

Combined Monthly Ebola Operations Update N° 33¹

25 May 2016

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

The Public Health Emergency of International Concern (PHEIC) related to Ebola in West Africa was lifted on 29 March 2016. A total of 28 616 confirmed, probable and suspected cases have been reported in Guinea, Liberia and Sierra Leone, with 11 310 deaths. In the latest cluster, seven confirmed and three probable cases of Ebola Virus Disease (EVD) were reported between 17 March and 6 April from the prefectures of N'Zerekore (nine cases) and Macenta (one case) in south-eastern Guinea.

In **Guinea**, the last case tested negative for Ebola virus for the second time on 19 April. In **Liberia**, the last case tested negative for the second time on 28 April.

The 42-day (two incubation periods) countdown must elapse before the outbreak can be declared over in Guinea and Liberia. This is due to end on 31 May in Guinea and on 9 June in Liberia. With the Ebola flare-up in March, the Governments and partners reactivated the emergency response mechanism to contain the disease. While the primary Ebola response is medical, services provided by IFRC and National Societies play a crucial role by allowing patients to be reached on time.

Having contained the last Ebola virus outbreak in March 2016, **Sierra Leone** has maintained heightened surveillance with testing of all reported deaths and prompt investigation and testing of all suspected cases. The testing policy will be reviewed on 30 June.

The Ebola emergency response faced various challenges, starting with the delayed identification of the unprecedented scale of the epidemic, the weak health



S. Camara, 20, was among the first to volunteer to conduct safe and dignified burials with the Red Cross Society of Guinea when the Ebola outbreak began. He is now using the experience gained as part of the team which is conducting heightened surveillance activities.

Volunteering became a passion for Sekou five years ago when he joined the Red Cross Red Crescent Movement. An orphan, Sekou grew up with his grandmother, and because of their modest living conditions, was forced to end his education after completing primary school. Mountaga Drame, 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.

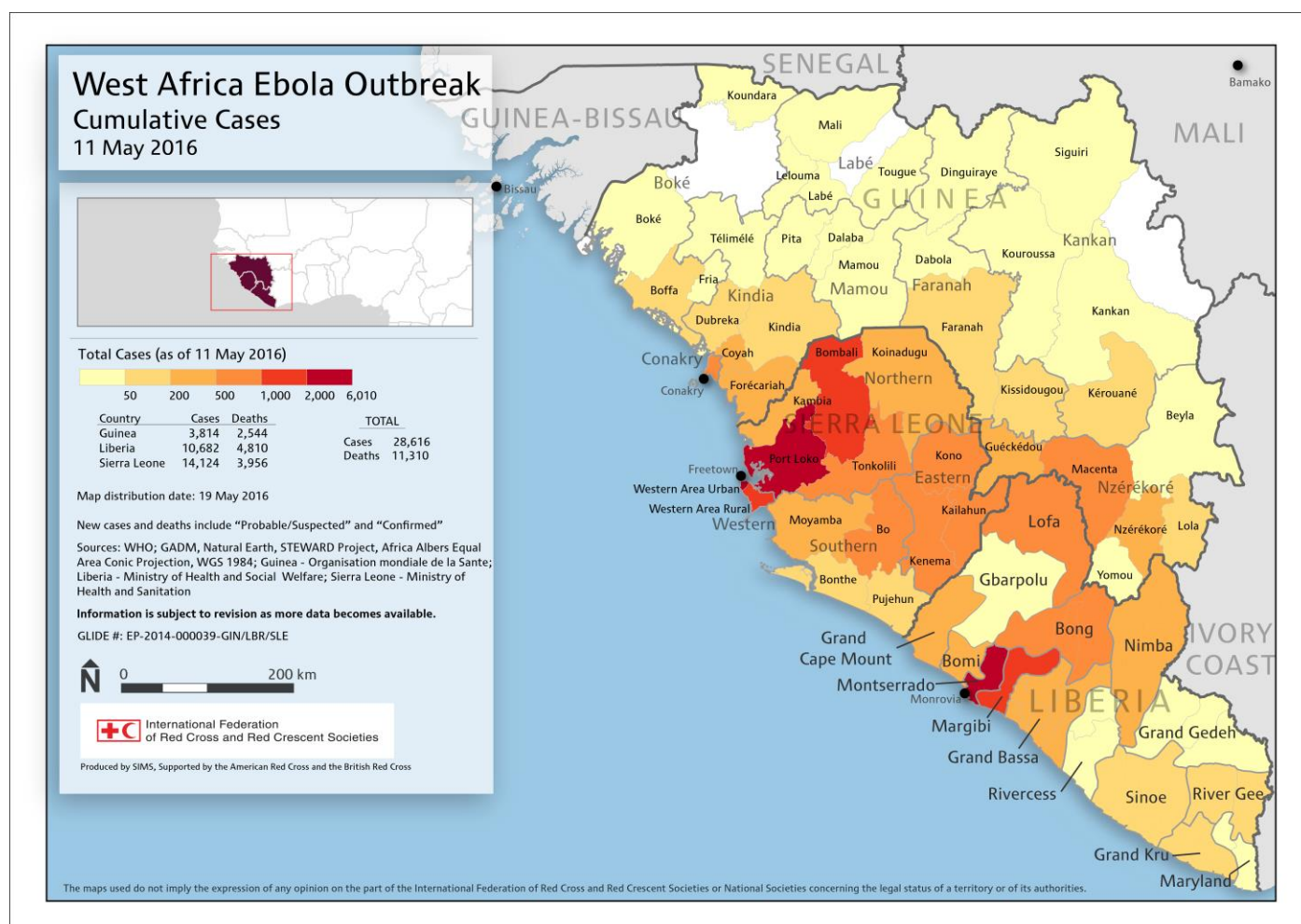
systems in the affected countries, and the lack of knowledge of most responders on handling EVD. The recovery plans continue to focus on providing support to people affected by the outbreak.

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	18.3 million	57.6 million	11.1 million	120.4 million
Coverage	60%	40%	65%	80%	61%
Funding gap	22.5 million	28.0 million	30.4 million	3.0 million	84.0 million

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

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	28,620
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	2,428,020	2,411,220	3,561,128	8,400,368
People reached through Psychosocial Support	12,655	8,953	405,030	426,638

Guinea

Epidemiological situation

After the declaration of the end of the Ebola crisis in Guinea on 29 December 2015, new Ebola cases were declared in the forest region of Guinea in mid-march 2016. Several factors were behind this new resurgence:

- Relaxation in the implementation of hygiene measures and practices,
- Community members reluctance in notifying suspect cases and the swabbing of dead bodies,
- Non-practice of standard protocols during preparation of bodies prior to burials,
- Insufficient follow-up of Ebola survivors by the Government of Guinea and partners

In addition to this, community members' reluctance as far as Ebola screening and swabs are concerned, combined with SDB procedures which do not fully associate the mourning families exacerbated the situation and worsens the sharing of information on community deaths for proper follow up.

After the March 2016 incidences, no new Ebola cases were reported in April. The response of both the Government and supporting partners was focussed on the organization of a massive prevention campaign in the area (sub-prefecture of Koropara, Nzérékore) and strengthening the surveillance of contacts and hygiene measures in the two affected areas of Nzerekore and Macenta.

Security

The political and social situation remained calm throughout the country despite calls for strikes from Guinean political opposition leaders. However, it could deteriorate due to social tensions over the oil price and political debates around the calendar of local elections scheduled to take place before June 2016. The security delegate maintains high vigilance regarding possible frustration and violent actions (strike, blockade at the entrance of the office, verbal / SMS threats, theft of items, etc) following the termination of contracts for number of local staff including drivers amongst others.

Human Resources (HR)

The downsizing of the operation in terms of Human Resources also continued during this period. To-date, there are 15 international staff and 111 local staff supporting the operation with a plan to continue the downsizing until the end of June.

Logistics

Similarly, downsizing of the EVD operation aligns with logistic needs in the field which have been reduced considerably during the recent month's. Currently, the following logistics delegates are present in-country: Fleet Coordinator, Procurement, Logistics Assistant and Logistics Coordinator. Deliberations have been initiated at the country, regional and Geneva levels to look into possibilities of establishing a logistical base for the National Society. The tender process began in April and once all conditions to fulfil compliance are met the activity will resume.

A. Social Mobilization and Beneficiary Communication

Highlights

During this reporting period, IFRC deployed HR and logistics to support the field operation specifically in 3 prefectures: Nzérékore, Macenta and Forécariah. With regard to the community engagement aspect, IFRC supported Guinea Red Cross to deploy an average of 105 volunteers to implement Social Mobilisation activities including door-to-door sensitization and the running of the Red Cross-owned mobile radio 'Santéya FM'.

Amongst other achievements, the following is to be noted:

- Active participation in the micro-sensitization campaign in Koropara.
- 546 radio programmes (including live broadcasts, interviews, vox pops, round tables, magazines etc.) conducted on Santéya FM.
- 20,244 persons reached by Social Mobilization and sensitization. Themes tackled included: The promotion of non-stigma for Ebola survivors, good collaboration between Ebola response actors and community members.
- 55 solar-powered radio sets donated to vulnerable households to facilitate their access to information.
- Hygiene promotion: 310 households reached with 84 hand wash kits, 426 pieces of soap and 276 Chlorine bottles distributed.



A Red Cross BenCom volunteers conducting an interview during a sensitization campaign in Nzérékore, forest Guinea region.
Mamadou Saliou Touré, IFRC

Challenges:

No notable challenges were reported during this period

Future Planning:

Deployment of the Red Cross mobile radio to Nzerékore's neighbouring prefecture of Macenta as necessitated by needs in the field.

B. Psychosocial Support

Highlights:

The PSS pillar was busy implementing activities planned under the Swedish Red Cross recovery funding project. These activities were mainly centred on Community Healing Dialogues in Conakry and the finalizing process of two UNDP proposals focusing on PSS and economic support to Ebola survivors in target areas of Guinea.

Major achievements include:

- 7 Community Healing Dialogues conducted in Conakry (3 in Dixinn and 4 in Ratoma),
- 92 persons benefited from PSS support through the Community Healing Dialogue sessions in the above mentioned areas,
- Participation of the WHO expert specialized in mental health for supervision of activities conducted by PSS focal persons.

Challenges:

No specific challenges were reported.

Planning:

As part of the future planning, priorities will be given to Psychological First Aid and Mini MHGAP trainings for PSS volunteers who will work on the recovery phase. Focus will also be put on the recruitment and deployment of PSS focal persons in the field.

C. Contact Tracing and Surveillance

Highlight:

Surveillance activities continued in April. These activities specifically included the alert strengthening system in high risk areas namely Forécariah and Koropara in Nzerekore. The following was achieved:

- 1,244 OraQuicks (rapid test) conducted - all of them revealed to be negative. It is worth noting that 17 OraQuicks could not be conducted due to families' reluctance during this period,
- 4 suspected patients transported by the Red Cross to Ebola Treatment Centres,
- 79 Community Agents (body washers and community facilitators) trained on the ABC approach

Challenges:

Reluctance by the Community to fully collaborate with Ebola actors in-country following false beliefs and rumours.

Future Planning:

Maintain surveillance activities until the end of June 2016 as per WHO and Government of Guinea strategies and recommendations.

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:

The SDB teams on standby in the forest Guinea region conducted 6 Safe and Dignified Burials during this period. They also carried out disinfection in 17 households, public places and local health facilities.

LONG TERM EPIDEMICS PREPAREDNESS PLAN THROUGH THE “PREPARE² PROJECT” IN GUINEA

The IFRC country office in Guinea has signed an agreement with Expertise France³ to support the Government of Guinea in putting in place Regional Epidemics Response Teams (ERARE). Under the joint supervision of the Ministry of Health and the National Coordination of the fight against Ebola, the project is supported by France and the European Union. The PREPARE project aims at setting up 8 regional epidemics' alert and response teams (ERARE). These teams are trained for early detection and prompt treatment of epidemic-prone diseases, before they reach an epidemic threshold.

Specifically, the project aims at strengthening capacities of the Regional Health Districts (or DRS⁴) to cover the following roles:

- Prevention and sensitization,
- Surveillance, alert/early warning and investigation with regard to epidemics,
- Quick response through the management of detected or confirmed cases during the pre-epidemic period, and simultaneous triggering of contingency planning

Furthermore, the project aims at setting up polyvalent alerts and response teams called “ERARE” (as defined above) inside each Regional Health District. Each administrative region of Guinea (Mamou, Kankan, Kindia, Faranah, and Nzerekore) will have a team of 24 members whereas the region of Conakry will have a team of 38 persons. Four out of the five persons are permanent members of the team: These include a medical doctor, an epidemiologist, two data managers and a logistician. The rest of the team are only mobilised when required as they are assigned permanent duties individually.

During this period, the project achieved the following:

- 2 sessions of Training of Trainers (6 from the Government and 6 from the Guinean Red Cross) undertaken.
- A rapid assessment mission before the start of training in the regions (Kankan & Mamou) to assess participants lists, identify deployments needs of (training room, installation of technical facilities on the site, etc.) was conducted.
- Refresher trainings for participants after 3 theoretical training in Maneah Training Centre carried out.
- All in all, 207 team members trained amongst whom 49 were volunteers from Guinea RC.
- Operational Training of 207 team members with practical exercises, case studies, drills, (for 9 consecutive days after the theoretical sessions).
- Action plans for the teams at the end of each operational training session developed.
- Proposal for the extension of the project until December 2016 drafted.

At the end of the trainings, the teams will be officially certified and deployed to specific regions with technical equipment including vehicles, tents, protection equipment's, and First Aid kits. This is to enable the teams to be operational in the 8 regions where they will be deployed. In conclusion, to ensure good coordination with stakeholders, the IFRC technical focal person regularly participated in the monthly steering committee meetings at the national level.

² PREPARE: *Projet d'appui à la mise en place des Equipes Régionales Polyvalentes d'Alerte et de réponse aux Epidémies* (in french)

³ Expertise France: A French government affiliated organization

⁴ DRS: Direction Régionale de la Santé

Liberia

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

Context update

An EVD related death was reported on 31 March 2016 with two subsequent cases confirmed in Paynesville, Monrovia prompting response initiatives by the Government of Liberia and stakeholders. The two confirmed cases and five other individuals were quarantined at an Ebola Treatment Centre and a total of 79 contacts were followed up. Screening of travelers at entry points for EVD and other priority diseases is ongoing.

- 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**

Highlights of key RCRC actions EVD Operation

Response

Upon the request of the Ministry of Health, LNRCS supported by IFRC commenced response activities on the 1 April as follows:

- Assisting the 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 Psychosocial Support). Four PSS were assigned to the county health team while 6 were integrated into the Social Mobilization team in the field.
- More than 14,000 households were reached through PSS and Social Mobilization activities.
- Distribution of IEC materials, hygiene kits, hand sanitizers, handwashing buckets and chlorine.

Recovery

Health

A Training of Trainers (ToT) workshop for Community Event-Based Surveillance (CEBS) and CBHFA was conducted from 18 – 22 April 2016 in Bomi for participants from headquarters and Bomi, Cape Mount, Gbarpolu, Margibi, and Montserrado counties along with some chapter staff from Maryland, Grand Gedeh, Bong, Nimba and River Gee counties. The training was held to disseminate the newly developed strategy (CEBS) by WHO and the MoH to combat priority diseases that are of public health concern.

The training will then be rolled out to the volunteers who will conduct surveillance in the selected communities in the targeted recovery counties. CEBS enables the communities to get involved in the building of a resilient health system through the reporting of signs and symptoms of selected priority diseases in Liberia which are life-threatening and of public health concern. Training was also provided on CBHFA modules 2 and 3.

A total of 34 participants were trained on CEBS while 23 were trained in CBHFA.

The work plan remains 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.

The financial situation remains as previously reported. No new funding has been received since the last revision Emergency Appeal.

Sierra Leone

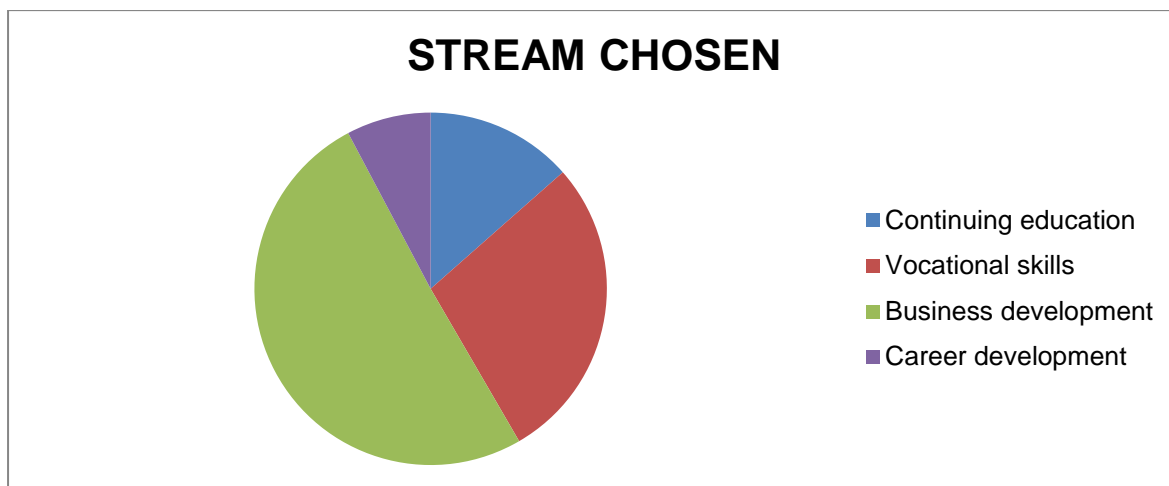
Liberia's and Guinea's last known Ebola patients in a latest disease flare-up that hit both countries have now been discharged. All remaining contacts of confirmed cases that had been placed under a 3-week period of medical monitoring have been cleared. Active surveillance is ongoing in Guinea and Liberia and will continue for 42 days after the last case tested negative for the Ebola Virus.

Performance indicators suggest that Guinea, Liberia and Sierra Leone still have variable capacity to prevent (EVD survivor programme), detect (epidemiological and laboratory surveillance) and respond to new outbreaks. The risk of additional outbreaks originating from exposure to infected survivor body fluids remains.

SLRCS concluded the process of permitting volunteers to present acceptance letters especially from vocational institutions. The additional time to present the acceptance letters was to allow for those who had initially selected business development skills stream which has limited opportunities to change to other streams. The number of volunteers who opted for business after the initial assessment was 508 which are very high considering that only 20 proposals will be supported after the BDS course training. Continued engagement with volunteers through workshops and counselling sessions, has reduced the number from 508 to 405. Additionally, the education stream has increased from 93 to 108 and vocational skill stream from 210 to 225.

The final breakdown of SDB/IPC volunteers based on the category of streams chosen is as follows:

- Continue education 108
- Vocational training 225
- Business development 405
- Career Development 62
- Total 800**



A verification exercise has been completed with a total number of 73 Institutions nationwide for continued education and vocational skills. A total of 108 letters were received from volunteers who opted to continue their education and 225 letters received from volunteers who opted for vocational skills.

These acceptance letters were used by the verification team members to access all the institutions. All the indicated institutions were visited and discussions held with the heads/principals/proprietors and other key staff. Verification of the institution was carried out based on the following:

- Existence of the institutions,
- Facilities available for the institutions,
- Tutors for the training program,
- Knowledge of the institutions about the recruited beneficiaries,
- Availability of training spaces,
- Recognition of the institution by the central government and other agencies,
- Type of certificates presented to graduands.



Red Cross team verifying training institutions

A Memorandum of Understanding (MOU) was prepared by SLRCS and each of these institutions read, accepted the stipulated roles and signed. An invoice was prepared based on their fees payment and signed by the head of the institution which will be used for fees payment. Copies of registration certificates were also presented for future reference.

On BDS service providers, Restless Development will be engaged to train volunteers from the Western area, AFFORD will train volunteers from the Northern Province and CEPAD will take responsibility of training volunteers from the Southern and Eastern provinces.

The next steps for the partners are as follows: To

- develop an evaluation tool for learning assessment of trainees,
- develop a standardized training curriculum, budget breakdown, and to
- develop a strategy to in-cooperate individuals with very low literacy levels.

SLRCS will clarify literacy level of volunteers under the category of no schooling and forward recent participant's breakdown to other partners.

Ongoing follow-up visits were made to volunteers in need of special attention such as those experiencing sleeping difficulties, stigmatization, family pressure and conflict in all branches. The table below provides additional details. Individual and group Counselling sessions were organised in only 10 branches for SDB/IPC volunteers to guide them away from their traumatised state and to progress with their lives and successfully go through their livelihood activities for those who have started and are waiting for payment of their fees.

These activities are ongoing as 'de-traumatization' is a process that takes time to completely move people to their normal lives. On-going sensitizations sessions in 8 communities from 8 district headquarter towns were organised on stigmatization especially for Ebola response workers, survivors and Ebola affected communities, proper hand washing, and community services such as cleaning campaigns. Coordination meetings were attended at district level and updates of activities were shared. One survivor was also referred to a government hospital for specialised treatment. The sensitizations were all successful and the number of direct and indirect people reached is indicated in the tables below.

The table below shows activities conducted in the branches with SDB/IPC volunteers as well as numbers reached

DISTRICT:	ACTIVITY	FEMALE	GIRL	MALE	BOY	TOTAL
Pujehun	1. One to one and group counselling sessions on coping mechanisms 2. Enrolment seminar conducted 3. Follow up visits	2	-	18	-	20
Bonthe	1. One to one and group counselling sessions on stress management 2. Meeting with volunteers to identify their educational level 3. Follow up visits	4		30		34
Kailahun	1. One to one and group counselling sessions 2. Stress management session 3. Follow up visits 4. Meeting with volunteers to identify their educational level	4		18		22
Kambia	1. One to one and group counselling sessions 2. Meeting with business development volunteers to identify their educational level 3. Follow up visits	-	-	28	-	28
Kenema	1. One to one and group counselling sessions on stress management and conflict mediation 2. Meeting with volunteers to identify their educational status 3. Follow up visits 4. Sessions on community service such as cleaning campaigns	5		53		58
Moyamba	1. One to one and group counselling sessions 2. Sessions on community service such as community cleaning campaigns 3. Follow up visits	2		22		24
Bombali	1. One to one and group counselling sessions 2. Meeting with volunteers to identify their educational status 3. Follow up visits	-		16		16
Bo	1. One to one and group counselling sessions 2. Follow up visits 3. Stress management sessions	5		32		37
Western Rural	1. One to one and group counselling sessions 2. Meeting with volunteers to identify educational level 3. Follow up visits	6		48		54
Western Urban	1. One to one and group counselling sessions 2. Psychological First Aid and 3. Follow up visits 4. Stress management	6		49		55
	Total number of SDB/IPC volunteers reached	34		314		348

The table below shows the number of people reached in SDB/IPC in beneficiary communities.

DISTRICT	ACTIVITY	FEMALE	GIRL	MALE	BOY	TOTAL
Pujehun	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing. 	58	18	42	28	146
Bonthe	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing 	38	12	40	25	115
Kailahun	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing 	52	29	62	32	175
Kambia	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing 	52	20	42	22	136
Kenema	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing Conflict mediation exercise between communities and beneficiaries 	58	24	53	26	161
Moyamba	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing One to one and group counselling sessions Sessions on community service such as community cleaning campaigns Follow up visits 	54	23	51	31	159
Bombali	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing One to one and group counselling sessions Follow up visits 	56	24	48	28	156
Bo	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing One to one and group counselling sessions, 1 volunteer referred to hospital for specialised care Follow up visits 	62	28	46	33	169
Western Rural	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing One to one and group counselling sessions Follow up visits 	56	28	49	31	164
Western Urban	<ul style="list-style-type: none"> Follow up on community visit on survivors status (health, stigma and relationship) Community sensitization on cleaning campaigns and hand washing. One to one and group counselling sessions 	65	32	49	33	179
	Total number community people reached	551	238	482	289	1,560

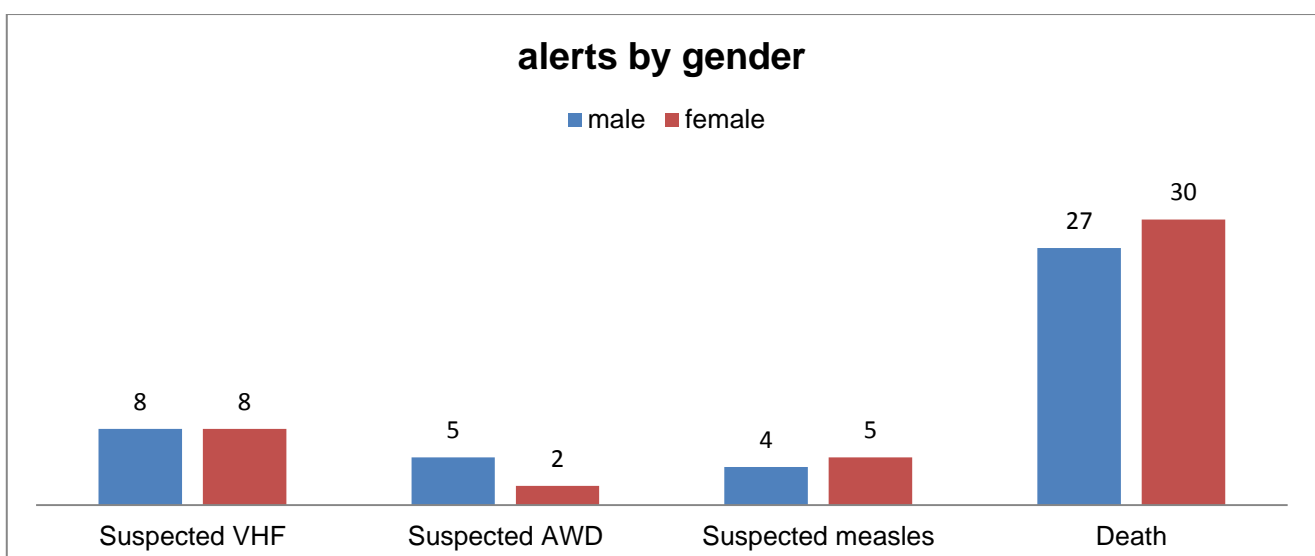
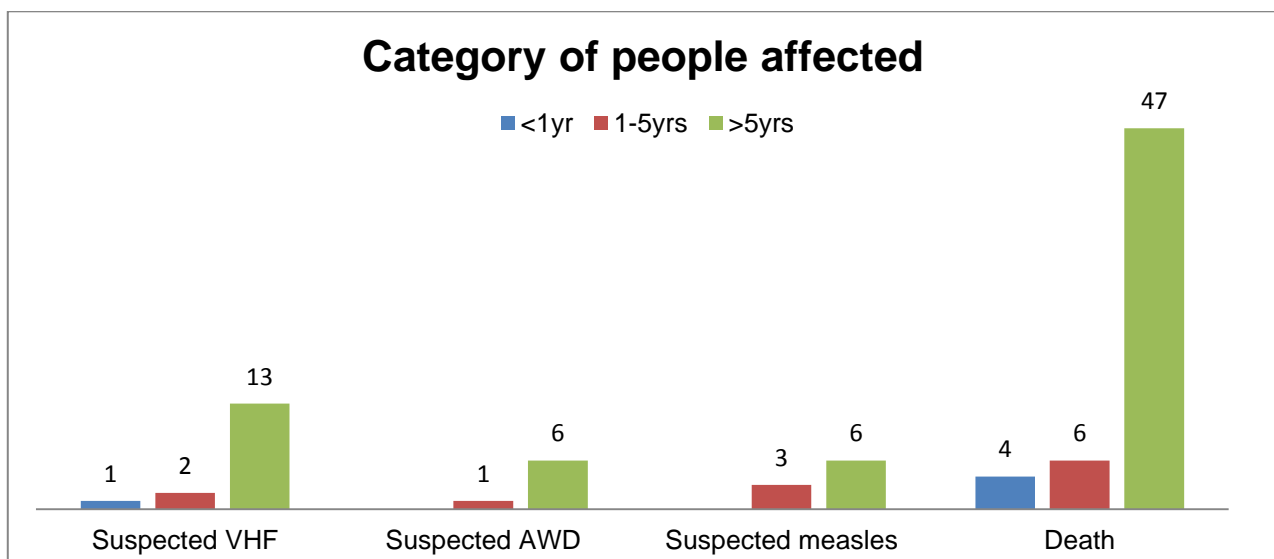
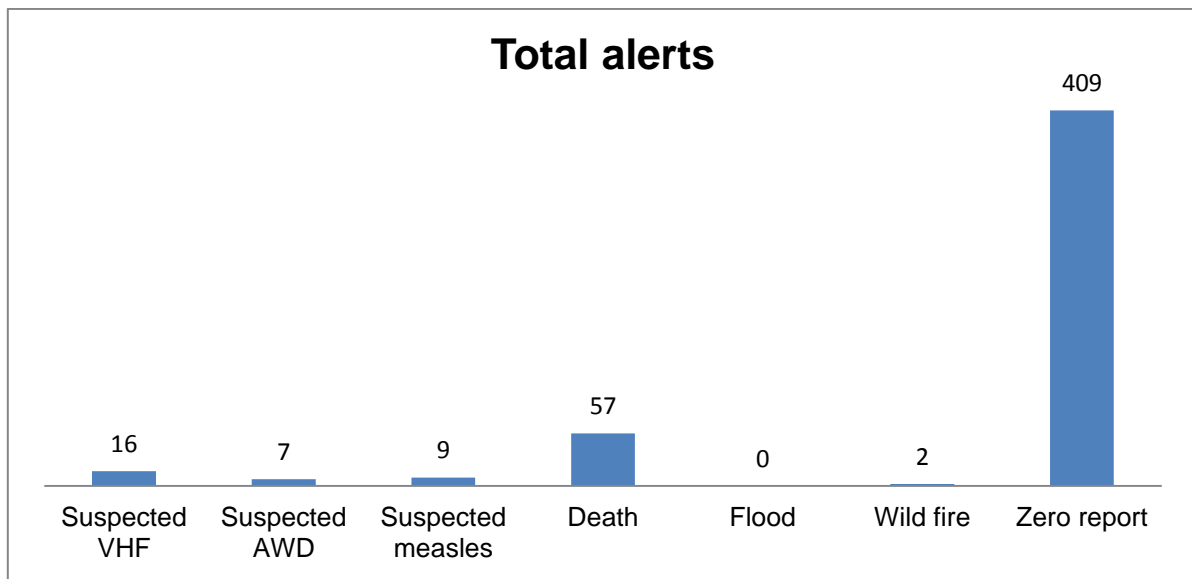
A. Social Mobilization; Community Engagement and Beneficiary Communications

Community Event Based Surveillance:

Alerts were sent and recorded in both volunteers and supervisors database as cases that needed investigation and response from different communities. A total of **500** (both zero and investigating) alerts were sent by volunteers, including **16** for suspected VHF, **7** for suspected AWD, **9** for suspected measles and 2 fire reported cases. As many as **409** alerts were sent for zero alert indicating nothing happens in the communities volunteers reported from.

The 2 alerts on fire were escalated; meaning they were forwarded to the Office of the National Security (ONS) after line listing for response and residents still await responses.

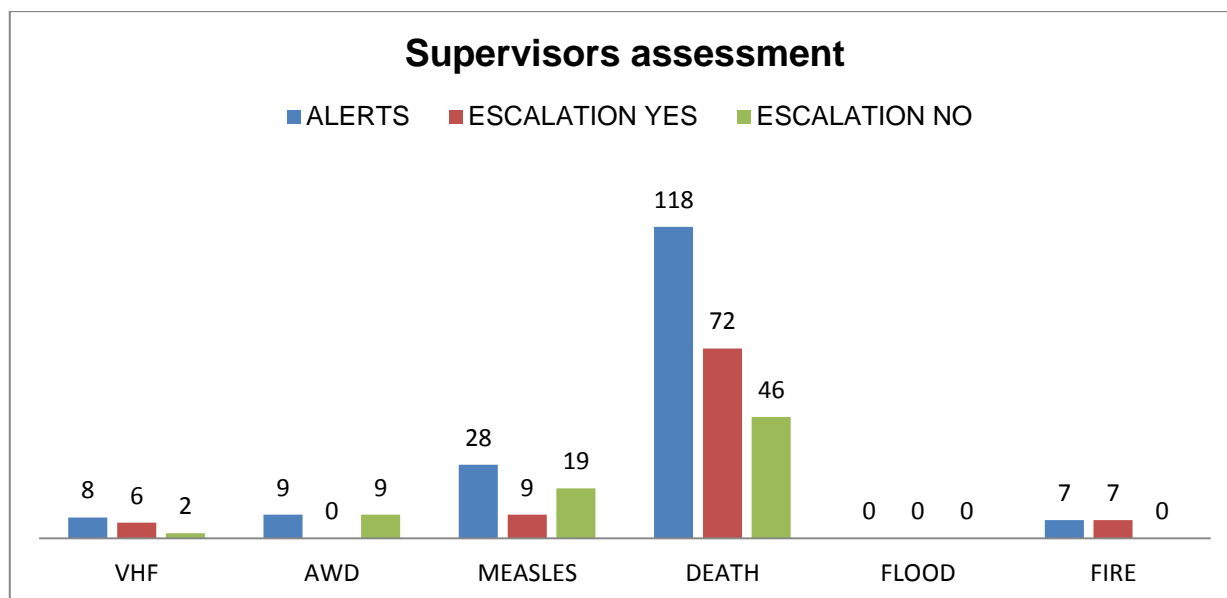
The chart below summarizes alerts sent by different volunteers:



Alerts assessed by supervisors and CHOs

After assessment by supervisors for all received alerts from volunteers, 8 suspected VHF were reported with 6 escalated (forwarded to DHMT from the PHU). Supervisors also jointly assessed 9 cases on AWD both by field visit and telephone calls. None of them were escalated but only treated at PHU level. A total of 28 of the measles alerts were also assessed and 9 escalated for rapid response.

The chart below shows assessment done by supervisors.



Challenges reported

- ✓ Large number of volunteers faced with sim activation problem causing delay in reporting cases,
- ✓ Delay in supplying fuel as supervisors sometimes go without supply thus not reaching all volunteers.

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.

Capacity building of the National Societies

In March 2014, a rapidly evolving outbreak of Ebola haemorrhagic fever started in Guinea. The outbreak subsequently spread to Liberia and Sierra Leone (amongst other countries). In March 2016, WHO said that the Ebola situation in West Africa no longer constitutes a Public Health Emergency of International Concern. 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.

Regional Coordination and Preparedness

The West African Ebola epidemic has infected more than 28,000 people in Guinea, Liberia and Sierra Leone. It also rapidly exposed the paralyzing weaknesses in the countries' health and public health systems. While Guinea, Liberia and Sierra Leone—which are just now emerging from the deadliest Ebola outbreak in history—West Africa's experience fighting Ebola is a lesson for the world, and for countries, as they prepare for the next epidemic.

IFRC and the respective National Societies current efforts in the three most affected West African countries are geared towards saving lives and building healthier communities, disease prevention and control efforts.

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

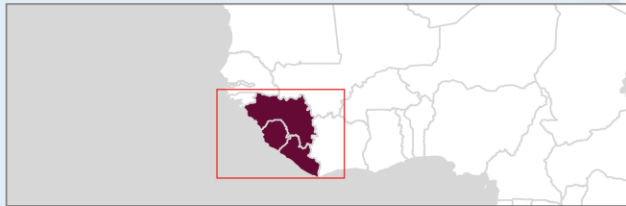
On behalf of the National Societies in the Ebola affected countries, the IFRC Secretariat would like to thank the following for all their contributions to the Ebola Emergency Appeals: American Red Cross and US government, Andorran Red Cross, Australian Red Cross and Australian government, Austrian Red 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 Confirmed Cases

11 May 2016



New Confirmed Cases: 20 April - 11 May 2016



No confirmed cases in previous 21 days

Country	New Confirmed Cases	TOTAL
Guinea	0	New Confirmed Cases 0
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.

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



FOR INTERNAL OPERATIONS ONLY

International Federation of Red Cross and Red Crescent Societies

Produced by SIMS, Supported by the American Red Cross and the British Red Cross



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.

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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

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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	11,852,216	84%	2,206,671	11,852,216		8,657,234	3,194,982		62%
MDRGN007	Guinea - Ebola Virus Disease	26-Mar-14	31-Dec-17	56,016,354	35,597,682	64%	20,418,672	35,593,809	-	32,981,036	2,612,773	659,861	59%
MDRLR001	Liberia - Ebola Virus Disease	09-Apr-14	31-Dec-17	46,253,362	22,067,643	48%	24,185,719	22,016,673	-	18,330,550	3,686,123		40%
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	88,093,860	60,565,797	69%	27,528,063	60,487,402	-	50,135,134	10,352,268	290,594	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	130,889,120	63%	74,327,079	130,755,882	253,515	111,155,312	19,854,085	950,456	54%

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		152,164	28,886		84%
MDR80001	MENA ZONE - Ebola Preparedness	05-Feb-15	05-May-15	119,324	119,324	N/A	0	119,324		84,737	34,587		71%
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		282,886	77,114		79%
MDRCI008	Cote d'Ivoire - Ebola Preparedness	14-Jul-15	14-Sep-15	67,735	67,678	N/A	0	67,678		67,678	0		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	52,551	N/A	0	52,551		52,551	0		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%
TOTAL DREF OPERATIONS				1,516,415	780,604	N/A	0	780,604	567,883	1,207,900	140,587		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	57,659,034	182,266	121,464,903
TOTAL FUNDING	11,191,511	33,534,776	18,273,802	623,515	57,659,034	182,266	121,464,903
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
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	39,500	2,779,850	2,819,350