

Emergency Appeal Operation Update

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

Combined Monthly Ebola Operations Update N° 32¹

27 April 2016

Current epidemiological situation, country-specific information + Post-Ebola systems strengthening

The Ebola outbreak in West Africa which was first reported in March 2014 quickly became the deadliest occurrence since its discovery, killing more than all other known Ebola outbreaks combined. More than 25 months from the first confirmed case, over 11,000 people have been reported dead from the disease in the three most affected West African countries of Liberia, Guinea, and Sierra Leone.

WHO declared the end of the Public Health Emergency of International Concern regarding the Ebola Virus Disease (EVD) outbreak in West Africa. The International Health Regulations (2005) Emergency Committee regarding EVD noted that since its last meeting, Guinea, Liberia, and Sierra Leone have all met the criteria for confirming interruption of their original chains of Ebola virus transmission. The Committee also noted that, although new clusters of EVD cases continue to occur as expected, including a recent cluster in Guinea, all clusters to date have been detected and responded to rapidly.

Guinea was last declared free of Ebola transmission linked directly to the original outbreak on 29 December 2015. On March 17, a new EVD cluster was reported. The cluster originated in N'Zérékoré Prefecture and spread to neighbouring Macenta Prefecture. There has been a total of seven confirmed and three probable EVD cases, including eight deaths, as of April 18. All 5 confirmed cases are epidemiologically linked to a chain of 3 probable cases in the sub-prefecture of Koropara: Two females in their late 30s, and a male in his late 50s. All 3 probable cases died and were not buried safely. Investigations have determined that the first probable case (a female in her late 30s) had symptom onset on or around mid-February 2016. The source of her infection is being investigated.



29 year old K. Amara, a SLRCS volunteer before the Ebola outbreak joined the SDB team, becoming one of the first to be trained in the risky activity. He was stigmatized and asked by his own mother to leave the family home, fearful he would contract Ebola and infect the rest of the family.

However, after living outside the home for one year, his mother asked him to return having received instruction from the Red Cross on how to stay safe from Ebola and trusted in the training her son had received on conducting SDBs.

Kemoh would like to become an auto mechanic but needs financial support to realise this.

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 (SDBs) 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 (SDBs) and Disinfection; and the revision has included additional sectors 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 Sierra Leone 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.

¹ 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 MDRGN007	Liberia MDRLR001	Sierra Leone MDRSL005	Coordination & Preparedness MDR60002	Total Figures (CHF)
Budget	56.0 million	46.3 million	88.0 million	14.1 million	204.4 million
Income to date	33.5 million	18.2 million	57.6 million	11.1 million	120.4 million
Coverage	60%	40%	65%	80%	61%
Funding gap	22.5 million	28.1 million	30.4 million	3.0 million	84.0 million

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

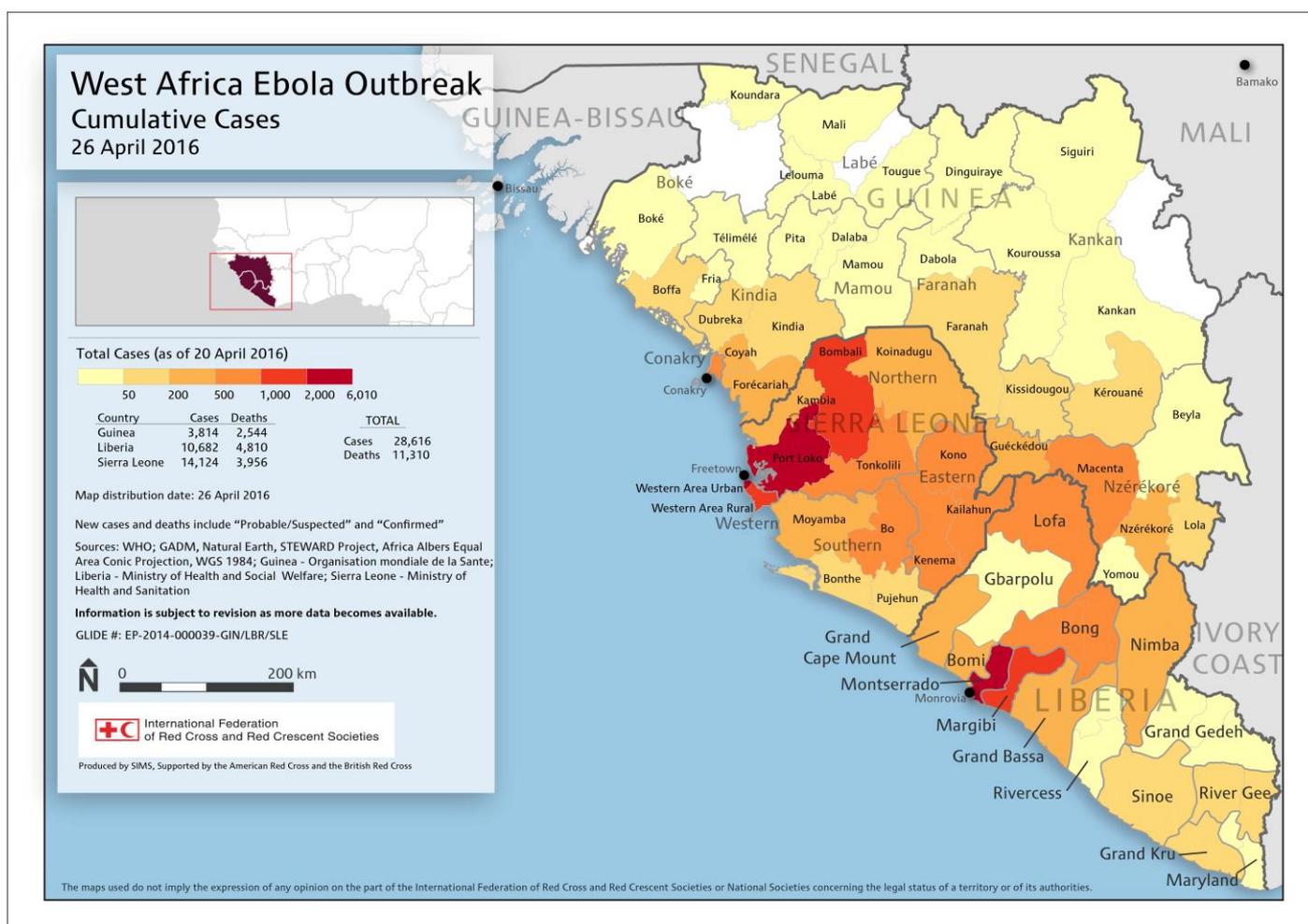
Vaccination teams began immunization of contacts on 22 March.

The recovery plan currently in place focuses on providing support to people affected by the outbreak, and includes activities related to strengthening resilience to future disease outbreaks, improving access to health care and PSS, improving food security and livelihoods; and National Society development. The recovery plan is currently 60% funded. As part of the IFRC recovery programme, a partnership has been developed with the United Nations Development Programme (UNDP), aimed at strengthening the resilience of communities and reintegrating Red Cross volunteers into their communities. One of the priorities of the project is to promote access of Ebola survivors and Red Cross volunteers to basic social services, including PSS. The programme aims to support Ebola survivors, Red Cross volunteers, and people affected by the EVD.

Human-to-human transmission linked to the most recent cluster of cases in **Liberia** was declared to have ended on 14 January 2016, forty two days after the second and last case in the cluster provided a second consecutive negative blood sample. However, a 30-year-old woman in Liberia died of Ebola on 1 April. Her death put an end to Liberia's Ebola-free status—for the third time since the country's outbreak was first declared over in May 2015. This EVD related death prompted Liberian health authorities and stakeholders to reactivate the emergency response mechanisms to manage the latest flare-up. The Liberia National Red Cross Society, with support from IFRC has played a critical role in bringing the Ebola outbreak to zero. Recovery phase activities include providing PSS to communities, rehabilitating water and sanitation facilities, and supporting livelihoods and Disaster Risk Reduction activities, but funding is a big challenge. Due to the current funding status, activities are being planned until the end of June 2016.

Human-to-human transmission linked to 2 EVD cases reported from **Sierra Leone** on 14 January 2016 was declared to have ended on 17 March, 42 days after the second and last case in the cluster provided a second consecutive negative blood sample. Sierra Leone's recovery plan focuses on the deliver recovery assistance and support to EVD-affected populations (including EVD survivors, orphans and vulnerable children; affected households; Red Cross and community volunteers). With available resources (including bilateral funding) the revised appeal focusses on health and care – Community Based Health (CBH), PSS, water and sanitation, DRR, food security and livelihoods, and National Society development, through community and institutional development strategies.

The ultimate goal of post-EVD recovery plans 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. At the same time, 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.



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)	
Cumulative Cases	3,814	10,682	14,124	28,616
Cumulative Health Care Worker Deaths	115	192	541	848
Cumulative Deaths	2,544	4,810	3,956	11,310
Fatality rate	66.7%	45%	28%	40.6%
Trained RC volunteers active in Ebola	1,134	142	4,924	6,200
People reached through face to face Social Mobilization	2,407,776	2,411,220	3,561,128	8,380,124
People reached through Psychosocial Support	12,655	8,953	405,030	426,638

Guinea

After the declaration of the end of the epidemic in Guinea (29 December 2015), the national coordination of the fight against MVE in Guinea adopted a 90-day period of enhanced surveillance marked by the following activities:

1. The strengthening of community-based surveillance mechanisms

- **Strengthening community-based surveillance** through the SMIR² strategy. To succeed this initiative, a recruitment and training program of a large network of community workers (or AC in French acronym³) was initiated with the support of a consortium of implementing agencies namely IOM, Guinea RC /IFRC, ALIMA, IMC, Plan and Action Against Hunger. This activity began in five prefectures at high risk: Conakry, Forécariah, Boke, Kindia and Coyah. The process has just started in prefectures of the forest region where the Red Cross has mobilized a total of 450 volunteers in Macenta and Forécariah.
- **Strengthening the monitoring of community deaths:** In the enhanced surveillance phase, systematic test and swabbing of both hospital and community deaths with epidemiological links is ongoing. This approach was maintained in all prefectures of the lower Guinea region and in the forest region. All these deaths benefited from the rapid diagnostic test and a confirmation test by the health district lab. The operational implementation was assigned to the Red Cross with technical support from the Centre for Control Disease (CDC) and WHO. In total, 3 094 swabs and rapid test were conducted by Red Cross teams.



Red Cross volunteers with a CDC expert performing an OraQuick (Ebola Rapid test) at Igence Dean hospital in Guinea.
Hubert Dedegbe, IFRC

2. The resurgence of Ebola cases in Forest Guinea (Nzerekore and Macenta);

Guinea reported two confirmed and three probable cases on March 17, 2016. This marked the first resurgence of EVD after the country was declared epidemic free. To date, 11 cases have been reported, including 7 confirmed, 3 probable and 1 suspect case. The response of the government and supporting partners was to organize a massive prevention campaign in the in the area (sub-prefecture of Koropara in Nzérékore) and strengthen the surveillance of contacts in the two affected areas (Nzerekore Macenta).

The Guinean Red Cross is in charge of Safe and Dignified Burials (SDBs), hygiene promotion and transfer of suspect patients. IFRC is also providing support to the National Society in providing Social Mobilization activities through the deployment of the Red Cross owned mobile radio and the implementation of door-to-door awareness campaigns in target areas. A total of 3 international, 8 national staff and 4 local supervisors were deployed to support the National Society staff and 62 volunteers already in the field.

² Surveillance intégrée de la maladie et de la riposte

³ AC: Agents Communautaires

A. Social Mobilization and Beneficiary Communication

Highlights

After a month of coaching for interactive radio volunteers and technicians under the supervision of Guinea RC and / IFRC staff (during the period of February 2016), the hosts volunteers and technicians were able to take over (during the month of March) radio programmes as appropriate. Newly trained volunteers and technicians were able to perform routine trips to the communities, to raise awareness, earn their trust and fulfil their mission. They were able to translate into action the skills that have been transferred. They are also able to edit sounds without much assistance, which was one of the key objectives of IFRC and the Guinea RC.

At the end this reporting period, the following key achievements can be highlighted:

- 313 radio spots conducted,
- 90 interviews conducted,
- 23 round tables conducted,
- 193 community for a/ debates achieved,
- 25 live broadcast conducted,
- 54 magazines conducted,
- 144 vox pops achieved,
- 834 calls received during the broadcasts (from the community),
- 205 solar radio sets distributed to vulnerable households,
- 6 500 persons reached through the mobile radio broadcast programmes.

The themes covered during radio broadcast varied from community's hygiene promotion, surveillance mechanisms to acceptance of the Red Cross and other humanitarian workers in the community and Ebola prevention as a whole.

Challenges:

Some of the volunteers involved in running the Red Cross radio still need more trainings and refresher sessions in terms of sound recording and editing for improved and professional work.

Future Planning:

The next period will be dedicated to strengthening the capacity of radio volunteers and technicians in animation techniques, sound recording, sound editing and the running of live broadcast. This will enable the Red Cross radio, Santéya FM, to become fully operational without much external support as has been the case previously.

B. Psychosocial Support

Highlights:

In March 2016, the PSS pillar conducted planned activities under the Swedish RC funded project. A total of 100 volunteers were trained in Psychological First Aid in Nzérékoré, Macenta, Kérouané and Guekedou. In addition, a training of trainers session on the Community Healing Dialogue (CHD) was conducted. This training gathered 10 Guinea RC focal points from 8 target prefectures including Conakry. The training also involved 10 Social Workers from the Ministry of Social Affairs. This training was facilitated via the collaboration of the WHO that availed a CHD expert facilitator to IFRC and Guinea RC to lead the training of trainers. Following this training, 3 therapeutic community dialogue sessions were held in Dixinn (Conakry). These sessions were

facilitated by the PSS focal point and consist of 20 community members amongst whom are 2 Ebola survivors.

In order to establish a baseline for the PSS project, a mini participatory workshop was conducted in Lower Guinea (Conakry, Dubreka, Coyah, Kindia and Forécariah), the Lower Guinea region (Guékédou, Nzerekore Macenta) and the Upper Guinea region (Kérouané).

Finally, PSS continued the joint planning meetings with UNDP to discuss the modalities for the implementation of the PSS project (recovery phase) focusing on psychosocial and economic support to EVD survivors and volunteers of Guinea RC. This project, to be funded by UNDP will be implemented by the National Society through technical and logistical support from IFRC. It will take place in collaboration with the Ministry of Social Affairs and WHO.

Challenges:

These are currently related to the deployment of PSS volunteers to the field as there are no PSS supervisors and field officers. However, with the deployment of PSS focal points, this gap will soon be filled.

Planning:

Plans are underway for

- Editing of the PSS survey final report,
- Initiating the purchase of PSS toolkits,
- Recruitment and deployment of PSS volunteers to the field.

C. Contact Tracing and Surveillance

Highlight:

IFRC and Guinea RC are involved in surveillance activities. However, they are no longer doing Contact Tracing since the end of the epidemic on 29 December. Since the resurgence of EVD in Nzérékore (Koropara sub-prefecture), Guinea RC and IFRC established two mini-operational bases and reinforced logistics capacities in Nzérékore and Macenta to facilitate activities in the field. Safe Burials and surveillance activities were immediately resumed in the affected zones where a total of 154 volunteers comprising of 65 SDB teams were deployed in the target 15 prefectures.

During this period, the following achievements can be highlighted:

- 1,616 swabs taken,
- 1,478 Rapid Test (OraQuicks) taken,
- Red Cross participation in the intensified micro-sensitization campaign in Koropara,
- 37,009 reached by sensitization campaigns with 460 hygiene kits (soaps, chlorine solution bottles),
- Refresher training session for 36 volunteers as regards to SDB protocols, Rapid Tests and Infection Control and Prevention (ICP),
- Participation in the coordination meetings at the national and prefectural level to define implementation strategies.

Challenges:

- Finance: A funding gap still persists. There are ongoing discussions with ECHO, CDC and the Bill and Melinda Gates Foundation to address this issue.

- Human Resource: While there are new Ebola cases in the country, the current downsizing process of the staff continues which might affect the quality of implementation.
- Reluctance from certain community members who may prevent volunteers from access the target villages sometimes.

Future Planning:

- End surveillance and rapid test activities in Lower Guinea (31 March 2016),
- Technical capacity building for Guinea RC in target prefectures of the lower region,
- Continued responses, coordination and monitoring activities in Macenta and Nzerekore,
- Coordination and monitoring of activities in the lower region.

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 29 December 2015, the end of the emergency period, SDBs activities have been stopped in Guinea. Meanwhile, as a result of the new Ebola resurgence in March 2016, the national coordination cell recommended the resumption of SDBs in prefectures of Nzérékore and Macenta. In total, 38 SDB volunteers were deployed and conducted 4 SDBs and disinfected 247 houses. A total of 4 suspect EVD patients were transferred to health facilities for care and treatment.

Liberia

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

A. Social Mobilization and Beneficiary Communication

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

Response

An EVD related death was reported on 31 March 2016 with two subsequent cases confirmed in the Paynesville area of Monrovia prompting response initiatives by the Government and stakeholders. At the time of reporting, the two confirmed cases and five other quarantined individuals were in the Ebola Treatment Centre. A total of 79 contacts were being followed up. LNRCS supported by the IFRC commenced the following response activities on 1 April:

- Assisted Montserrado county health team with line listing of potential contacts.
- Engaged 50 volunteers to work in the affected community (40 volunteers for Social Mobilization and awareness and 10 for PSS).
- A total of 3 493 household activities had been conducted by 10 April in addition to 140 community meetings.
- Distribution of 5 000 hand sanitizers.
- Planned distribution of handwashing buckets and chlorine to households and institutions in the affected community.

Recovery - Community Based Health Programme (CBHP), Community Event Based Surveillance (CEBS) and Water Sanitation and Hygiene Promotion (WASH), Disaster Risk Reduction (DRR) and Livelihoods.

Health: From 22 – 28 March 2016, the LNRCs provided support to the Ministry of Health's Expanded Programme on Immunization (EPI) in Bomi, Margibi, Montserrado, Gbarpolu and Grand Cape Mount. A total of 250 volunteers (50 in each county) conducted a Social Mobilisation and awareness campaign to increase public awareness of the second round of the Polio vaccine campaign. It was estimated that the awareness campaign would increase the vaccinations coverage up to 95-99%.

Disaster Risk Reduction: DRR training was conducted in Gbarpolu and Grand Cape Mount in four communities (two communities in each chapter) from 27 March to 1 April 2016. A total of 100 Community Based Action Teams (CBATs) were trained (50 participants in each chapter). The training covered various topics including hazard and risk mapping, early warning systems and community engagement.

The Plan of Action until June 2016 is as follows:

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

Sierra Leone

The Red Cross continued to provide support to SDB/IPC volunteers still experiencing problems of stream choice and to collect data on profiles of different sets of volunteer to support their choice of stream and continually improve support as per their identified unique needs.

A total of 105 volunteers have presented their acceptance letters from education institutions and are duly enrolled in various institutions, awaiting payment of a year's tuition. Additionally, 216 volunteers opting for vocational training have been enrolled and also await fee payment. The rise in the volunteers opting for tertiary and vocational streams is as a result of continued engagement through workshops and counselling which has allowed the volunteers to review their options and the fact that there are limited opportunities in the previously selected Business Development Service (BDS).

The identified Business Development Service centres have been contacted to request for the training of volunteers who opted for the reskilling stream, a process being led by UNDP. The criterion for volunteer selection for the reskilling option has been agreed upon as follows:

- i. volunteers are aged between 15-35 years;
- ii. have completed education stratified by level;
- iii. have run a business previously;
- iv. reside in the district where the BDS sites are based).

In addition, the criteria selection for the BDS sites has been amended, i.e. the geographical component of the criteria. This will permit more flexibility for Red Cross to stream the first batch of participants.

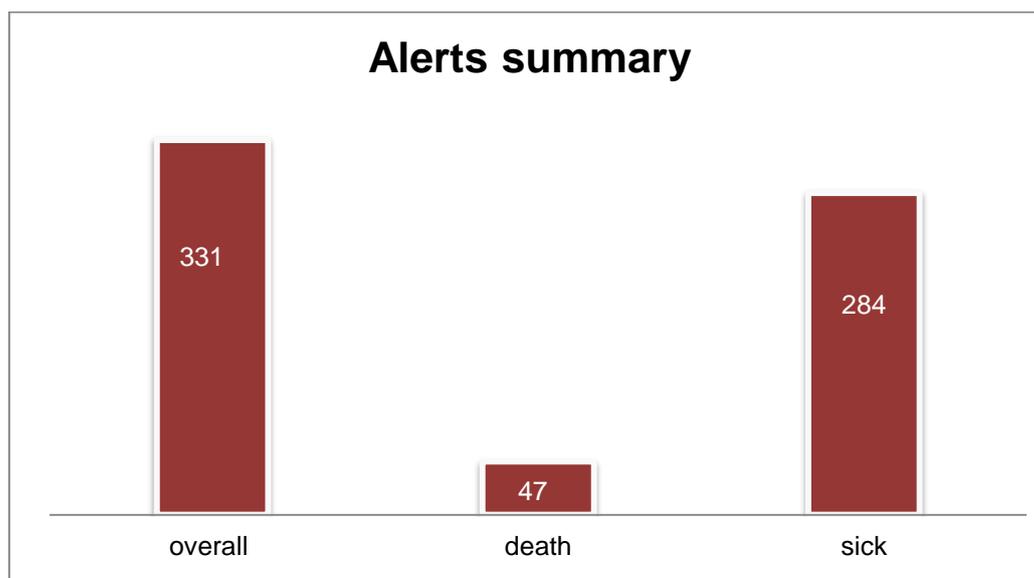
To address the issue of location and access to the proposed BDS, discussions are underway to utilise the Red Cross vocational training centres. The centres were in use before the EVD epidemic and are currently being assessed to determine their feasibility in terms of equipment and capacity.

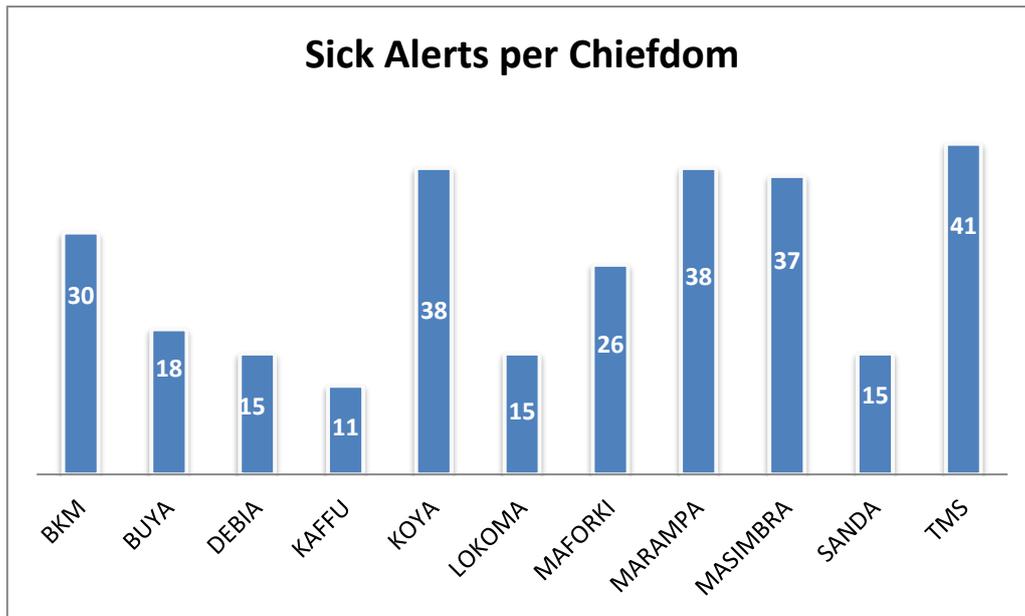
A. Social Mobilization; Community Engagement and Beneficiary Communications

Community Event Based Surveillance: March monthly reports demonstrated the relevance of the monitoring visit to the Branches as there were more alerts received as compared to February 2016.

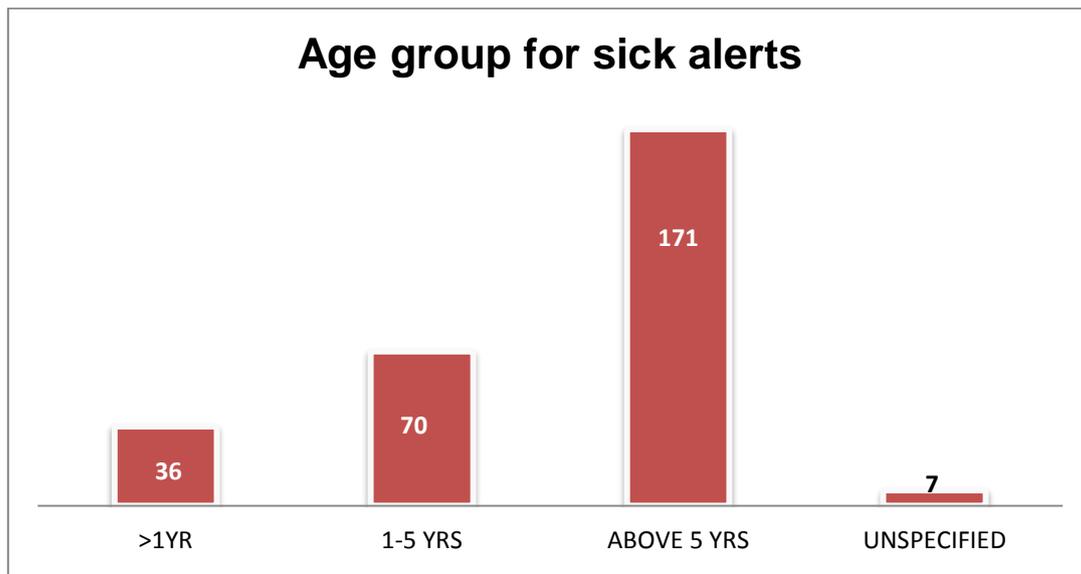
With Port Loko still reporting on Ebola specific case definitions and other sickness that affect people in their respective communities, a total of **331** alerts were received from the community based volunteers. **47** out of this number were death alerts, and **284** were suspected sick cases including yellow fever, diarrhoea, fever, body pain, headache, malaria, Sexually Transmitted Disease, Sexually Transmitted Infections, abdominal pain, stomach pain, cough, skin rash among others. After assessment by supervisors, a few of the sick notifications were taken to PHUs for treatment.

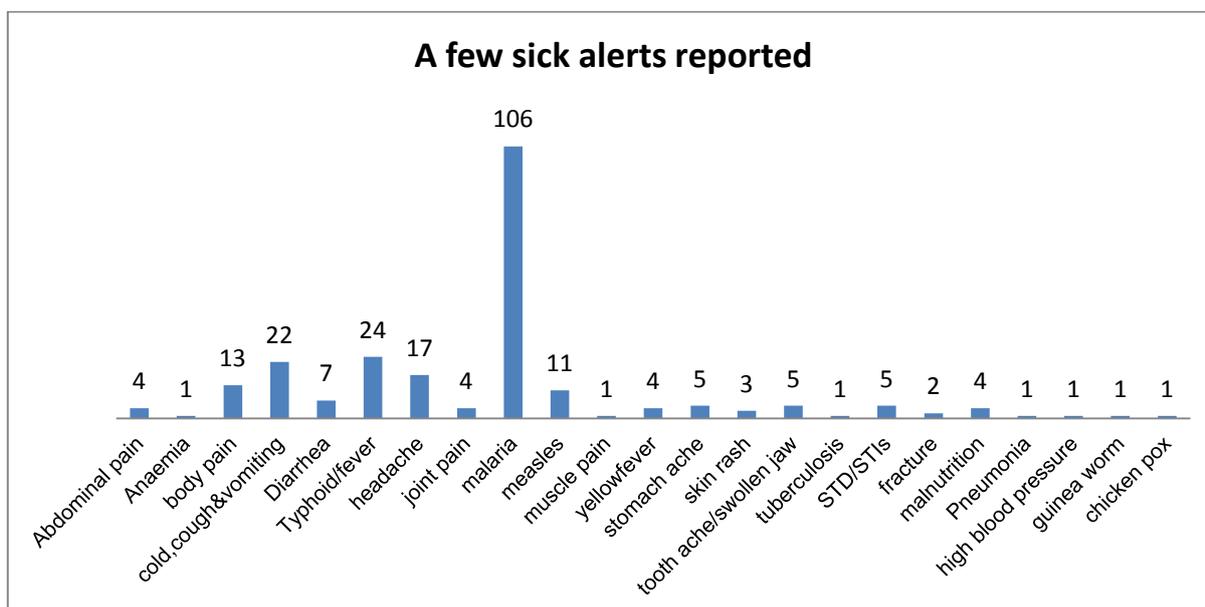
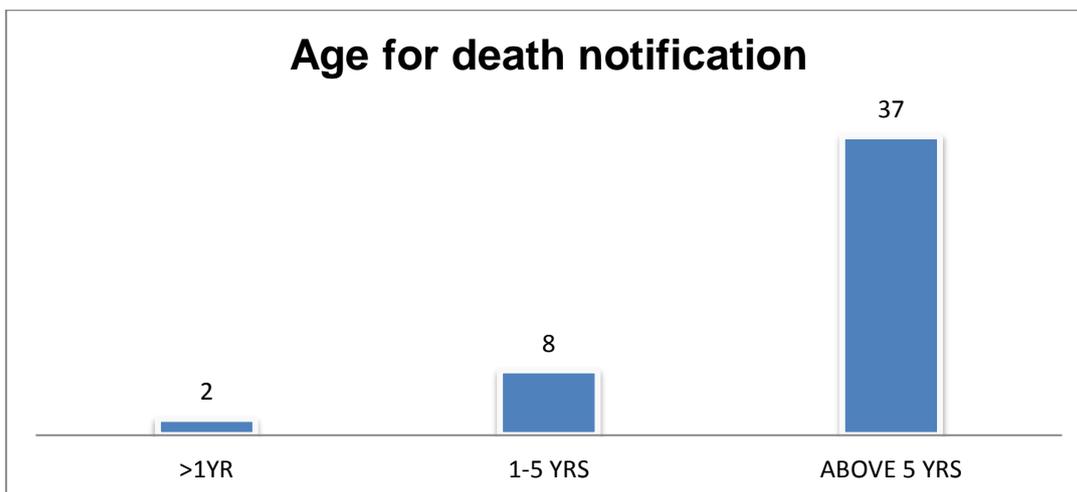
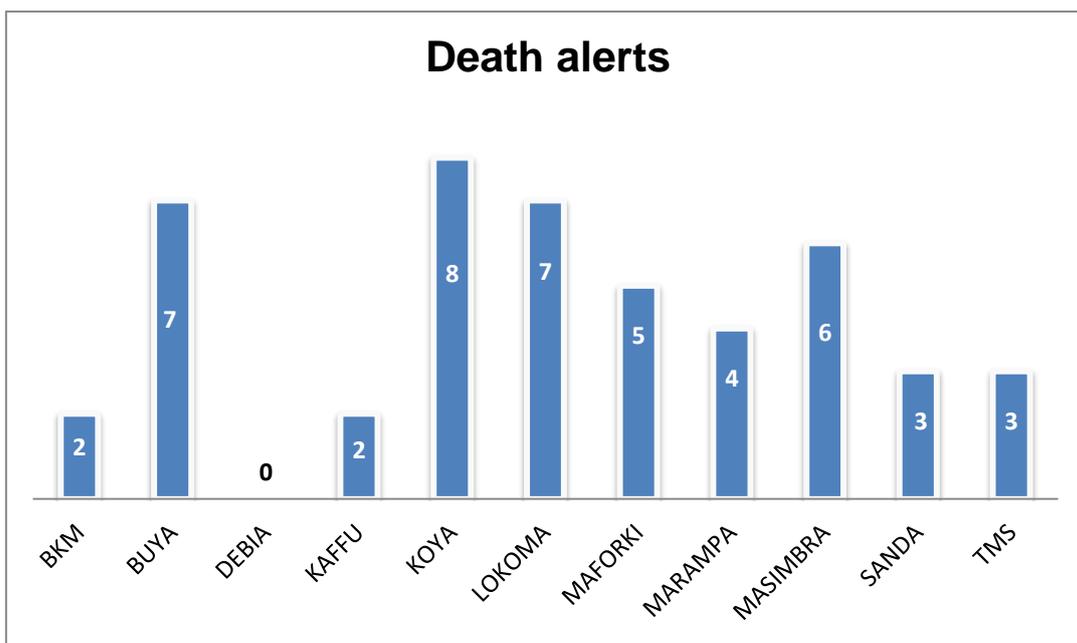
The summary of alerts received is shown below:





A total of **283** of the sick alerts were forwarded to PHU and supervisors confirmed they were urgently attended to.

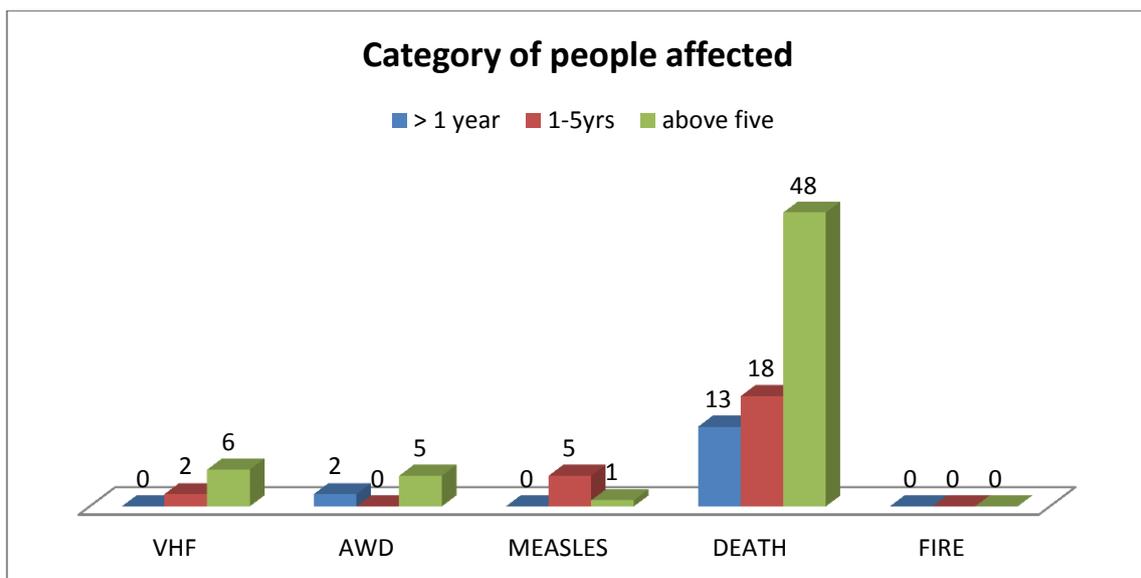
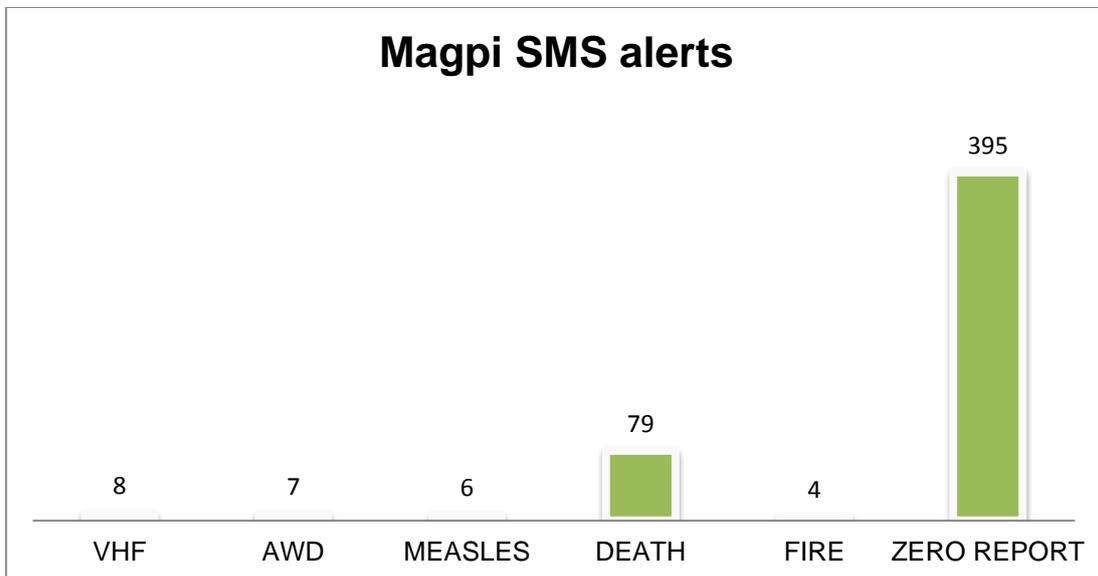


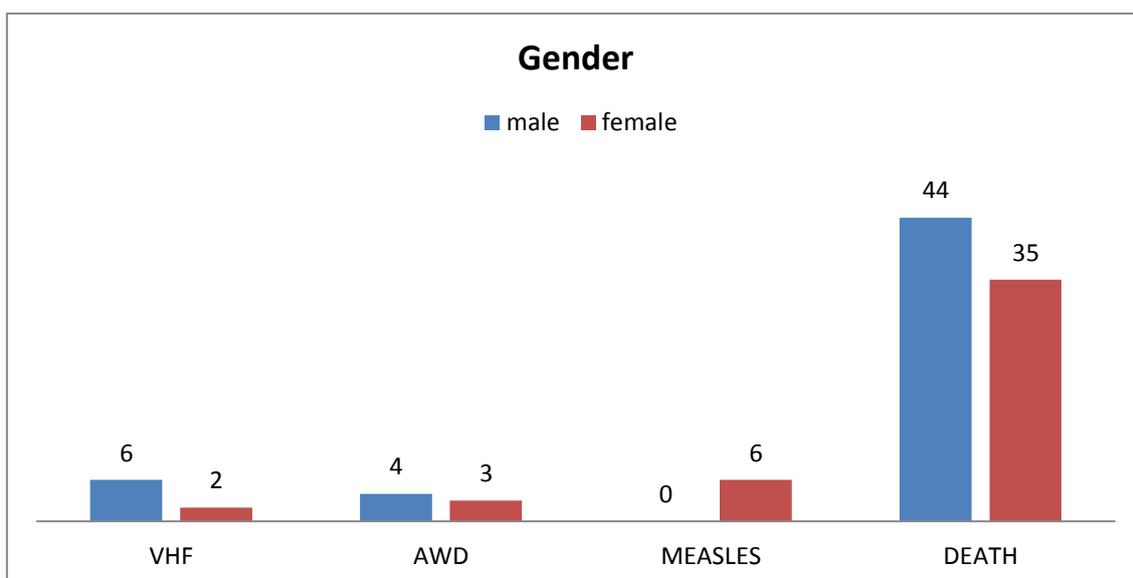


Magpi Reporting

Bonthe and Koinadugu using SMS data collection for reporting recounted **499** alerts on CEBS specific case definitions. All alerts on fire were escalated; meaning they were forwarded to ONS after line listing.

A summary is shown below:





After assessment by supervisors for all alerts, they were forwarded to the Magpi database. A suspected VHF was escalated (forwarded to DHMT from the PHU), however, after treatment at the Bonthe government hospital, it was confirmed to be only severe fever and the patient was discharged.

Supervisors also jointly assessed six cases on AWD both by field visits and telephone calls. None of them was too severe and was treated at the PHU without escalation. From the measles cases detected both by CBVs and VSS, assessment were made and some treated at PHU with a few escalations. Follow-up from supervisors revealed no one died in the process.

B. Psychosocial Support

10 PSS facilitators and 14 PSS coaches attended a 5 day training of trainers workshop in Bo. These participants were drawn from all the 14 Red Cross Branches. Topics covered included:

- Stress management
- Conflict Resolutions skills
- Lay counselling
- Caring for volunteers
- Facilitation skills.

The trainees are required to use the knowledge obtained and work closely with respective Branch management to provide timely PSS to SDB/IPC volunteers as and when the need arises.

Their role will be to guide the SDB/IPC volunteers to arrive at solutions to their problems. This also is to enable the volunteers go through their various choice of stream successfully and to progress with their normal lives. A pre-test was conducted before the workshop to determine their level of understanding in the above named topics and a post test was also conducted to measure impact of the training on the participants. An action plan was developed by all the workshop participants from all 14 Branches for the months of April, May and June on PSS activities with the SDB/IPC volunteers and their communities.

Follow up visits were made to volunteers who required special attention as a result of experiencing sleeping difficulties, withdrawal and family pressure in all the Branches (see table below). Individual and group counselling sessions were organised in all the 14 Branches for SDB/IPC volunteers to guide them away from their state of trauma and to encourage them to progress with their lives as well as successfully continuing with their livelihood activities. The counselling was also meant to guide them in their choice of skill, share detailed information of the project documents and the content of each of the stream category.

These activities are ongoing as dealing with trauma is a process and it takes time for people to return to their normal lives. Sensitization sessions in volunteer communities from 10 district headquarter towns were organised on stigmatization especially for Ebola response workers, survivors and Ebola affected communities. In addition, awareness raising on proper hand washing, reporting of sick persons to health personnel or the nearest health facilities and proper hygiene and environmental sanitation was conducted.

All the sensitization was successful and the number of indirect people reached (as well as activities conducted in the branches with SDB/IPC volunteers) is indicated in the table below.

DISTRICT	ACTIVITY	FEMALE	MALE	TOTAL
Bo	1. One to one and group counselling sessions, 2. Psychological first Aid sessions, 3. Follow-up visits.	2	33	35
Bonthe	1. One to one and group counselling sessions, 2. Psychological first Aid sessions, 3. Follow up visits	2	30	32
Kailahun	1. One to one and group counselling sessions, 2. Stress management session, 3. Follow-up visits	3	10	13
Kambia	1. One to one and group counselling sessions, 2. Psychological first Aid and, 3. Follow-up visits	-	12	12
Kenema	1. One to one and group counselling sessions, 2. Psychological first Aid and, 3. Follow-up visits 4. Stress management session	5	13	18
Moyamba	1. One to one and group counselling sessions, 2. Psychological first Aid and, 3. Follow-up visits	1	26	27
Port Loko	1. One to one and group counselling sessions, 2. Psychological first Aid and, 3. Follow-up visits	-	12	12
Pujehun	1. One to one and group counselling sessions, 2. Psychological first Aid and, 3. Follow-up visits 4. Stress management	5	21	26
Western Rural	1. One to one and group counselling sessions, 2. Psychological first Aid and, 3. Follow up visits	15	7	22
Western Urban	1. One to one and group counselling sessions, 2. Psychological first Aid and, 3. Follow-up visits 4. Stress management	4	43	47
	Total number of SDB/IPC volunteers reached	37	207	244

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.

Capacity building of the National Societies

The 2014 Ebola outbreak is the largest Ebola outbreak in history, affecting multiple countries in West Africa. It is predicted that the capacity building support provided by the IFRC 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. It is envisaged that these National Societies will be able to also incorporate preparedness exercises to identify ways in which their response system need to improve.

Regional Coordination and Preparedness

The Ebola outbreak in 2014 and 2015 in West Africa and the outcomes it had at all levels affected the Red Cross and Red Crescent (RCRC) movement as one of the main partners involved in the management of the response at its very early stage. In this context, the IFRC Ebola Regional Coordination Unit organised a workshop on “Lessons Learned” from the EVD outbreak in West Africa. The event took place in Dakar from April 18 to April 22. The expected outcomes of the workshop were as follow:

- To identify major strategic and operational elements which have impacted the different technical axes of the response (Social Mobilisation, Community Engagement, SDBs, PSS, Contact tracing and surveillance, etc.) as well as the different supportive axes of the response (Finance, Human Resources, Logistics, Partnership and Resource Development, etc.)
- To identify and adopt the conclusions of researches conducted on SDB and community engagement activities to be documented as good practice within IFRC and National Society operations
- To initiate the development of tools and guidelines related to Ebola response operations
- To outline a realistic plan of action/road map for ensuring the institutional appropriation and inclusion of the major key elements for future emergency programs

Participants were drawn from IFRC, PNS, ICRC country offices representatives from Guinea, Liberia and Sierra Leone, and other international organizations (for the last day). The results of the deliberations will be incorporated in a report on the lessons learned from the Ebola Outbreak.

Consistent with WHO Phase-3 arrangements, it was envisaged that the management and supervision of the IFRC EVD operations will shift to countries under the supervision and support of respective technical departments in Africa Region. This entails the closure of the Regional Ebola Management Coordination Unit which was constituted at the onset of the emergency. The Unit’s alignment to the new IFRC structure started on 1 January 2016 and EVD countries will now report to the Director, Africa Region. Accordingly, the positions of Head and deputy head of the Unit are being phased out effective 1 May. Remaining funds in the regional appeal will continue to fund other essential coordination and technical support functions.

Risk Assessment

The current longest and most widely spread EVD outbreak has affected more persons than previous outbreaks. However, 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. The Ebola outbreak became a public health, humanitarian and socioeconomic crisis with a devastating impact on families, communities and affected countries. Through coordination with other Partners in the recovery phase, IFRC has recognised the strengths of others, and the need to work in partnership to avoid duplication of resources. Together with the host National Societies, IFRC continues to engage to re-establish the services, systems and infrastructure which have been devastated in Guinea, Liberia and Sierra Leone. This recovery is country-led and community-based – engaging many partners who have something to contribute; including bilateral and multilateral partners, national and international NGOs, the faith community, and the private sector.

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.

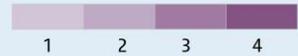
West Africa Ebola Outbreak

New Cases

26 April 2016



New Cases: 28 March - 17 April 2016



No cases in previous 21 days

Country	New Cases	TOTAL
Guinea	3	New Cases 3
Liberia	0	
Sierra Leone	0	

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

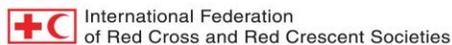
Sources: GADM, Natural Earth, STEWARD Project, Africa Albers Equal Area Conic Projection, WGS 1984; Guinea - Organisation mondiale de la Sante; Liberia - Ministry of Health and Social Welfare; Sierra Leone - Ministry of Health and Sanitation

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.

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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.

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

At a glance

Refreshed on 25-Apr-2016 at 12:43

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	11,842,491	84%	2,216,396	11,842,491		8,356,614	3,485,877		59%
MDRGN007	Guinea - Ebola Virus Disease	26-Mar-14	31-Dec-17	56,016,354	35,572,406	64%	20,443,948	35,568,534	-	32,116,631	3,451,903	585,065	57%
MDRLR001	Liberia - Ebola Virus Disease	09-Apr-14	31-Dec-17	46,253,362	22,062,955	48%	24,190,407	22,011,985	-	18,082,314	3,929,671		39%
MDRNG017	Nigeria - Ebola Virus Disease	08-Aug-14	31-May-15	1,619,444	623,515	39%	995,929	623,515	-	623,515	-		39%
MDRSL005	Sierra Leone - Ebola Virus Disease	06-Apr-14	31-Dec-17	88,093,860	60,571,932	69%	27,521,928	60,474,669	-	49,803,561	10,671,108		57%
MDRSN010	Senegal - Ebola Virus Disease	08-Sep-14	31-Jul-15	1,380,962	182,266	13%	1,198,696	182,266	253,515	427,842	7,939		31%
TOTAL EMERGENCY APPEALS				207,422,869	130,855,566	63%	76,567,303	130,703,460	253,515	109,410,478	21,546,498	585,065	53%

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	-	N/A	0	-	84,482	84,482	-		84%
MDR64007	East Africa - Ebola Preparedness	10-Feb-15	15-Oct-15	181,050	181,050	N/A	0	181,050.00		152,106	28,944		84%
MDR80001	MENA ZONE - Ebola Preparedness	05-Feb-15	05-May-15	119,324	119,324	N/A	0	119,324.00		84,646	34,678		71%
MDRBJ014	Benin - Ebola Virus Disease	27-Aug-14	27-Nov-14	50,204	-	N/A	0	-	35,250	35,250	-		70%
MDRCF018	Central African Rep - Ebola Virus Di	29-Aug-14	29-Dec-14	48,697	-	N/A	0	-	33,726	33,726	-		69%
MDRCI006	Côte d'Ivoire - Ebola Preparedness	18-Apr-14	18-Jul-14	60,950	-	N/A	0	-	59,919	59,919	-		98%
MDRCI007	Côte d'Ivoire - Ebola Preparedness	23-Apr-15	31-Mar-16	360,000	360,000	N/A	0	360,000.00		280,993	79,007		78%
MDRCI008	Cote d'Ivoire - Ebola Preparedness	14-Jul-15	14-Sep-15	67,735	67,678	N/A	0	67,678.39		67,678	-		100%
MDRCM019	Cameroon - Ebola Virus Disease	24-Aug-14	25-Jan-15	49,922	-	N/A	0	-	34,981	34,981	-		70%
MDRET014	Ethiopia - Ebola Virus Preparedness	29-Oct-14	29-Mar-15	46,641	-	N/A	0	-	39,218	39,218	-		84%
MDRGM009	Gambia - Ebola Virus Disease Prepare	15-Sep-14	30-Jan-15	46,856	-	N/A	0	-	39,712	39,712	-		85%
MDRGW002	Guinea Bissau - Ebola Virus Prepared	08-Oct-14	08-Jan-15	49,168	-	N/A	0	-	39,437	39,437	-		80%
MDRKE031	Kenya - Ebola Virus Disease Prepared	23-Sep-14	23-Dec-14	59,127	-	N/A	0	-	36,347	36,347	-		61%
MDRML010	Mali - Ebola Preparedness	18-Apr-14	31-Aug-14	57,715	-	N/A	0	-	50,132	50,132	-		87%
MDRML011	Mali - Ebola Preparedness	19-Feb-15	19-Aug-15	59,882	52,551	N/A	0	52,551.37		52,551	-		88%
MDRSN009	Senegal - Ebola Virus Disease	11-Apr-14	24-Aug-14	54,848	-	N/A	0	-	53,627	53,627	-		98%
MDRTD013	Chad - Ebola Virus Disease Preparedn	12-Sep-14	12-Dec-14	54,766	-	N/A	0	-	22,924	22,924	-		42%
MDRTG005	Togo - Ebola Virus Disease	27-Aug-14	27-Nov-14	49,530	-	N/A	0	-	38,127.35	38,127.35	-		77%
TOTAL DREF OPERATIONS				1,516,415	780,604	N/A	0	780,604	567,883	1,205,857	142,629		82%

	MDR60002	MDRGN007	MDRLR001	MDRNG017	MDRSL005	MDRSN010	Total
	Africa reg. office	Guinea	Liberia	Nigeria	Sierra Leone	Senegal	CHF
BUDGET	14,058,887	56,016,354	46,253,362	1,619,444	88,093,860	1,380,962	207,422,869
FUNDING							
Opening Balance							
Income							
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
Other Income	-789,040	-17,194	-9,557	-3,080	34,440		-784,430
Total Income	11,191,511	33,534,776	18,273,802	623,515	57,677,901	182,266	121,483,771
TOTAL FUNDING	11,191,511	33,534,776	18,273,802	623,515	57,677,901	182,266	121,483,771
COVERAGE	80%	60%	40%	39%	65%	13%	59%

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
Bilateral Contributions							
American Red Cross					38,148		38,148



British Red Cross		3,123	3,123
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
The Canadian Red Cross Society		660,710	660,710
Total Bilateral Contributions	59,500	2,779,850	2,839,350