to better respond to the needs of the most vulnerable.

In connection with this, IFRC has revised its Regional Emergency Appeal to include early recovery activities, while continuing to focus on stopping the epidemic. The ultimate goal is to re-establish the conditions for a quick return to a healthy society, with viable livelihoods, psychosocial well-being, economic growth, and overall human development that can foster a more inclusive society in the future. The immediate priority is to end the epidemic, and address the adverse conditions that enabled a localized epidemic to escalate into a national crisis with regional and global ramifications.

## Regional Coordination and Preparedness

As recent media reports highlighted in early January, all three of the seriously affected countries – Guinea Conakry, Sierra Leone and Liberia – had all been declared free of Ebola. The IFRC therefore revised its Regional Emergency Appeal for Ebola Global Coordination and Preparedness. This revised Emergency Appeal is seeking CHF14,058,887 (revised down from CHF 15.8m) to enable the IFRC to continue its support to the Guinea Red Cross, Liberia Red Cross and the Sierra Leone Red Cross Societies to assist them in their work delivering assistance and support to over 34 million people at risk in West Africa. In extending and re-targeting this regional appeal, it will also enable the IFRC to continue providing regional coordination and cross-country support to other countries in the region and beyond, to provide opportunities for the development of those National Societies in their role as auxiliary to their governments in the area of health emergencies and epidemic response and preparedness.

In addition, the revised appeal will seek to broaden communication and lesson learning and to enhance such preparedness in the broader African and global contexts.

## Risk Assessment

The EVD incidence in these three most affected countries has dropped from a peak of 950 cases per week during September 2014 to less than 10 cases per week from August 2015 onwards. The risks presented by EVD are falling but not unimportant, and changing in character. The continuing transmission of infection in Sierra Leone into January 2016, highlight the importance of maintaining surveillance across all three countries. While the risk of re-emergence from survivors is not quantifiable, it is likely relatively low and does decline over time. A second case of Ebola emerged in Sierra Leone after health officials thought the epidemic was over, with a close relative of the first victim testing positive for the virus that has killed more than 11,000 people. Approximately 150 of the first victim's contacts have been under monitoring, and the new patient has been in quarantine. Reports indicate that the new patient was one of the people who prepared the initial victim's body for burial. The 22-year-old died in mid-January, and relatives were allowed to hold a traditional funeral as authorities at the time did not suspect she had died from Ebola.

Ebola is spread through direct contact with the bodily fluids of victims, and corpses are especially contagious. Traditional funerals in the region where mourners touch the body were a major source of virus transmission during the epidemic in Sierra Leone, Liberia and Guinea. The new cases in Sierra Leone have marked a major setback for the region, as virus transmission had previously appeared to have stopped. Even in announcing the apparent end of the outbreak, though, World Health Organization officials had warned that additional "flare-ups" of new cases were still possible.

As it has been widely noted, "the most recent Ebola-related death in Sierra Leone and the fact that we know the reservoirs of Ebola still exist, underline why we must learn lessons from the devastating impact of the crisis and ensure we are better prepared for infectious disease outbreaks".

Phase 3 of the Ebola response builds upon capacity and knowledge gained during earlier phases, and has 2 objectives: First, to accurately define and rapidly interrupt all remaining chains of Ebola transmission, and secondly, to identify, manage and respond to the consequences of residual Ebola risks.

## Movement Coordination

### *Bilateral Contributions*

A number of Partner National Societies have provided bilateral support to the affected countries, as well as preparedness activities in surrounding countries, including:

### Partner National Societies' bilateral contributions in West Africa

| Guinea             | Liberia            | Sierra Leone        | Surrounding countries |
|--------------------|--------------------|---------------------|-----------------------|
| French Red Cross   | Austrian Red Cross | Austrian Red Cross  | Belgian Red Cross     |
| Belgian Red Cross  | American Red Cross | Belgian Red Cross   | British Red Cross     |
| Botswana Red Cross | Botswana Red Cross | Botswana Red Cross  | Canadian Red Cross    |
| Canadian Red Cross | Canadian Red Cross | Canadian Red Cross  | Danish Red Cross      |
| Danish Red Cross   | Danish Red Cross   | Finnish Red Cross   | French Red Cross      |
| Spanish Red Cross  | German Red Cross   | Iranian Red Cross   | Iranian Red Cross     |
|                    | Spanish Red Cross  | Norwegian Red Cross | Netherlands Red Cross |
|                    |                    | Spanish Red Cross   | Spanish Red Cross     |
|                    |                    |                     | Swiss Red Cross       |

## Funding

On behalf of the National Societies in the Ebola affected countries, the IFRC Secretariat would like to thank the following for all their contributions to the Ebola Emergency Appeals: American Red Cross and US government, Andorran Red Cross, Australian Red Cross and Australian government, Austrian Red Cross and Austrian government, Belgian government, British Red Cross and British government, Canadian Red Cross and Canadian government, Red Cross Society of China Hong Kong branch, Czech government, Danish Red Cross and Danish government, European Commission – DG ECHO, Finnish Red Cross and Finnish government, French Red Cross, German Red Cross, Icelandic Red Cross and Icelandic government, Red Crescent Society of the Islamic Republic of Iran, Irish Red Cross, Italian government, Japanese Red Cross and Japanese government, Kenyan Red Cross, Korean Red Cross, Monaco Red Cross and Monaco government, Netherlands Red Cross and Netherlands government, Norwegian Red Cross, Philippine Red Cross, Portuguese Red Cross, Qatar Red Crescent, Spanish Red Cross and Spanish government, Swedish Red Cross and Swedish government, Swiss Red Cross and Swiss government, Taiwan Red Cross Organization, UNICEF, and the International Committee of Red Cross (ICRC). In addition, the IFRC Secretariat would like to thank the following foundations and corporate partners for their contributions: Bill and Melinda Gates Foundation, Airbus, International Federation of Freight Forwarders Association, KPMG, Nestle, Nethope Inc., Shell, Sime Darby Berhad, Tullow Guinea Limited and World Cocoa Foundation.

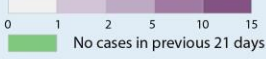
# West Africa Ebola Outbreak

## New Cases

### 15 January 2016



New Cases: 25 December - 15 January 2016



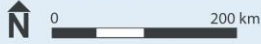
| Country      | New Cases | New Deaths | TOTAL        |
|--------------|-----------|------------|--------------|
| Guinea       | 0         | 0          | New Cases 1  |
| Liberia      | 0         | 0          | New Deaths 1 |
| Sierra Leone | 1         | 1          |              |

New cases and deaths include "Probable/Suspected" and "Confirmed"

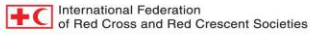
Sources: GADM, Natural Earth, STEWARD Project, Africa Albers Equal Area Conic Projection, WGS 1984; Guinea - Organisation mondiale de la Santé; Liberia - Ministry of Health and Social Welfare; Sierra Leone - Ministry of Health and Sanitation

Information is subject to revision as more data becomes available. All changes in new cases need to be carefully assessed against the context on the ground. Large changes in the number of new cases can occur for a number of reasons apart from increased or diminished caseload.

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The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

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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.

[www.ifrc.org](http://www.ifrc.org)

**Saving lives, changing minds.**



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.

# EBOLA

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At a glance

## EMERGENCY APPEALS

| Appeal Code                    | Appeal Name                          | Appeal Timeframe |           | Budget             | Funding            | Coverage   | Gap               | Income             | DREF              | Expenditure        | Balance           | Commitments    | Exp/Bud    |
|--------------------------------|--------------------------------------|------------------|-----------|--------------------|--------------------|------------|-------------------|--------------------|-------------------|--------------------|-------------------|----------------|------------|
| MDR60002                       | Africa - Ebola Coordination and prep | 19-Aug-14        | 31-Dec-16 | 14,058,887         | 11,826,643         | 84%        | 2,232,244         | 11,826,643         |                   | 7,826,618          | 4,000,025         |                | 56%        |
| MDRGN007                       | Guinea - Ebola Virus Disease         | 26-Mar-14        | 31-Dec-17 | 56,016,354         | 35,593,710         | 64%        | 20,422,644        | 35,589,838         | -                 | 29,691,924         | 5,897,914         | 655,103        | 53%        |
| MDRLR001                       | Liberia - Ebola Virus Disease        | 09-Apr-14        | 31-Dec-17 | 46,253,362         | 22,092,643         | 48%        | 24,160,719        | 22,050,990         | -                 | 17,551,276         | 4,499,714         |                | 38%        |
| MDRNG017                       | Nigeria - Ebola Virus Disease        | 08-Aug-14        | 31-May-15 | 1,619,444          | 623,515            | 39%        | 995,929           | 623,515            | -                 | 623,515            | 0                 |                | 39%        |
| MDRSL005                       | Sierra Leone - Ebola Virus Disease   | 06-Apr-14        | 31-Dec-17 | 94,595,428         | 60,348,873         | 64%        | 34,246,555        | 60,251,855         | -                 | 47,478,569         | 12,773,287        |                | 50%        |
| MDRSN010                       | Senegal - Ebola Virus Disease        | 08-Sep-14        | 31-Jul-15 | 1,380,962          | 182,266            | 13%        | 1,198,696         | 182,266            | 253,515.00        | 427,842            | 7,939             |                | 31%        |
| <b>TOTAL EMERGENCY APPEALS</b> |                                      |                  |           | <b>213,924,437</b> | <b>130,667,651</b> | <b>61%</b> | <b>83,256,786</b> | <b>130,525,107</b> | <b>253,515.00</b> | <b>103,599,744</b> | <b>27,178,878</b> | <b>655,103</b> | <b>48%</b> |

## DREF OPERATIONS

| Appeal Code                  | Appeal Name                          | Appeal Timeframe |           | Budget           | Funding        | Coverage   | Gap      | Income         | DREF           | Expenditure      | Balance        | Commitments   | Exp/Bud    |
|------------------------------|--------------------------------------|------------------|-----------|------------------|----------------|------------|----------|----------------|----------------|------------------|----------------|---------------|------------|
| MDR42002                     | Americas - Ebola Preparedness        | 21-Oct-14        | 21-Jan-15 | 100,000          | 0              | N/A        | 0        | 0              | 84,481.76      | 84,482           | 0              |               | 84%        |
| MDR64007                     | East Africa - Ebola Preparedness     | 10-Feb-15        | 15-Oct-15 | 181,050          | 181,050        | N/A        | 0        | 181,050        |                | 152,026          | 29,024         | 13,223        | 84%        |
| MDR80001                     | MENA ZONE - Ebola Preparedness       | 05-Feb-15        | 05-May-15 | 119,324          | 119,324        | N/A        | 0        | 119,324        |                | 68,777           | 50,547         |               | 58%        |
| MDRBJ014                     | Benin - Ebola Virus Disease          | 27-Aug-14        | 27-Nov-14 | 50,204           | 0              | N/A        | 0        | 0              | 35,250.41      | 35,250           | 0              |               | 70%        |
| MDRCF018                     | Central African Rep - Ebola Virus Di | 29-Aug-14        | 29-Dec-14 | 48,697           | 0              | N/A        | 0        | 0              | 33,725.67      | 33,726           | 0              |               | 69%        |
| MDRCI006                     | Côte d'Ivoire - Ebola Preparedness   | 18-Apr-14        | 18-Jul-14 | 60,950           | 0              | N/A        | 0        | 0              | 59,919.04      | 59,919           | 0              |               | 98%        |
| MDRCI007                     | Côte d'Ivoire - Ebola Preparedness   | 23-Apr-15        | 31-Mar-16 | 360,000          | 360,000        | N/A        | 0        | 360,000        |                | 179,926          | 180,074        | 3,320         | 50%        |
| MDRCI008                     | Cote d'Ivoire - Ebola Preparedness   | 14-Jul-15        | 14-Sep-15 | 67,735           | 67,735         | N/A        | 0        | 67,735         |                | 67,678           | 57             |               | 100%       |
| MDRCM019                     | Cameroon - Ebola Virus Disease       | 24-Aug-14        | 25-Jan-15 | 49,922           | 0              | N/A        | 0        | 0              | 34,980.87      | 34,981           | 0              |               | 70%        |
| MDRET014                     | Ethiopia - Ebola Virus Preparedness  | 29-Oct-14        | 29-Mar-15 | 46,641           | 0              | N/A        | 0        | 0              | 39,218.26      | 39,218           | 0              |               | 84%        |
| MDRGM009                     | Gambia - Ebola Virus Disease Prepare | 15-Sep-14        | 30-Jan-15 | 46,856           | 0              | N/A        | 0        | 0              | 39,712.49      | 39,712           | 0              |               | 85%        |
| MDRGW002                     | Guinea Bissau - Ebola Virus Prepared | 08-Oct-14        | 08-Jan-15 | 49,168           | 0              | N/A        | 0        | 0              | 39,436.54      | 39,437           | 0              |               | 80%        |
| MDRKE031                     | Kenya - Ebola Virus Disease Prepared | 23-Sep-14        | 23-Dec-14 | 59,127           | 0              | N/A        | 0        | 0              | 36,347.38      | 36,347           | 0              |               | 61%        |
| MDRML010                     | Mali - Ebola Preparedness            | 18-Apr-14        | 31-Aug-14 | 57,715           | 0              | N/A        | 0        | 0              | 50,131.66      | 50,132           | 0              |               | 87%        |
| MDRML011                     | Mali - Ebola Preparedness            | 19-Feb-15        | 19-Aug-15 | 59,882           | 59,885         | N/A        | 0        | 59,885         |                | 52,551           | 7,334          |               | 88%        |
| MDRSN009                     | Senegal - Ebola Virus Disease        | 11-Apr-14        | 24-Aug-14 | 54,848           | 0              | N/A        | 0        | 0              | 53,627.34      | 53,627           | 0              |               | 98%        |
| MDRTD013                     | Chad - Ebola Virus Disease Preparedn | 12-Sep-14        | 12-Dec-14 | 54,766           | 0              | N/A        | 0        | 0              | 22,923.93      | 22,924           | 0              |               | 42%        |
| MDRTG005                     | Togo - Ebola Virus Disease           | 27-Aug-14        | 27-Nov-14 | 49,530           | 0              | N/A        | 0        | 0              | 38,127.35      | 38,127           | 0              |               | 77%        |
| <b>TOTAL DREF OPERATIONS</b> |                                      |                  |           | <b>1,516,415</b> | <b>787,994</b> | <b>N/A</b> | <b>0</b> | <b>787,994</b> | <b>567,883</b> | <b>1,088,841</b> | <b>267,035</b> | <b>16,543</b> | <b>75%</b> |

|                                  | MDR60002          | MDRGN007          | MDRLR001          | MDRNG017         | MDRSL005          | MDRSN010         | Total              |
|----------------------------------|-------------------|-------------------|-------------------|------------------|-------------------|------------------|--------------------|
|                                  | Africa            | Guinea            | Liberia           | Nigeria          | Sierra Leone      | Senegal          | CHF                |
| <b>BUDGET</b>                    | <b>14,058,887</b> | <b>56,016,354</b> | <b>46,253,362</b> | <b>1,619,444</b> | <b>94,595,428</b> | <b>1,380,962</b> | <b>213,924,437</b> |
| <b>FUNDING</b>                   |                   |                   |                   |                  |                   |                  |                    |
| <b>Opening Balance</b>           |                   |                   |                   |                  |                   |                  |                    |
| <b>Income</b>                    |                   |                   |                   |                  |                   |                  |                    |
| Philips Foundation               | -18               | -215              |                   |                  |                   |                  | -233               |
| Services Fees                    |                   |                   |                   |                  | 10,870            |                  | 10,870             |
| Shell                            |                   |                   |                   | -3,080           |                   |                  | -3,080             |
| Sime Darby Berhad                |                   |                   | -7,117            |                  |                   |                  | -7,117             |
| Sundry Income                    |                   | 153               |                   |                  | 7,880             |                  | 8,032              |
| Toyota Motor Corp.               |                   |                   |                   |                  | -955              |                  | -955               |
| Tullow Guinea Limited            |                   | -9,069            |                   |                  |                   |                  | -9,069             |
| United States Government - USAID |                   |                   |                   |                  | 26,251            |                  | 26,251             |
| <b>Other Income</b>              | <b>-789,040</b>   | <b>-17,194</b>    | <b>-9,557</b>     | <b>-3,080</b>    | <b>42,751</b>     |                  | <b>-776,119</b>    |
| <b>Total Income</b>              | <b>11,812,938</b> | <b>34,938,861</b> | <b>22,078,540</b> | <b>625,755</b>   | <b>59,949,193</b> | <b>182,266</b>   | <b>129,587,554</b> |
| <b>TOTAL FUNDING</b>             | <b>11,812,938</b> | <b>34,938,861</b> | <b>22,078,540</b> | <b>625,755</b>   | <b>59,949,193</b> | <b>182,266</b>   | <b>129,587,554</b> |
| <b>COVERAGE</b>                  | <b>84%</b>        | <b>62%</b>        | <b>48%</b>        | <b>39%</b>       | <b>63%</b>        | <b>13%</b>       | <b>61%</b>         |

ADDITIONAL CONTRIBUTIONS TO THE OPERATION (based on information Logistics received from partners)

|                                | MDR60002 | MDRGN007 | MDRLR001 | MDRNG017 | MDRSL005     | MDRSN010 | Total   |
|--------------------------------|----------|----------|----------|----------|--------------|----------|---------|
|                                | Africa   | Guinea   | Liberia  | Nigeria  | Sierra Leone | Senegal  | CHF     |
| <b>Bilateral Contributions</b> |          |          |          |          |              |          |         |
| American Red Cross             |          |          |          |          | 38,148       |          | 38,148  |
| British Red Cross              |          |          |          |          | 3,123        |          | 3,123   |
| Canadian Red Cross             |          |          |          |          | 660,710      |          | 660,710 |
| Danish Red Cross               |          |          |          |          | 25,089       |          | 25,089  |
| Finnish Red Cross              |          |          |          |          | 155,627      |          | 155,627 |
| French Red Cross               |          | 20,000   |          |          |              |          | 20,000  |
| German Red Cross               |          |          |          |          | 845,560      |          | 845,560 |
| Norwegian Red Cross            |          |          |          |          | 488,004      |          | 488,004 |
| Spanish Red Cross              |          |          |          |          | 563,590      |          | 563,590 |

|                                      |  |               |                  |                  |
|--------------------------------------|--|---------------|------------------|------------------|
| Swiss Red Cross                      |  | 39,500        |                  | 39,500           |
| <hr/>                                |  |               |                  |                  |
| <b>Total Bilateral Contributions</b> |  | <b>59,500</b> | <b>2,779,850</b> | <b>2,839,350</b> |