

# Emergency Appeal Operation Update

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

### Combined Monthly Ebola Operations Update N° 31<sup>1</sup>

18 March 2016

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

The West Africa Ebola outbreak is the largest in history affecting 16 African countries since the outbreak was first declared in 2014. The IFRC recognises that Guinea, Liberia and Sierra Leone continue to be at risk of Ebola flare-ups largely due to the virus persistence and therefore must remain on high alert and ready to respond. Together with the National Societies in the 3 most affected countries in West Africa, IFRC continues to ensure that the National Societies are provided with all necessary technical support to maintain levels of preparedness, transition to recovery and respond again if necessary.

The Ebola Virus Disease epidemic in **Guinea** represented the first ever outbreak of Ebola in a West African country. The country was declared free of Ebola transmission on 29 December, 42 days after the last Ebola patient tested negative for a second time. However, on 17 March, Guinea announced that two people in that country had tested positive for Ebola.

**Liberia** was first declared free of Ebola transmission in May 2015, but the virus was re-introduced twice since then, with the latest flare-up in November. Human-to-human transmission linked to the most recent cluster of cases in Liberia was declared to have ended on 14 January 2016; 42 days after the second and last case in the cluster provided a second consecutive negative blood sample.

No further cases have been detected in **Sierra Leone** and transmission linked to the latest cluster of cases was declared to have ended on 17 March. On Thursday, the World Health Organisation declared the end of a recent flare-up of Ebola in Sierra Leone, a nation where thousands have suffered from the disease. This is as a result of the passing of two incubation periods – or 42 days –



During his first visit to Guinea, IFRC President Konoé helped open a new Red Cross operations base in Dubreka, and had the opportunity to meet with the Head of State, various government ministers and volunteers and thanked them for their critical role in bringing the Ebola outbreak to an end. Katherine Mueller/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 11 countries. In total, 16 countries in Africa launched emergency operations relating to this outbreak.

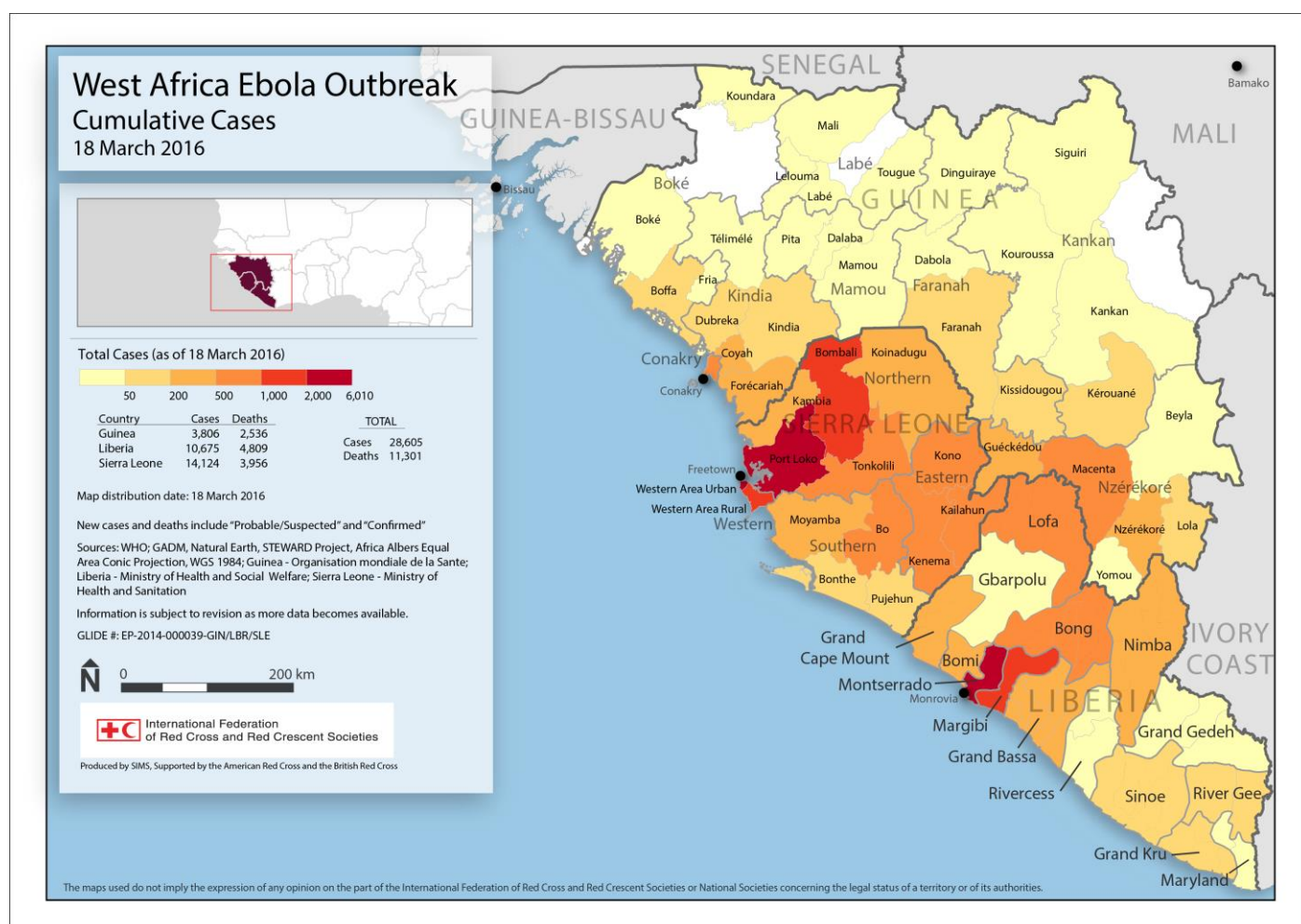
<sup>1</sup> A single combined operations update is produced for the 4 Ebola operations on a monthly basis.

since the last known victim had tested negative for the deadly virus. In Sierra Leone, 3,956 people died during the epidemic that ravaged the country along with its neighbours, Guinea and Liberia, where it killed thousands more.

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

Appeal	Guinea MDRGN007	Liberia MDRLR001	Sierra Leone MDRSL005	Coordination & Preparedness MDR60002	Total Figures (CHF)
<b>Budget</b>	56.0 million	46.3 million	94.6 million	14.05 million	213.9 million
<b>Income to date</b>	33.5 million	18.2 million	57.6 million	11.1 million	128 million
<b>Coverage</b>	60%	40%	61%	80%	61%
<b>Funding gap</b>	22.5 million	28.1 million	37 million	2.25 million	85.9 million

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



## Operation Updates

Latest available cumulative data are provided below for 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	115	192	541	848
*Cumulative Deaths	2,083	4,809	3,955	10,847
*Fatality rate	62.1%	45%	28%	38.8%
Trained RC volunteers active in Ebola	835	142	4,924	5,901
People reached through face to face Social Mobilization	2,335,460	2,411,220	3,561,128	8,307,808
People reached through Psychosocial Support	12,635	8,953	405,030	426,618

### Guinea

The reporting period of February ended with the 9<sup>th</sup> week since the 90 day heightened phase began in Guinea. Activities were specifically marked by the continuation of the surveillance mechanisms in place in specific cross border points between Sierra Leone, Liberia and Guinea-Bissau. So far, 9 screening points are fully operational and community based surveillance has been ongoing in 15 target prefectures. In addition, the period was marked by capacity building for RC volunteers deployed in the field whereby a distribution of bicycles, notebooks, pens, waterproof garments and boots were accomplished to allow them operate in an efficient and professional manner.

At present, the IFRC country office and Guinea Red Cross are jointly working on integrating resilience programming through the appeal revision on Guinea to support the gradual recovery of communities from the impact of Ebola outbreak. As part of this effort, two proposals focussing on the integration of affected volunteers and survivors have been developed and submitted to the United Nations Development Programme and the Swedish Red Cross for funding.

The Federation country office in Guinea is also working on the downscaling of the operation in term of human resources and logistics capacities deployed by half (50%) in June. On the other hand, the focus on supporting the NS in strengthening its human resources and logistical capacities including the warehousing system to gradually takeover some of the Federation's responsibilities as the operation is gradually phasing out.

Despite the threat from trade unions and opposition political parties to go on strike, the political and social situation remained calm throughout the country during this reporting period. The Federation security delegate continues to monitor the situation, especially the downsizing of IFRC local staff which might lead to frustration and potential violent reactions such as strikes, physical aggression, blockade at the Federation's office, verbal or SMS threats. The monitoring

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

of the political and social situation continues as local elections are due to take place in the second quarter of 2016.

### A. Social Mobilization and Beneficiary Communication

#### Highlights

Social Mobilization activities continued throughout the month of February in Guinea after the declaration of the emergency period on 29 December. These activities aim at supporting the community-based surveillance approach to ensure the community's engagement for the population living in high risk areas on phase II activities namely surveillance, Rapid Tests and Swabs for community deaths and continuous vigilance through testing and alert. In this regard, activities being carried out are categorized into two components:

- ✓ Interpersonal communication in focus groups and installation of information kiosks,
- ✓ Mass media with interactive radio programmes on private radio stations (Renaissance 95.9 FM and Tamata 92.6 FM) and the Red Cross owned mobile radio (Santeya FM 98.0 FM).



The Red Cross mobile radio: A Red Cross BenCom volunteer interviews the Sub-Divisional Officer on the border with Sierra Leone.  
Cheick Camara/ Guinea RC.

#### a. Interpersonal communication:

Taking place in the 5 communes of Conakry city, the main themes developed during focus groups are mainly: *hygiene and hand washing practices, active surveillance and social integration for Ebola survivors*. In total, 60 sessions, i.e. 12 sessions per commune were successfully conducted enabling a total 5,531 persons to be reached. Sensitized persons received hygiene kits as detailed in the table below:

Table 1: Persons reached by sensitization and distribution of hygiene kits

N°	Commune	# of sessions	# of persons sensitized			Hygiene kits		
			Men	Women	Total	Soaps (pcs)	Chlorine bottles (pcs)	Handwashing kits
1	Matoto	12	407	384	791	4,760	2,560	103
2	Dixinn	12	1,000	483	1,483	4,830	2,450	105
3	Matam	12	864	411	1,275	4,530	2,880	88
4	Kaloum	12	696	264	960	4,340	2,410	68
5	Ratoma	12	690	332	1,022	4,830	1,980	59
<b>Total</b>		<b>60</b>	<b>3,657</b>	<b>1,874</b>	<b>5,531</b>	<b>23,290</b>	<b>12,280</b>	<b>423</b>

Focus Group Discussions will be completed in 50 information kiosks that are being progressively deployed in target areas.

**b. The mass media:**

The mass media component consist of vox pops, for interviews, round tables, spots and radio shows which are conducted on Tamata FM and Renaissance FM. During this period, the following themes were tackled:

- Active surveillance after the declaration of the emergency period.
- Hygiene and hand washing practices
- The social integration for Ebola survivors

The debates around the above topics were conducted in Soussou, Pular and Maninka which are the 3 main local languages spoken in Conakry and the surrounding prefectures. The number of radio shows and calls are detailed in the table below:

Table 2: Breakdown of radio shows per language

Language	# of radio shows	# of calls	# of calls per radio show
Soussou	4	29	7
Poular	5	26	5
Malinké	3	6	2
<b>Total</b>	<b>12</b>	<b>61</b>	<b>5</b>

Table 3: Breakdown of radio shows per theme

Theme	# of radio shows	# of calls	# of calls per radio show
Active surveillance after the declaration of the emergency period	3	16	5
Hygiene and hand washing practices	3	20	7
The social integration for Ebola survivors	6	25	4
<b>Total</b>	<b>12</b>	<b>61</b>	<b>5</b>

The number of calls received during the interactive radio shows testify how hygiene and sanitation themes are important to the public.

Specific achievements with the Santeya Fm (Red Cross owned mobile radio station) also continued whereby several radio programmes, vox pops, interviews and spots were conducted as details in the table below:

Table 4: Breakdown of assorted radio shows

N°	Shows and broadcasts	Total
1	Radio interactive shows including 140 debates	188
2	Round tables	100
3	Interviews	15
4	Vox pops	128
5	Live broadcasts	20
6	Spots	242
7	Sensitization broadcast	49

During radio shows, 88 calls were received as part the community's feedback. Due to the attraction created by this community mobile radio, a total of 21,526 were reached by sensitization only in Sikhourou and Mousayah sub prefectures as indicated below:

Table 5: Breakdown per category:

Area	Men	Women	Children	Total
Sikhourou	523	4,368	1,212	10,843
Moussayah	3,600	5,269	1,814	10,683

### Challenges

During this reporting period, the following challenges were experienced:

- Insufficient quantities of hygiene kits to cover all target households,
- Lack of specific sensitization key message for the heightened surveillance phase,
- Delay of effective launch of activities with the Red Cross information kiosks impacts on the planning schedule,
- Need for more training for the mobile radio volunteers and follow up to become autonomous in sound system editing and recording.

### Planning

Plans are underway for the

- Continued sensitization in target areas,
- Effective launch of information kiosks in Forécariah and progressive extension to other prefectures.

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

### Highlights:

During the month of February 2016, the PSS delegate continued with preparations for the implementation of the PSS project supported by the Swedish Red Cross and UNDP. A total of 80 volunteers were therefore trained on the use of “Hopkins Symptoms Checklist (HSCL)” which is designed to measure the **degree of anxiety** and **depression** and on the “Harvard trauma” questionnaire measuring the **degree of Post Trauma stress**. Analysis of the answers on these questionnaires indicate that the majority of volunteers meet the technical and human criteria to be selected as PSS volunteers.

During this period, the PSS pillar was closely involved in the preparation and conduct of the visit of the President of the IFRC in Guinea. A total of 35 women who had received psychosocial support and condolences kits were briefed on the importance of participating in the IFRC President’s reception ceremony in the prefecture of Dubreka.

### Challenges

Nothing to report during this period.

### Planning:

Plans are underway for

- Recruitment of PSS focal persons,
- Conducting a mini-workshop to establish a reference baseline in Conakry, Dubreka, Coyah, Forécariah and Kindia prefectures,
- Conducting a workshop for ToT for selected volunteers who will be in charge of the implementation of the “Community healing Dialogue” activities.

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

#### Highlight:

The IFRC/Guinea Red Cross are no longer conducting Contact Tracing activities since the end of the epidemic on 29 December. To date, a Community Event Based Surveillance (CEBS) mechanism has been established for a period of 90 days (29 December 2015 – 26 March 2016) which coincides with a heightened surveillance phase. During this period, 62 teams consisting of 124 volunteers were involved in conducting swabs and Rapid Tests in 15 target prefectures. As in previous months, a big focus on surveillance has been put on Forécariah, Boké and Guékedou which directly share the border with Sierra Leone, Guinea Bissau and Liberia respectively. A total of 13,745 persons crossing the border between the three countries were screened as a result of 9 operational posts setup in sub-prefectures of Farmoriah, Moussayah and Sihkourou in Forécariah.

All in all, 1,192 Rapid Test or OraQuicks were taken, in addition to 1,335 swabs which were sent to the laboratory for further testing. A total of 209 hygiene kits were distributed to support community members continued involvement in hygiene practices whereby a total of 3,240 persons were sensitized on hygiene improvement.

Other important achievements include a training for proximity supervisors and Community Agents in the Boké, sub-prefecture of Sansalé (45), Dabiss (39) and Kanfarandé (99). This activity was completed by the repositioning of Community Agents' equipment made up of 190 bicycles and 190 bag kits, waterproof coats, boots and stationary (notebooks and pens).

#### Challenges:

- There are still persistent gaps of funding for Community-based surveillance activities.
- Difficulties related to waste management in Conakry are experienced, i.e. the lack of incinerators in most hospitals.

#### Future Planning:

- Distribution of work equipment to volunteers in remaining sub-prefectures of Sansalé, Dabiss and Kanfarandé in Boke,
- Distribution of work and office equipment to health facilities in Forécariah and Boké as part of the capacity building framework;
- Supervision of field activities in Boké and Forécariah,
- Training of 600 community agents and 14 proximity supervisors in Guékedou to scale-up surveillance activities across the border with Liberia,
- Planning meeting with health district offices in Guékedou, Lola and Nzerekore.

### **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**

#### Highlights

Since the end of the emergency period on 29 December 2015, there are no SDBs activities being implemented in Guinea. SDB volunteers were demobilized as planned and 124 of them dispatched into 62 teams have been integrated into the Community Surveillance teams to

provide support in the implementation of Rapid Tests and swabs as they were initially trained on these skills.

### Challenges

- Volunteers sometimes face reluctance while conducting Oraquicks and swabs.

### Planning:

- Follow up of activities in target prefectures,
- Pre-positioning of SDB/WASH kits,
- Monitoring of Red Cross teams in the field.

## **Liberia**

Liberia continues on the road to recovery. LNRCS/IFRC participate in the national and county level EVD coordination mechanisms.

The Plan of Action until June 2016 is as follows:

<b>WASH</b>	<ul style="list-style-type: none"> <li>- Assessment of WASH needs in selected communities.</li> <li>- Establishment and support of WASH committees.</li> <li>- Conduct WASH training.</li> <li>- Rehabilitation of WASH facilities in target communities: latrines, water points.</li> </ul>
<b>CBHP</b>	<ul style="list-style-type: none"> <li>- CBHFA training for community volunteers at community and district level.</li> <li>- Social Mobilisation support to the Ministry of Health for three rounds of routine immunization campaigns in Gbarpolu County in February, March and April 2016.</li> </ul>
<b>DRR and Livelihoods</b>	<ul style="list-style-type: none"> <li>- Establishing/reviving community based action teams and DM structures.</li> <li>- Conduct DRR and First Aid trainings.</li> <li>- Livelihoods assessment in seven counties.</li> </ul>

In preparation for the implementation of WASH activities in the selected communities in Bomi, Margibi and Montserrado chapters, a detailed WASH assessment was conducted from 14 to 29 February 2016 in 30 communities as well as the relevant schools and health facilities. The assessment will inform work plans, procurement and training/awareness activities.

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

IFRC and LNRCS conducted a three-day workshop in Grand Bassa County from 26 to 28 February 2016 to orient participants on the integrated recovery programme. The workshop was attended by approximately 40 people including recovery programme and support services staff from LNRCS headquarters and chapters, Partner National Societies representatives and IFRC delegates.

The agenda covered the following:

- ✓ Red Cross principles; roles of National society, PNS and IFRC, Volunteerism.
- ✓ Presentations on key activities and integration of work plans.
- ✓ Community level structure for programme implementation
- ✓ Finance and procurement guidelines.
- ✓ Reporting and monitoring.

**B. Psychosocial Support**

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

**D. Surveillance – Active Case Finding**

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

No response activities were reported.

## Sierra Leone

Since Phase 2 of the Ebola outbreak, the Red Cross has engaged 10 Safe and Dignified Burial (SDB) teams on standby mode of operation for 3 months. Following the discharge of the last known EVD patient, 27 days have elapsed out of the required 42 days of no new EVD infection for Sierra Leone to be declared Ebola free. In addition, refresher training has been conducted for 8 Social Mobilization teams, and 8 PSS teams in Psychological First Aid. These teams continue to work with communities in the 4 affected districts in an attempt to strengthen trust in engaging with the health care system, reporting live cases, and working through emotional reactions to the recent outbreak. Feedback is being received from the community on how the process could be done better should another outbreak occur. These suggestions are being communicated to the Office for the Coordination of Humanitarian Affairs (OCHA) and other partner organizations that have involvement in the response.

A total of 93 volunteers who opted to continue with their education have presented their acceptance letters and 210 volunteers who opted to do vocational skills have also presented their acceptance letters. Currently Red Cross are verifying the enrolment details of each student and the educational institutions themselves to ensure that the students are enrolled in reputable and accredited institutions. The verification process includes ensuring the payment of fees as per the course studied, verifying the accreditation of each respective tertiary institution and supporting the volunteers who are returning to their studies in developing a plan to continue payment of their studies after the year of tuition support is finished. Meanwhile, plans are underway to try and include other Red Cross volunteers in training and support opportunities to manage their disappointment at being “left out” of this reskilling and reintegration program.

Follow up counselling sessions were conducted for the remainder of the SDB/IPC volunteers to ensure that the psychological state and mental health of the volunteers remained positive. One-to-one and group counselling sessions were organized in all the Branches for the remainder of the SDB/IPC volunteers, with the volunteers being encouraged and supported to develop tailor-made solutions for their own individual and specific issues.

However, despite the introduction of basic referral sessions to encourage volunteers to be referred to appropriate support, no referrals have been reported. Therefore, plans are underway for more extensive referral training with the PSS focal points in each district in collaboration with the district mental health personnel to determine whether this process can be strongly encouraged. Additional training will be provided to the lead PSS volunteers and PSS coaches to be able to follow up with the districts to ensure that needed referrals are happening and that they are being reported. This new structure should be in place by the end of March 2016.

Follow up career counselling sessions have been successful in facilitating the re-evaluation by many volunteers into the re-skilling option that would best suit their needs and interests. Many of the volunteers that had initially indicated a desire to start a business have reconsidered their decision and have opted for the vocational or educational stream. This is a positive indication that the communication strategy has been successful in dispelling the many misconceptions surrounding the provision of cash for the participants in the business development option. There have been many rumours that family members themselves were advising the volunteers to opt for the business development option in the belief that there would be greater financial benefits through this re-skilling option. One aspect that the Red Cross would need to manage is the disappointment and anger that may be felt by volunteers who are unsuccessful in being awarded seed money for their business plans. A mitigation strategy is currently being developed and may include having all volunteers entering this re-skilling option sign a notice saying they understand that the seed money is not guaranteed for all participants and that the award of the start-up funds will be based upon the quality and viability of their business plans. A transparent and competitive assessment process of the business plans will be developed and shared with the volunteers.

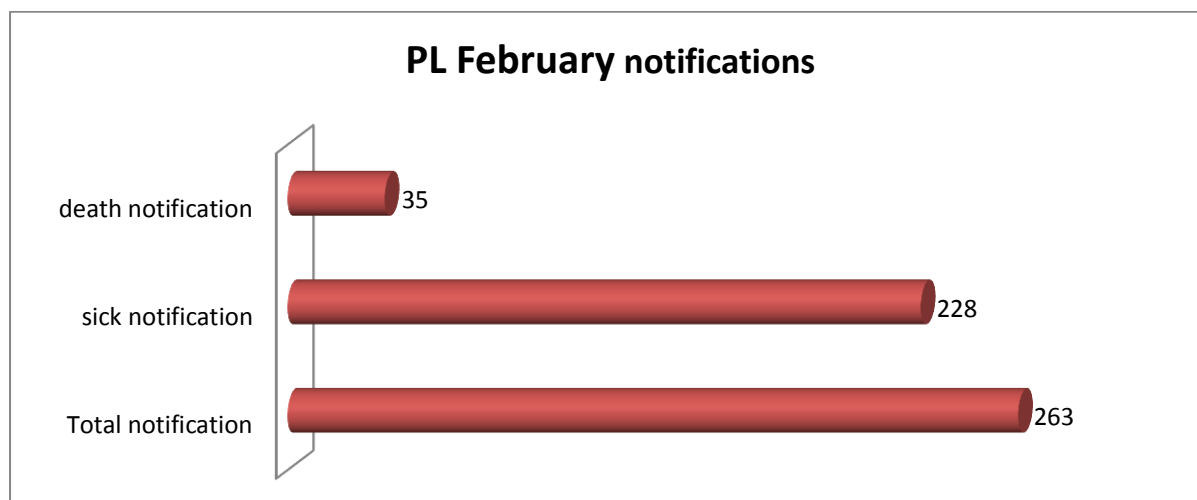
The national market analysis study has commenced with the selection of an international firm who are in-country collecting data through Focus Group Discussions and interviews with Government partners, NGOs, beneficiary groups and private enterprises on the market conditions in each respective district. The final report is anticipated during the first week of April and the results will be distributed to the volunteers to help inform their decision on business, employment and vocational areas of opportunity.

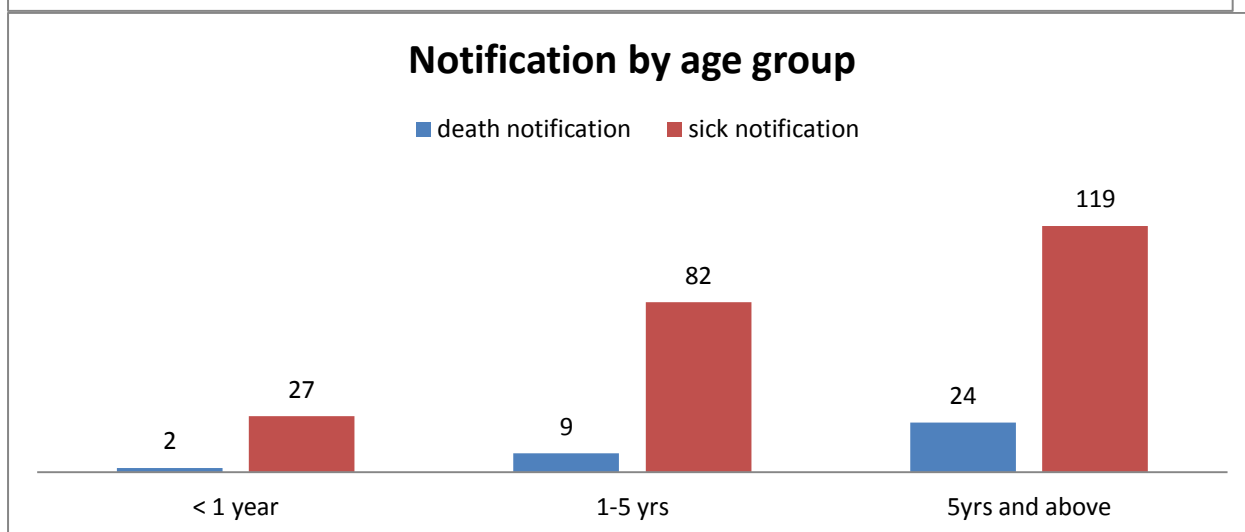
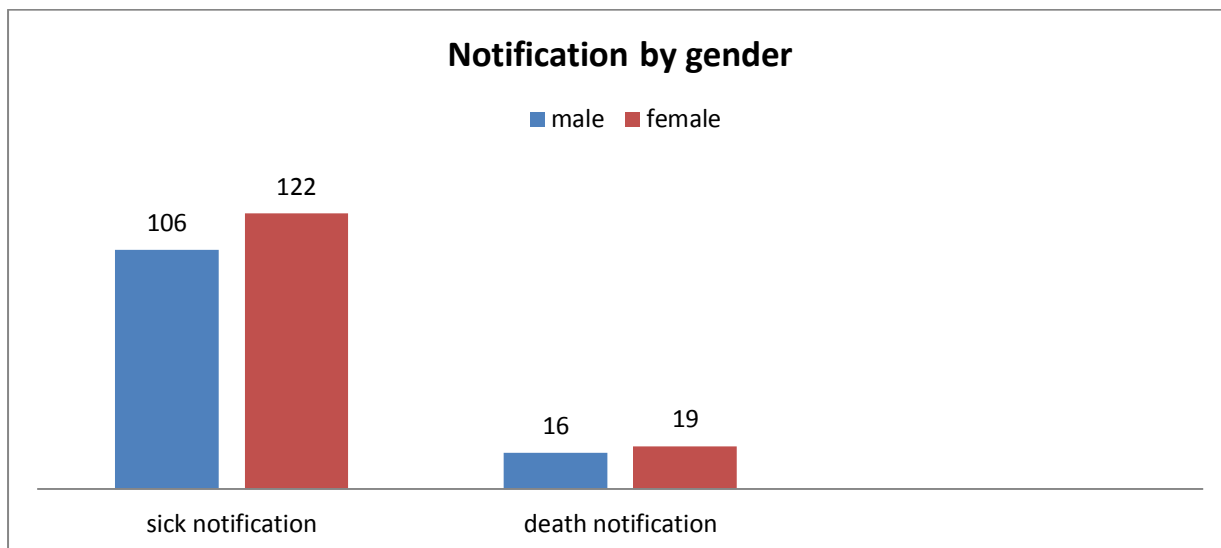
#### **A. Social Mobilization; Community Engagement and Beneficiary Communications**

**Community Event Based Surveillance:** February recorded the least number of notification received from the implementing districts, this from follow-up is as a result of volunteers refusing to report on cases from their communities due to lack of motivation and incentives, blocking of Sims by the service provider due to registration, backed up with limited fuel supply to the supervisors for assessment on notifications received from volunteers in their operational area.

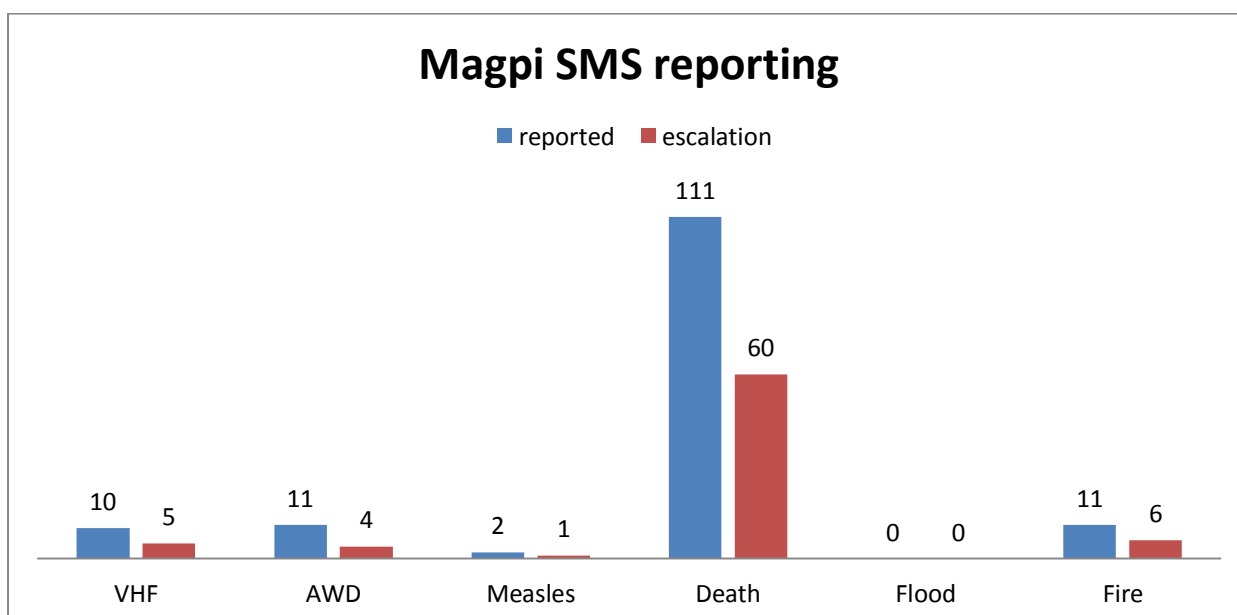
A total of 263 different notifications were reported from Port Loko district, where volunteers are currently reporting on Ebola specific case definitions. 35 out of the total notifications were on death cases, and 228 were sick notifications including fever, body pain, headache, malaria, STD, STIs, abdominal pain, stomach pain, cough among others. Few of the sick notifications after assessment by supervisors were taken to PHUs for treatment. However, it is recommended for the full CEBS package to be implemented in Port Loko to help volunteer be more specific in reporting.

The summary is shown below:





Bonthe and koinadugu are now using SMS data collection for reporting. They reported 145 CEBS specific case definitions. 76 of the total number of notifications were escalated; meaning they were either forwarded to DHMT from the PHUs, or making known to ONS. The summary is shown below;



**B. Psychosocial Support****C. Surveillance and Contact Tracing****D. Case Management in Red Cross Ebola Treatment Centres - Kenema and Kono****E. Safe and Dignified Burials and Disinfections**

The ETC in Kono was officially closed in November 2015.

A comprehensive summary on the achievements, highlights and future plans of each of these pillars has been provided comprehensively above.

**Capacity building of the National Societies**

It is predicted that the capacity building support provided by the Federation Secretariat to the Red Cross 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.

**Regional Coordination and Preparedness**

While the Ebola outbreak has been largely under control in the region for months, several persistent cases of the virus continue to emerge. Governments in Ebola areas work to contain recent flare-ups. The efforts are paying off, the W.H.O. said in a news release. But it warned that nations “must remain on high alert and ready to respond.” In a recently concluded visit to Guinea and Sierra Leone by the President of the IFRC, Mr Tadateru Konoé, governments of both countries were called on to recognize the role Red Cross volunteers can play in building community resilience to future shocks. These Red Cross volunteers in Guinea and Sierra Leone were trained during the Ebola response, many of them in infection, prevention and control and gained valuable experience and skills which can be used in not only responding to various disease outbreaks, but in also acting as early warning systems. The President continued to note that these volunteers can, and should, play a key role in the rebuilding of community-based health systems.

**Risk Assessment**

Rates of Ebola infection have fallen drastically in Guinea, Liberia and Sierra Leone. The IFRC like other actors is involved in recovery activities as they review their systems and learn lessons from the outbreak.

Along with other actors, IFRC follows the Ebola Response Phase 3 Framework for achieving and sustaining zero cases. The approach incorporates new developments in Ebola control from vaccines, diagnostics, response operations to survivor counselling and care, SDB and disinfection of houses.

On March 17, the WHO announced “the end of the recent flare-up of Ebola virus” in Sierra Leone and urged the nation, along with Guinea and Liberia, to “remain on high alert” due to the ongoing risk of “Ebola flare-ups, largely due to virus persistence in some survivors.” Since the outbreak was first announced in early 2014, more than 10,000 Red Cross volunteers have been trained on the Ebola response, with many risking their lives on the frontline. Importantly, Red Cross teams assumed responsibility for providing SDBs for those who died, a dangerous intervention that was crucial in bringing the outbreak under control.

**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:

<b>Partner National Societies' bilateral contributions in West Africa</b>			
<b>Guinea</b>	<b>Liberia</b>	<b>Sierra Leone</b>	<b>Surrounding countries</b>
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.

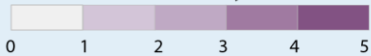
# West Africa Ebola Outbreak

## New Cases

18 March 2016



New Cases: 23 February - 18 March 2016



No cases in previous 21 days

Country	New Cases	New Deaths	TOTAL
Guinea	2	0	New Cases 2
Liberia	0	0	New Deaths 0
Sierra Leone	0	0	

New cases include "Confirmed" Cases only. New deaths include "Confirmed", "Probable/Suspected" results.

Sources: GADM, Natural Earth, STEWARD Project, Africa Albers Equal Area Conic Projection, WGS 1984; Guinea - Organisation mondiale de la Sante; 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.

GLIDE #: EP-2014-000039-GIN/LBR/SLE



FOR INTERNAL OPERATIONS ONLY



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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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**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

At a glance

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## 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	11,831,891	84%	2,226,996	11,831,891		8,153,014	3,678,877		58%
MDRGN007	Guinea - Ebola Virus Disease	26-Mar-14	31-Dec-17	56,016,354	35,653,038	64%	20,363,316	35,649,166	0	31,189,620	4,459,546	652,931	56%
MDRLR001	Liberia - Ebola Virus Disease	09-Apr-14	31-Dec-17	46,253,362	22,078,264	48%	24,175,098	22,027,294	0	17,821,225	4,206,069		39%
MDRNG017	Nigeria - Ebola Virus Disease	08-Aug-14	31-May-15	1,619,444	623,515	39%	995,929	623,515	0	623,515	0		39%
MDRSL005	Sierra Leone - Ebola Virus Disease	06-Apr-14	31-Dec-17	94,595,428	60,699,253	64%	33,896,175	60,601,990	0	48,604,514	11,997,476		51%
MDRSN010	Senegal - Ebola Virus Disease	08-Sep-14	31-Jul-15	1,380,962	182,266	13%	1,198,696	182,266	253515	427,842	7,939		31%
<b>TOTAL EMERGENCY APPEALS</b>				<b>213,924,437</b>	<b>131,068,228</b>	<b>61%</b>	<b>82,856,209</b>	<b>130,916,123</b>	<b>253,515</b>	<b>106,819,731</b>	<b>24,349,907</b>	<b>652,931</b>	<b>50%</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	84481.76	84,482	0		84%
MDR64007	East Africa - Ebola Preparedness	10-Feb-15	15-Oct-15	181,050	181,050	N/A	0	181,050		152,104	28,946		84%
MDR80001	MENA ZONE - Ebola Preparedness	05-Feb-15	05-May-15	119,324	119,324	N/A	0	119,324		83,628	35,696		70%
MDRBJ014	Benin - Ebola Virus Disease	27-Aug-14	27-Nov-14	50,204	0	N/A	0	0	35250.41	35,250	0		70%
MDRCF018	Central African Rep - Ebola Virus Di	29-Aug-14	29-Dec-14	48,697	0	N/A	0	0	33725.67	33,726	0		69%
MDRCI006	Côte d'Ivoire - Ebola Preparedness	18-Apr-14	18-Jul-14	60,950	0	N/A	0	0	59919.04	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		271,015	88,985		75%
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	34980.87	34,981	0		70%
MDRET014	Ethiopia - Ebola Virus Preparedness	29-Oct-14	29-Mar-15	46,641	0	N/A	0	0	39218.26	39,218	0		84%
MDRGM009	Gambia - Ebola Virus Disease Prepare	15-Sep-14	30-Jan-15	46,856	0	N/A	0	0	39712.49	39,712	0		85%
MDRGW002	Guinea Bissau - Ebola Virus Prepared	08-Oct-14	08-Jan-15	49,168	0	N/A	0	0	39436.54	39,437	0		80%
MDRKE031	Kenya - Ebola Virus Disease Prepared	23-Sep-14	23-Dec-14	59,127	0	N/A	0	0	36347.38	36,347	0		61%
MDRML010	Mali - Ebola Preparedness	18-Apr-14	31-Aug-14	57,715	0	N/A	0	0	50131.66	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	53627.34	53,627	0		98%
MDRTD013	Chad - Ebola Virus Disease Preparedn	12-Sep-14	12-Dec-14	54,766	0	N/A	0	0	22923.93	22,924	0		42%
MDRTG005	Togo - Ebola Virus Disease	27-Aug-14	27-Nov-14	49,530	0	N/A	0	0	38127.35	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>1,194,860</b>	<b>161,017</b>		<b>81%</b>

	MDR60002	MDRGN007	MDRLR001	MDRNG017	MDRSL005	MDRSN010	Total
	Africa reg. office	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>							
Airbus		-3,287	-137				-3,424
British Red Cross (from British Government)					573		573
ChevronTexaco Corp.			-68				-68
Freshfields		-180	-158				-337
Informa	-2		-133				-135
KPMG Disaster Relief Fund		-250	-110		-250		-609
KPMG International Cooperative(KPMG-I)	-1,006	-2,196	-1,617		-1,617		-6,437
Louis Berger		-17	-2				-18
Nestle	-19	-2,104	-96				-2,219
Olam		-29	-119				-149
Philips Foundation		-215					-233
Shell				-3,080			-3,080
Sime Darby Berhad			-7,117				-7,117
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>34,440</b>		<b>-784,430</b>
<b>Total Income</b>	<b>11,191,511</b>	<b>33,534,776</b>	<b>18,273,802</b>	<b>623,515</b>	<b>57,677,901</b>	<b>182,266</b>	<b>121,483,771</b>
<b>TOTAL FUNDING</b>	<b>11,191,511</b>	<b>33,534,776</b>	<b>18,273,802</b>	<b>623,515</b>	<b>57,677,901</b>	<b>182,266</b>	<b>121,483,771</b>
<b>COVERAGE</b>	<b>80%</b>	<b>60%</b>	<b>40%</b>	<b>39%</b>	<b>61%</b>	<b>13%</b>	<b>57%</b>

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

	MDR60002	MDRGN007	MDRLR001	MDRNG017	MDRSL005	MDRSN010	Total
	Africa reg. office	Guinea	Liberia	Nigeria	Sierra Leone	Senegal	CHF
<b>Bilateral Contributions</b>							
American Red Cross					38,148		38,148



British Red Cross		3,123	<b>3,123</b>
Canadian Red Cross		660,710	660,710
Danish Red Cross		25,089	<b>25,089</b>
Finnish Red Cross		155,627	155,627
French Red Cross	20,000		<b>20,000</b>
German Red Cross		845,560	845,560
Norwegian Red Cross		488,004	<b>488,004</b>
Spanish Red Cross		563,590	563,590
Swiss Red Cross	39,500		<b>39,500</b>
<b>Total Bilateral Contributions</b>	<b>59,500</b>	<b>2,779,850</b>	<b>2,839,350</b>