

Emergency Appeal Operation Update

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

Combined Monthly Ebola Operations Update

N° 34¹

30 June 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. Guinea declared an end to Ebola virus transmission on 1 June.

On 9 June the World Health Organization (WHO) declared the end of the most recent outbreak of EVD in **Liberia**. This follows 42 days since the last case tested negative for the second time on 28 April.

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 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.



Emmanuel Garty, a Barber, living in Logan Town, Monrovia. It was difficult for him to survive as a barber during the period of Ebola in Monrovia, as most people were afraid to cut hair, for fear of contracting the virus from his tools. Now as Liberia was declared free from Ebola, many of his customers started returning to his barber shop to cut their hair, and this afforded him the opportunity to survive, feed his family, and pay his children school fees.

Ahmed Jallanzo, 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.

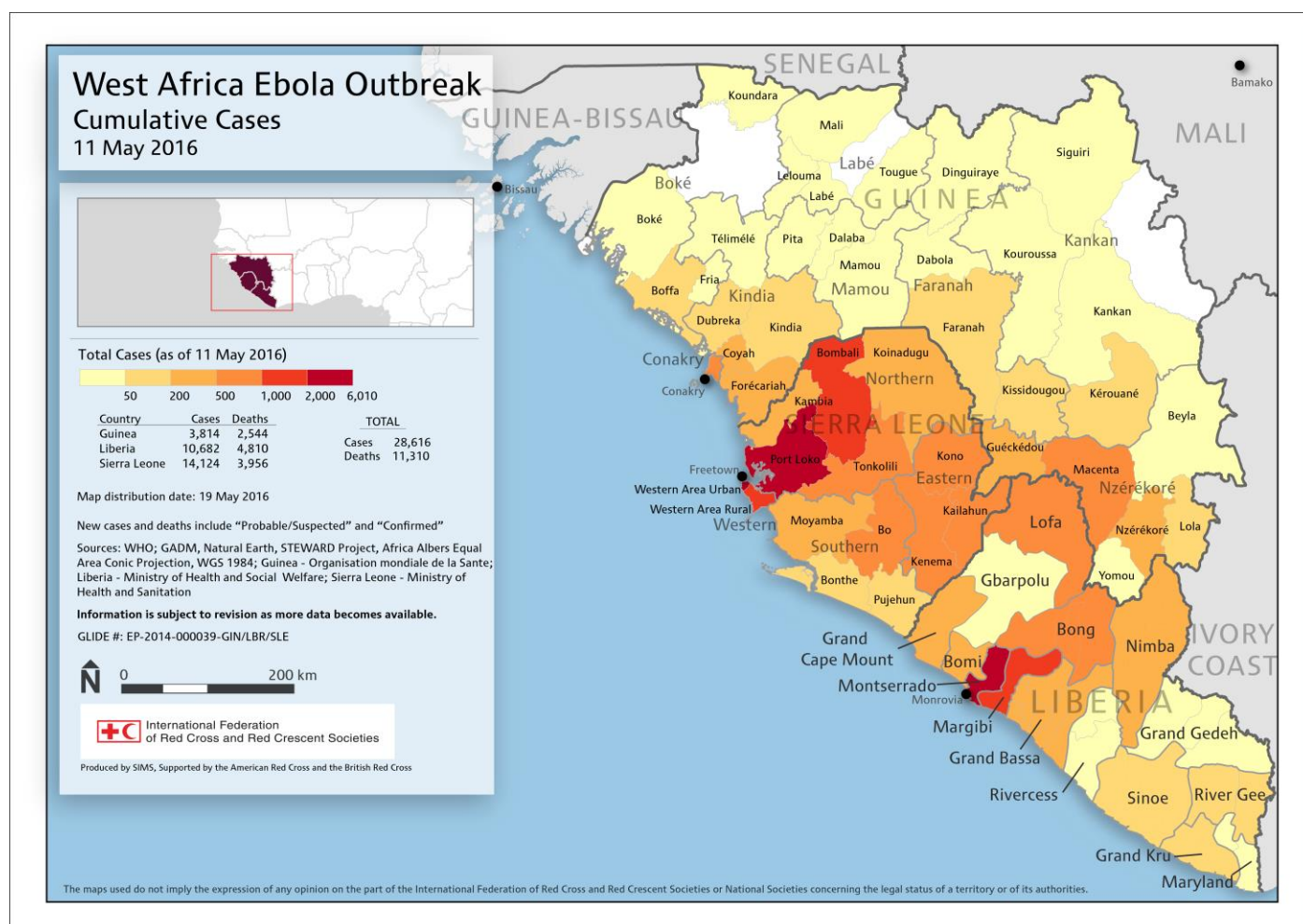
¹ A single combined operations update is produced for the 4 Ebola operations on a monthly basis.

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 date to	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.

IFRC continues to closely monitor the Ebola response key performance indicators of the phase 3 response framework. The objectives of these indicators are to interrupt all chains of transmission, prevent new infections, detect timely and respond rapidly. IFRC and partners continue to support the ministries of health in Guinea, Liberia and Sierra Leone to strengthen their surveillance systems in order to quickly detect and contain any new cases.



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

The last Ebola case was declared on 6 April and discharged from Ebola Treatment Unit (ETU) on 19 April. On 1 June 2016 the World Health Organization (WHO) officially declared the end of Ebola virus transmission in the Republic of Guinea after the 42 days of the epidemiological countdown. Forty-two days have passed since the last person confirmed to have Ebola virus disease tested negative for the second time. Guinea now enters a 90-day period of heightened surveillance to ensure that any new cases are identified quickly before they can spread amongst other people.

Security: The political and social situation remained calm in May throughout Guinea despite calls for strikes from political opposition leaders. Although the situation has been globally calm, it is noted that fifty people were injured due to clashes between two rival groups during an inauguration of a mosque in the centre of the country. Guinea RC had anticipated this event and deployed First Aid teams who provided First Aid assistance and transportation of the injured to health facilities. Challenges during this period mainly include continued monitoring of scaling down of IFRC staff in Guinea. This may result in exhibition of frustration amongst the local staff which might lead to potential violent reactions such as strike, blockade at the office entrance, verbal / SMS threats or theft of items. The regional security delegate based in Guinea continues to monitor the political situation with regard to the upcoming local elections due to take place in the third quarter of 2016. Support missions to Liberia and Sierra Leone country delegations are being regularly conducted as appropriate.

Logistics: Following the scaling down process that began in December 2015, downsizing of the operation equally continued in Guinea to align with logistical needs in-country. Currently, 34 VRP vehicles have been sent to the logistics hub in Dakar and an additional 44 vehicles are due to be

sent by the end of June. The number of drivers will also be reduced to 19 in the same period. A total of 14 log-bases (Kindia, Dubreka, Coyah, Nzerekore, Lola, Beyla, Yomou, Macenta, Guekedou and 5 communes of Conakry) were progressively also closed and minimal service will be provided by Guinea RC as required. One operational warehouse run by the Federation in Matam (Conakry) has been maintained. This will eventually be shut down later and responsibilities handed over to the National Society.

A. Social Mobilization and Beneficiary Communication

Highlights

Due to the end of the epidemics and consequent scaling down of the operation, social mobilisation activities have been reduced to normal sensitization which were integrated into the surveillance pillar.

Challenges:

No notable challenges were reported during this period

B. Psychosocial Support

Highlights:

During this period, the PSS pillar was busy implementing activities planned under the Swedish Red Cross funded recovery project. Major achievements in this period include 8 Community healing Dialogue sessions held in Conakry (4 each in Dixin and Ratoma) which enabled to reach 34 persons who were provided with PSS support. Furthermore, a Trainer of Trainers workshop on Psychological First Aid and the Mon MHGap for PSS team leaders from Dixin, Matam, Matoto and Ratoma was conducted in Conakry. All in all, 10 PSS focal persons, 4 PSS team leaders and 3 Guinea Red Cross project staff successfully attended this workshop.



A group of ERARE teams during practical exercises in the prefecture of Kindia. Dr. André Zamouangana, IFRC

As part of the celebrations of the World Red Cross day, the PSS pillar supported the local committee of Dubreka in a sensitization campaign against stigma and discrimination to Red Cross volunteers who had been engaged in the fight against Ebola. A carnival party was organized, soaps and chlorine bottles were distributed to 550 community members as part of the hygiene promotion approach. The Dubreka rural radio station participated in the celebrations and supported the media coverage of the ceremonies.

Challenges:

There are still difficulties in the deployment of volunteers to the field caused by the lack of PSS field officers. However, thanks to the deployment of PSS focal persons who are due to be deployed soon, this gap is expected to be filled by end of this month.

Future Planning:

- Continue the community healing dialogue sessions,
- Scale up recreational activities for children,
- Planning of communication related activities.

C. Contact Tracing and Surveillance

Highlight:

- Currently, Guinea Red Cross has mobilized 337 community volunteers working in two prefectures namely Boké and Forécariah as Community Agents "AC in French acronym" in accordance with the Government's policy. This strategy focuses on the administrative sector in which each volunteer reports any unusual event that disturbs the normal communities' living style such as epidemics, abnormal morbidity or mortality trend.
- Support to 5 Health Centres with IT equipment and solar panels to enhance data collection and analysis at an intermediate level specifically within the Red Cross implementation areas.

Challenges:

- Slow data transmission from communities to the national level for decision-making: The data reporting flow is based on the national health pyramid with many internal weaknesses. It is recommendable to use alternative data management approaches such as Rapid Mobile Phone-based (RAMP) to improve the effectiveness of the surveillance system for a timely response.
- Weak supervision and management capacity for Red Cross volunteers at the prefecture level: Most volunteers working on surveillance were newly recruited and have insufficient knowledge of the Red Cross principles and values. The strengthening of local management capacity is necessary to achieve the program efficiency and sustainability.
- Lack of cross border exchange opportunities around Community Event-Based Surveillance (CEBS) activities: The Red Cross societies of Guinea, Sierra Leone and Liberia are undertaking the same activity at the community level, however there are no formal exchange platforms between these 3 countries. The cross-border coordination and data sharing needs to be enhanced to allow accurate prevention and response measures at the community level.

Future Planning:

In order to prevent the risk of Ebola resurgence from survivors (there is scientific evidence of transmission of the disease through body fluid such as sperm), the Ebola National Coordination Cell launched a complementary surveillance strategy named 'SA Ceint² in French'. The latter focuses on the active participation of the survivors in their own care and monitoring. The Guinea Red Cross has therefore been assigned 3 prefectures namely Kankan, Siguiri and Kérouané in which she is supporting the implementation of the 'SA Ceint' strategy since June 2016.

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:

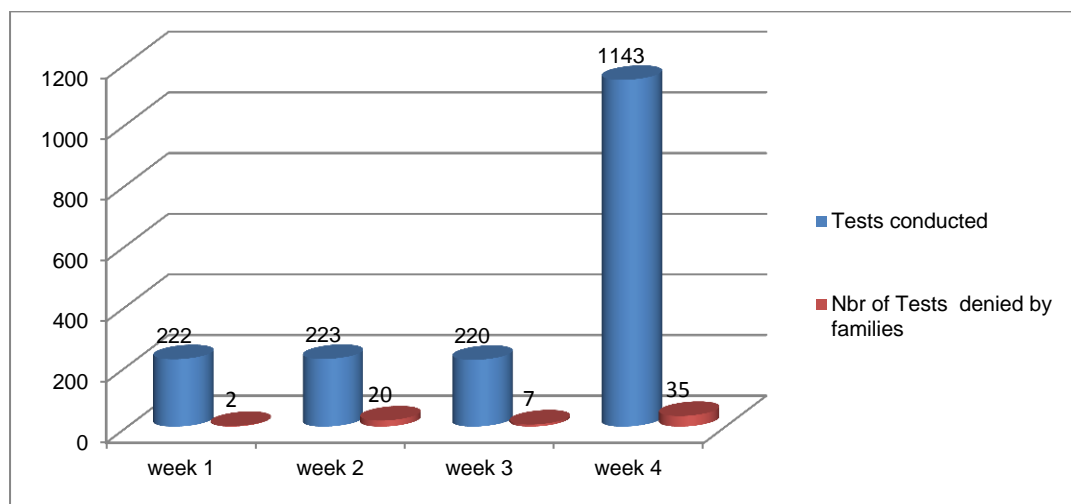
During this period, SDB teams on standby in the forest Guinea region conducted 17 Safe and Dignified Burials. Disinfection was also carried out in 13 houses, public places and local health facilities. In the same line, 14,906 persons were sensitized on hygiene promotion and Ebola prevention whereas 833 Rapid Tests / OraQuick were collected for a close monitoring and enhanced surveillance of the situation.

² Surveillance Active en Ceinture autour des guéris d'Ebola

In other prefectures, SDB related activities have officially been stopped since 31 December 2015. No future SDB activities are planned unless there is a new resurgence.

Challenges:

- There is still a reluctance vis – à – vis OraQuick in some communities which still consider Ebola as mysterious or an invented disease. For the only period of May 2016, 63 tests (representing 3% of tests conducted in May) were rejected by concerned families as reflected in the chart below:



Graph 1: Trend of OraQuicks in May 2016: Accepted vs rejected due to reluctance

- Another serious challenge is related to the notification of community deaths by family members and government structures in charge of data management and processing.

Future planning:

- Planning of the implementation of Rapid Test activities in accordance with the Government's newly adopted intervention approach,
- Continued implementation of Rapid Test activities in mortuaries of the SA Ceint strategy target prefectures,
- Continued finalization of operation bases under construction,
- Monitoring the dispatching of SDB/WASH kits in the 38 Red Cross Prefecture committees,
- Training of 520 body washers on how to conduct OraQuicks and the correct use of Personal Protection Equipment (PPE),
- Finalization of the proposal "WASH in Schools".

LONG TERM EPIDEMICS PREPAREDNESS PLAN THROUGH THE "PREPARE³ PROJECT" IN GUINEA

The IFRC country office in Guinea has signed an agreement with Expertise France⁴ to support the Government of Guinea in putting in place Regional Epidemics Response Teams (ERARE). This project is implemented under the joint supervision of the Ministry of Health and the National Coordination of the fight against Ebola with the funding support from the European Union. The PREPARE project aims at setting up 8 Regional Epidemics' alert and Response Teams. These

³ PREPARE: *Projet d'appui à la mise en place des Equipes Régionales Polyvalentes d'Alerte et de réponse aux Epidémies* in french acronym

⁴ Expertise France: A French government affiliated organization offering technical expertise in various domains

teams are trained for early detection and prompt treatment of epidemic-prone diseases, before they reach an epidemic threshold⁵.

As part of this process, the following achievements have been recorded in this period:

- 6 ERARE teams deployed in 6 regions on 31 May 2016,
- 1 catch up training session for “late comers” for 14 Guinea Red Cross volunteers of Labe and Boké, 6 Red Cross National Tots and 18 new ERARE members,
- Preparation of the official ceremonies for certification of ERARE newly trained teams with drill exercises scheduled on 4 June,
- Distribution of the equipment to ERARE teams in 8 regions where previously distributed kits were incomplete.

The planning for the month of June include the finalization of the 3 remaining catch-up sessions with the lead of Bioforce, refresher session for national trainers on sanitation, setting up and management of an operational base during an emergency.

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

Highlights of key RCRC actions for the EVD Operation

Response: A debriefing meeting was held at Montserrado Chapter on 27 May 2016 for 25 volunteers engaged in Social Mobilization and PSS support to affected families and communities during the heightened surveillance period following the last Ebola cases in March/April 2016. The purpose of the meeting was to enhance peer support among volunteers during their follow-up visit to affected communities.

Recovery: Community-based Health. A two day Community-Based Health and First Aid (CBHFA) training was conducted from 2 - 4 May 2016 in Senjeh District, Tubmanburg in Bomi County for community based health volunteers. A total of 24 volunteers and two team leaders were trained from the 12 selected communities in Bomi County.

B. Psychosocial Support

A PSS refresher training was conducted from 16 – 20 May 2016 at Bomi Chapter for 25 PSS staff and field and recovery programme staff from eight chapters (Bomi, Montserrado, Margibi, Cape Mount, Gbarpolu, Lofa, Bong and Nimba) and HQ. All the participants previously participated in the first National PSS training of trainers in December 2015.

The objectives of the training were as follows: To

- Strengthen the LNRCS core team of national PSS trainers in facilitation skills as well as planning for the different PSS trainings
- Develop the capacity of the staff in basic lay counselling skills.

C. Safe and Dignified Burials and Disinfection of Houses

D. Surveillance – Active Case Finding

E. Case Management in Red Cross ETC, Macenta

Livelihoods - A livelihoods assessment was conducted in the locations of Bomi, Gbarpolu, Grand Cape Mount, Margibi, and Montserrado between 11-26 May 2016 to identify specific needs of the communities that were most affected by EVD and the present conditions of the affected communities.

⁵ For more information on objectives and previous achievements, see the April's report

During May 2016, LNRCS signed MOUs with all 60 targeted communities for undertaking the recovery activities. This process is intended to ensure community ownership and commitment to interventions.

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 of the Emergency Appeal.

Sierra Leone

WHO declared the end of Ebola virus transmission in the neighbouring Republic of Guinea. Active surveillance is ongoing in Sierra Leone, Guinea and Liberia and will continue as this will maintain the zero EVD cases and other disease outbreaks. WHO together with partners, has developed technical guidance and training materials that can be used by countries to further strengthen their capacities to prepare and respond to disease outbreaks, including the EVD, in accordance with the IHR (2005) core capacities requirements.



SDB/IPC volunteers in theoretical driving skills training.
IFRC

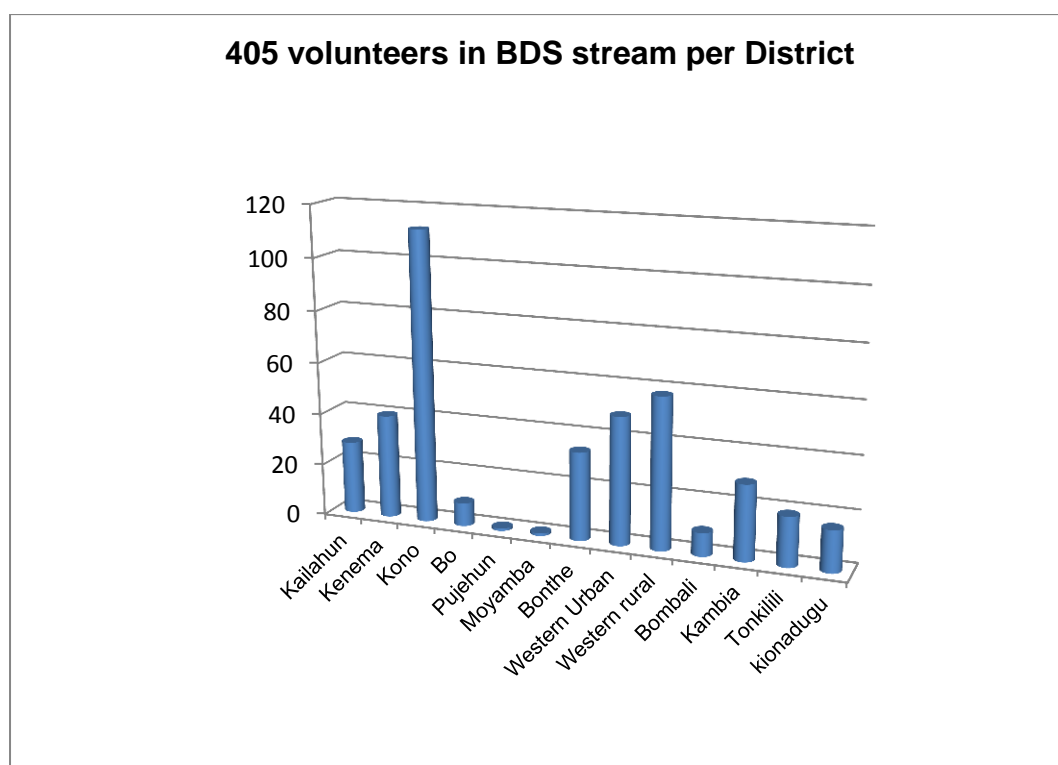
SLRCS has concluded the processes involved in payment of fees for a total of 222 SDB/IPC volunteers from 31 institutions who opted for the vocational skills stream and 93 SDB/IPC volunteers who opted for the continuing Education stream. All the volunteers in continue education are now attending their various institutions. Most of the volunteers also in vocational skills have begun their vocational skills trainings.

Two meetings were held with three institutions (Restless Development, CEPARD, AFFORD) that would be engaged as service providers for the Business Development Skills (BDS) stream at the SLRCS national office. The aims of the meetings were to discuss the mode of engagement between the Red Cross and the institutions. Draft Memorandums of Understanding were prepared and will be signed shortly. Training strategies were also explained by each of the service providers and acceptance letters are now being issued to 405 volunteers indicating the training period as shown in table 1 below;

Table 1: BDS providers, number of admissions and District covered

Institution	No of Volunteers admitted	Districts Covered
Restless Development	152	Western Urban, Western Rural, Bo, Bonthe, Moyamba and Pujehun
CEPAD	180	Kenema, Kailahun and Kono
AFFORD	73	Bombali, Tonkolili, Kambia and Koinadugu

Training Budgets were prepared and shared by BDS service providers. It was also agreed to include the harmonised training curriculum in their acceptance letters.



One SDB volunteer from the Western Rural district was reported to have developed a mental disorder. After follow-up, the volunteer was taken to the Kissy Mental home for proper assessment and is currently undergoing treatment in Waterloo. Ongoing follow up visits will be made to monitor the volunteer's health progress.

Group counselling session with Kailahun SDB volunteers

One to One and group counselling sessions were organised in all the 13 Branches on family pressure, restoring hope and resilience with help of the re-skilling project, problems faced during their vocational skills trainings and their continuing education sessions.

Participants were guided on how to progress with their normal lives and to successfully go through their chosen streams as this will support their livelihoods.



Group counselling session with Kailahun SDB volunteers in progress.
IFRC

On-going follow up visits were also made to volunteers in need of special attention such as those experiencing sleeping difficulties, stigmatization, family pressure and conflict in all the Branches. Additional information is provided in table 2 below.

On-going sensitizations sessions in 22 communities from 13 districts 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. The sensitization sessions were all successful and the

number of direct and indirect people reached are indicated in the tables below.

Table 2: Activities conducted in the Branches with SDB/IPC volunteers.

DISTRICT	ACTIVITY	FEMAL E	GIRL	MALE	BOY	TOTA L
Western Rural	<ol style="list-style-type: none"> One to one and group counselling sessions, on coping mechanism. Follow up visits on the volunteer with mental disorder. 	13	-	21	-	34
Kenema	<ol style="list-style-type: none"> One to one and group lay counselling sessions on stress Family pressure Meeting with volunteers to discuss the May 2016 celebration and their role as volunteers. Follow up visits on family conflict. 	17	-	98	-	115
Bombali	<ol style="list-style-type: none"> One to one and group counselling sessions on coping with their trainings and continuing Education. Follow up visits on mediation. Meet with volunteers in BDS to explain the DBS status. Referred to hospital for minor ailments. 	1	-	10	-	11
Tonkolili	<ol style="list-style-type: none"> One to one and group counselling sessions, Meeting with business dev. Vol. to inform them on their training status. Follow up visits to SDB/IPC volunteers who were engaged in community services. 	5	-	14	-	19
Kambia	<ol style="list-style-type: none"> One to one and group counselling sessions on stress and conflict mediation. Meeting with BDS volunteers to explain their BDS training status. Follow up visits on stigmatization. Sessions on community service such as cleaning campaigns. 	4	-	18	-	22

Port Loko	<ol style="list-style-type: none"> 1. One to one and group counselling sessions 2. Sessions on community service such as community cleaning campaigns. 3. Follow up visits on volunteers who were deprived of family property (Plantation). 	1	-	18	-	19
Kailahun	<ol style="list-style-type: none"> 1. One to one and group counselling sessions on restoring hope and resilience with the help of the reintegration project. 2. Meeting with BDS volunteers to inform them of their upcoming BDS training. 3. Vocational skill training in computer skills have begun in Kailahun. 4. Follow up visits to volunteers who had conflicts with their relatives. 	4	-	22	-	26
Bo	<ol style="list-style-type: none"> 1. One to one and group counselling sessions. 2. Follow up visits to check on the wellbeing and their coping mechanisms. 3. Meeting of SDB volunteers to discuss the importance of the reskilling project. 4. Stress management sessions. 5. Organise mediation sessions with a SDB volunteer and their spouse. 	12	-	13	-	25
Pujehun	<ol style="list-style-type: none"> 1. One to one and group counselling sessions. 2. Meeting with volunteers to discuss the importance of the re-skilling project. 3. Follow up visits to check on the wellbeing of volunteers and their coping skills. 	6	-	17	-	23
Moyamba	<ol style="list-style-type: none"> 1. One to one and group counselling sessions. 2. Follow up visits to check on the wellbeing and their coping mechanisms 3. Stress management sessions. 	3	-	16	-	19
Bonthe	<ol style="list-style-type: none"> 1 One to one and group counselling sessions, 2 Follow up visits to check on the wellbeing and their coping mechanisms. 3 Stress management sessions. 	4	-	28	-	32
Western Urban	<ol style="list-style-type: none"> 1. One to one and group counselling sessions. 2. Sessions on mediation. 3. Meetings to discuss with BDS volunteers to discuss training schedules. 	14	-	37	-	51
	Total number of SDB/IPC volunteers reached	84	-	312	-	396

Table 3: 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). Participated in May 2016 Celebrations. Community sensitization on cleaning campaigns and hand washing. 	6	3	4	2	15
Bonthe	<ul style="list-style-type: none"> Follow up on community visit on survivor's status (health, stigma and relationship). Participated in May 2016 Celebrations. Community sensitization on cleaning campaigns and hand washing. 	3	9	12	3	27
Kailahun	<ul style="list-style-type: none"> Follow up on community visit on survivor's status (health, stigma and relationship). Participated in May 2016 Celebrations. Community sensitization on cleaning campaigns and hand washing. 	10	14	20	22	68
Kambia	<ul style="list-style-type: none"> Follow up on community visit on survivor's status (health, stigma and relationship). Participated in May 2016 Celebrations. Community sensitization on cleaning campaigns and hand washing. 	42	72	42	56	212
Kenema	<ul style="list-style-type: none"> Follow up on community visit on survivors' status (health, stigma and relationship). Participated in May 2016 Celebrations. Community sensitization on cleaning campaigns and hand washing. Conflict mediation exercise between communities and beneficiaries. 	19	214	63	23	319
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. Participated in May 2016 Celebrations. Sessions on community service such as community cleaning campaigns. Follow up visits. 	13	4	26	10	53
Bombali	<ul style="list-style-type: none"> Follow up on community visit on 	41	8	25	10	84

	<p>survivors' status (health, stigma and relationship).</p> <ul style="list-style-type: none"> • Community sensitization on cleaning campaigns and hand washing. • One-on-one and group counselling sessions. • Follow up visits. • Participated in May 2016 Celebrations 					
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. • Follow up visits on the single volunteer that was referred and who currently coping. • Participated in May 2016 Celebrations 	39	19	58	10	126
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. • Participated in May 2016 Celebrations • Follow up visits. 	341	488	372	31	1,232
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. • Participated in May 2016 Celebrations 	110	150	85	144	489
Port Loko	<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. • Participated in May 2016 Celebrations. 	209	70	98	42	419
Tonkolili	<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. • Participated in May 2016 	31	18	25	26	100

Celebrations.						
	Total number of community people reached	864	1,069	830	379	3,144

Key Achievements

- SLRCS has concluded the processes involved in payment of fees for 222 SDB/IPC volunteers from 31 institutions who opted for the vocational skills stream and 93 SDB/IPC volunteers who opted for the continuing education stream. All the volunteers in the continuing education are now attending their various institutions. Most of the volunteers also in vocational skills have started their vocational skills trainings
- 3 services providers were engaged to train 405 SDB/IPC volunteers in Business Development Skills.

A. Social Mobilization; Community Engagement and Beneficiary Communications

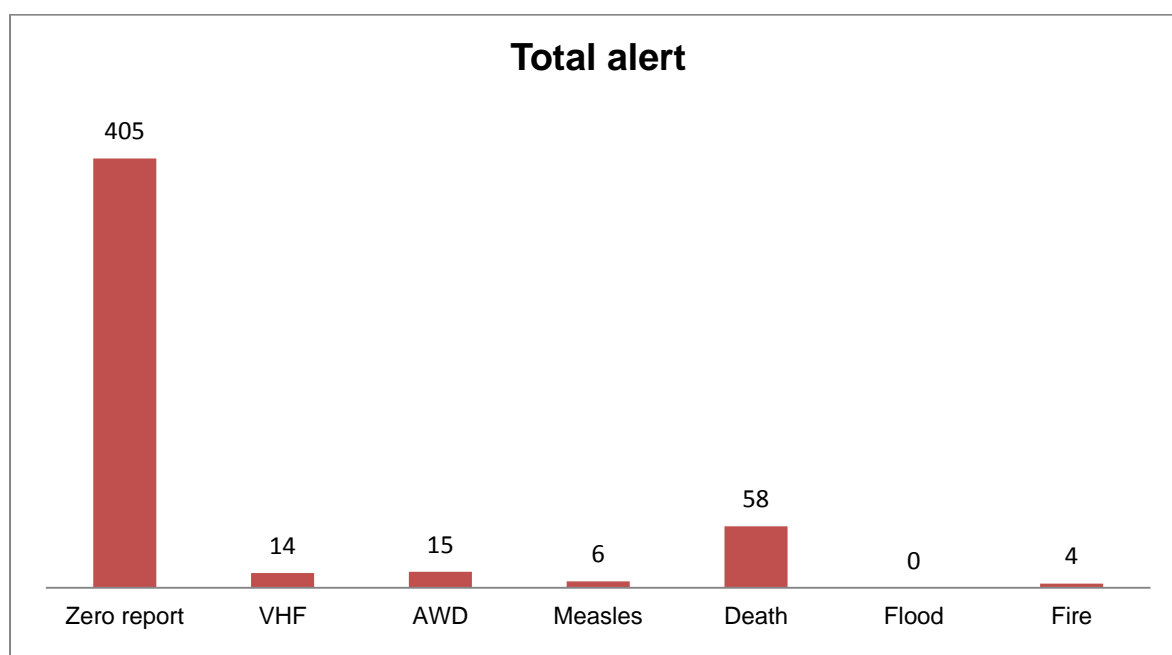
Community Event Based Surveillance:

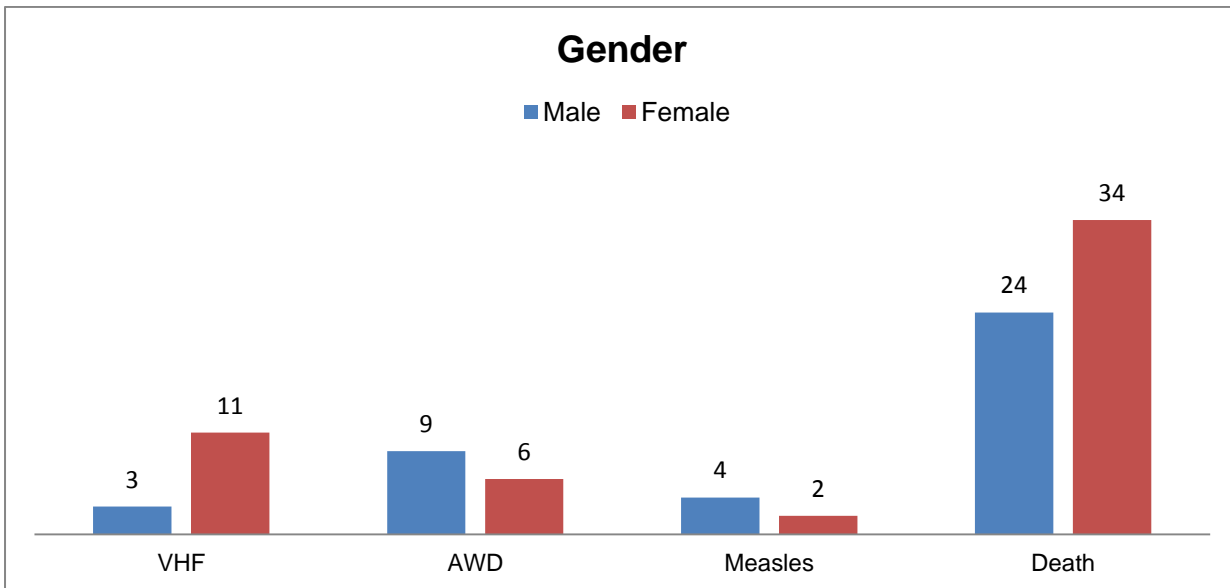
A total of **502** alerts including **405** zero alerts and **97** events were reported by volunteers to supervisors for joint assessment with CHO and possible escalations. **14** alerts were reported on VHF (3 males and 11 females), out of this **1** was a child under the age of one year, **4** children between the ages of 1-5 and **9** reported for people above 5 years.

A total of **15** alerts were also reported on AWD (9 male and 6 female), with **2** children between the ages of 1-5, and **13** said to be above 5 years. For measles, **6** alerts were reported (4 males and 2 female), **1** child below one year and **5** above the age of 5 years.

Fifty-eight death alerts were reported (24 males and 34 female) **3** children below 1year, with **17** and **36** for people between 1-5 years and those above 5 years respectively. Bonthe volunteers reported 4 fire incidents from Hibima community in the Imperi chiefdom for response.

A concise summary is given below:

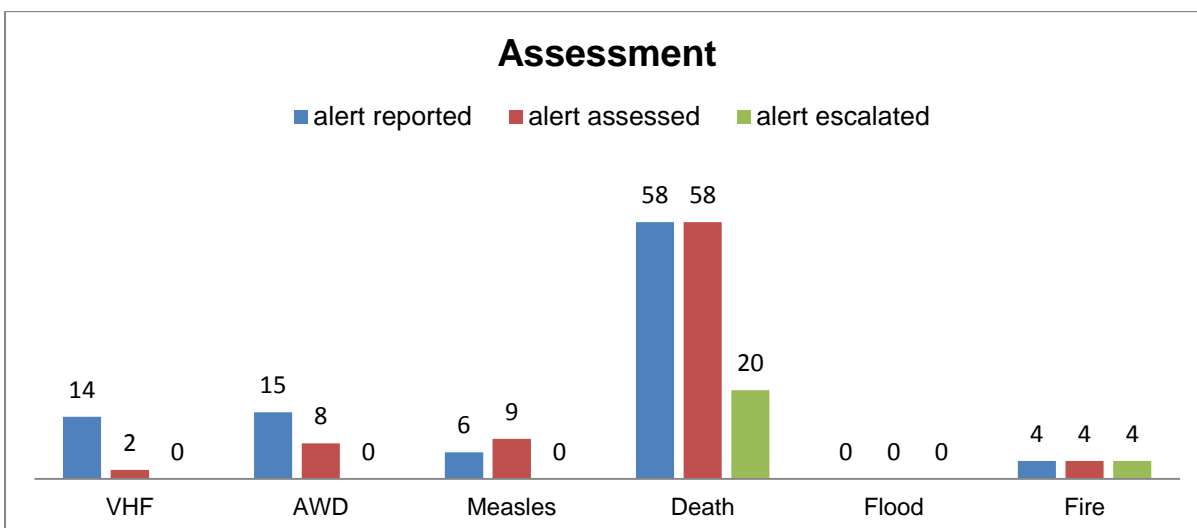




Joint Assessment

After Assessment by supervisors for all alerts received from volunteers on VHF, none was reported to meet the VHF case definitions that needs to be taken to PHU or escalated. Some were detected to be minor headaches and body weakness.

Supervisors also jointly assessed **8** cases on AWD both by field visit and telephone calls. From the measles cases detected both by CBVs and VSS, assessments were made and some treated at PHU with no escalation. Follow-up from supervisors revealed that no one died in the process. In addition, from the four fire incidents reported in Bonthe District, line listing were made by supervisors and reports shared with the Branch for the attention of the NS.



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

It is envisaged that National Societies in Guinea, and Liberia will continue with active surveillance activities after the last cases have tested negative for the EVD. The risk of additional outbreaks originating from exposure to infected survivor body fluids remains and requires sustained mitigation through counselling on safe sex practices and testing of body fluids..

Regional Coordination and Preparedness

The West African Ebola epidemic has infected more than 28,000 people in Guinea, Liberia and Sierra Leone. While Ebola is largely under control in West Africa, the fight is not over yet. In order to prevent future outbreaks, efforts should be made to understand the origin of this deadly outbreak. To prevent similar catastrophes going forward, IFRC ought to partner with local communities to address these issues and mobilise the resources they need to recover quickly.

Risk Assessment

Along with other actors, IFRC continues to follow 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. 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 West Africa. 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

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

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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

Refreshed on 30-Jun-2016
at 08:18

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	11,810,089	84%	2,248,798	11,810,089		8,630,908	3,179,181		61%
MDRGN007	Guinea - Ebola Virus Disease	26-Mar-14	31-Dec-17	56,016,354	35,591,544	64%	20,424,810	35,587,672	0	33,782,964	1,804,708	300,477	60%
MDRLR001	Liberia - Ebola Virus Disease	09-Apr-14	31-Dec-17	46,253,362	22,066,937	48%	24,186,425	22,015,968	0	18,606,434	3,409,533		40%
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	88,093,860	60,611,834	69%	27,482,026	60,533,439	0	50,561,618	9,971,820	271,064	57%
MDRSN010	Senegal - Ebola Virus Disease	08-Sep-14	31-Jul-15	1,380,962	182,266	13%	1,198,696	182,266	253515	428,835	6,946		31%
TOTAL EMERGENCY APPEALS				207,422,869	130,886,186	63%	76,536,683	130,752,949	253,515	112,634,275	18,372,189	571,541	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		284,786	75,214		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	1,209,800	138,687		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
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