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Emergency Appeal Guinea: Ebola Outbreak

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n° MDRGN007	298,410 people to be assisted recovery phase	Appeal launched 26 March 2014 duration 33 months
GLIDE n° EP-2014-000039-GIN	CHF 38,978,890 Appeal budget (revised from CHF 56,016,354)	Appeal revision No 5 issued 22 July 2016
	Funding gap CHF 3,287,705	Appeal ends 31 December 2016

This Revised Emergency Appeal indicates a change of operational strategy in which surveillance capacity and emergency preparedness is enhanced and scaled up, and integrated with longer-term recovery assistance. This Revised Appeal **seeks CHF 3,287,705** (from a total budget of CHF 38,978,890) that will enable the IFRC to support the Guinea Red Cross (GRC) to deliver response and recovery assistance and support to Ebola Virus Disease (EVD) affected populations over a period of 21 months. The Revised Appeal has a focus on: 1. Emergency response and heightened surveillance mechanisms; 2. Disaster preparedness and risk reduction; 3. Health and care; 4. Food security and livelihoods; 5. National Society development. Details are available in the Emergency Plan of Action (EPoA) [<click here>](#)

The disaster and the Red Cross Red Crescent response to date

March 2014: Ebola outbreak in Gueckedou, Guinea

March and April 2014: CHF 250,000 DREF allocated

April 2014: Field Assessment and Coordination Team (FACT) and Emergency Response Units (ERUs) deployed. IFRC Emergency Appeal launched for total of CHF 1.2m for 3million people)

June to November 2014: The EVD related deaths increases from 330 in June to 1,189 in November. IFRC revised its Emergency Appeal 3 times, up to CHF 28.6million.

April 2015: Transmission begins to decline, concentrated almost entirely in and around Conakry.

June 2015: With 3,674 people infected and 2,444 deaths, IFRC revised Emergency Appeal n°4 issued for CHF 56m focused on recovery needs and extending the operation until 31 December 2017.

July 2016: Change of strategy presented in revised Appeal n°5, with total budget of **CHF 38,978,890**



Guinea RC volunteers setting up a new operational base after the new Ebola resurgence in Koropara, Prefecture of Nzérékore. IFRC, March 2016

The operational strategy

The overall goal is to effectively contribute to avoid the re-emergence of the Ebola Virus Disease (EVD) in Guinea through the detection of new, suspected EVD cases or deaths, the provision of timely and appropriate response capacity at local level to break transmission chains whether a case is confirmed positive, and finally provide adequate recovery assistance to affected populations. The immediate priority is to identify, manage and respond efficiently to the consequences of residual risks for the Ebola epidemic in Guinea.

The revised strategy underpinning this appeal seeks to:

A: Enhance response mechanisms which include the strengthening of surveillance systems and extend from emergency into recovery in 2016 according to the international guidelines and the Red Cross EVD strategy.

The immediate priority of the EVD operation in Guinea is to identify, manage and respond to the consequences of residual Ebola risks after the end of the outbreak according to the national/international strategy adopted by the Government and the response partners.

B: Scale-up recovery activities

- Meet longer-term needs of communities affected by Ebola through improved access to community health.
- Food security and livelihood projects targeting EVD-affected groups. Project activities will include cash grants, and provision of agricultural inputs and livestock.
- Support health care system by providing psychosocial care and support to the population affected by EVD. The IFRC-GRC leads this process in agreement with other partners to support survivors' mental health through an efficient system of early detection, assistance and referral to medical facilities if needed.
- Fight against stigmatization and discrimination caused by EVD among the people and communities affected during the outbreak in order to facilitate integration into the communities.
- Strengthen organizational preparedness through appropriate contingency planning, training of rapid response functions and repositioning of stock.

C: Scale-up existing long-term strategies

- Identify, prevent and contribute to improve readiness of response national systems and communities to mitigate the effects of future natural hazards and epidemics in disaster prone areas.
- Strengthen organizational capacity and development across GRC branches and headquarters in the areas of governance and leadership; Human Resource management; Planning, Monitoring, Evaluation and Reporting (PMER); and logistics.

This Emergency Revised Appeal therefore responds to a request from Guinea Red Cross Society and seeks funding to support appropriate and timely delivery of emergency response and early recovery assistance as specified in the outcome tables below.

Needs analysis

As the Government of Guinea and WHO officially declared the end of the Ebola emergency in-country on 29 December 2015, stakeholders including UN agencies, IFRC and Movement partners initiated the setting-up of recovery activities targeting two main objectives. First, to avoid re-emergence of the EVD outbreak and be prepared to cope with the consequences of a possible EVD re-emergence and secondly, to ensure that individuals, communities and Guinean institutions recover from EVD outbreak. These objectives are part of the strategic planning process for early recovery and recovery initiated by IFRC in March 2015 through a multisector assessment held in Sierra Leone, Liberia and Guinea out of which a detailed plan was made and incorporated into the operational strategy of this revised appeal. The needs are both immediate on one hand and long-term on the other hand. This is due to the resurgence in Nzérékore that require immediate action and long term recovery in the rest of the target areas.

Population group

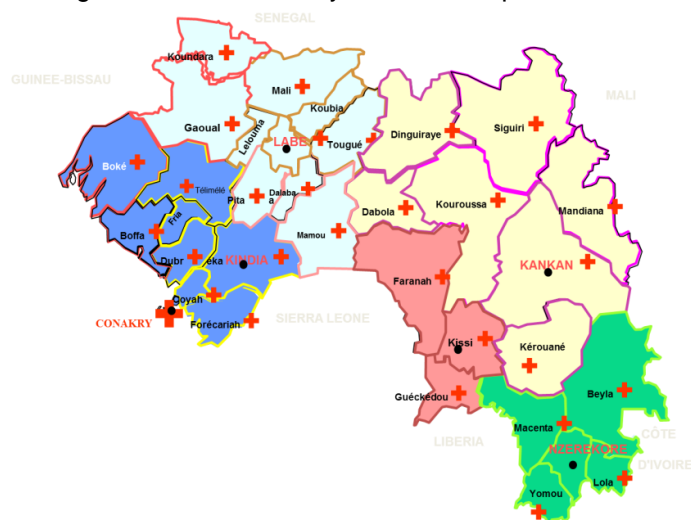
For the preparedness and emergency response activities the target for the appeal remains the entire population of Guinea. However, IFRC GRC will focus ongoing response activities in prefectures where active transmission is likely to occur because of the presence of survivors, as well as other areas based on vulnerability criteria. Recovery health activities will target mainly frontline workers, who are Red Cross volunteers and health staff living in the Ebola affected areas.

Geographic locations

Due to the recent resurgence of Ebola in Nzérékore, this Revised Appeal will be implemented in 11 localities/villages comprising of 1,516 households (or 8,200 inhabitants) scattered on an area of 5 - 10 square Kilometres of Koropare, the sub prefecture in Nzérékore. The rest of the recovery phase will particularly target women and children, as well as people with disabilities focusing on Lower guinea region (8 prefectures: Conakry, Coyah, Kindia, Dubréka, Boke, Fria, Boffa and Forécariah) and the Forest Guinea region in Yamou, Nzérékore, Macenta and Guekédou.

Overview of Host National Society

GRC was established on 23 December 1983, after the Koumbia earthquake (Gaoual prefecture). GRC is comprised of a national headquarters, based in Conakry, with 33 prefectural committees, five communal committees and 202 sub-prefectural committees, all of which are supported by a network of 17,124 volunteers, 8,000 active members and the country-wide network of Rescue Brigades and Community Disaster Response Teams.



Prior to the Ebola outbreak, GRC conducted activities in the following areas: Disaster Management and Risk Reduction, First Aid, health, promotion of humanitarian values and principles, youth and Restoring Family Links (RFL).

EVD response interventions carried out by GRC with the support of IFRC and other Movement partners complement those of the Government and other local and international stakeholders in a multi-sector EVD response mechanism. GRC conducted the following activities in 2015:

- Community sensitization, education and Social Mobilisation
- Active case surveillance and contact tracing
- Case management
- Safe and Dignified Burials and disinfection of houses
- Provision of Psychosocial Support to people affected by Ebola, including Red Cross personnel
- Interagency coordination through the National Ebola Coordination Cell and pillar meetings. GRC and IFRC co-facilitate the Safe and Dignified Burials (SDBs) Pillar with the MoHS, and chair twice-weekly meetings that are attended by representatives from the MoH, MSF, UNICEF and UNMEER.

Red Cross is the only SDB provider in Guinea and the main civil organization providing humanitarian services. GRC plays a key role in the alert warning and the emergency response mechanisms defined by the Government. As a consequence, GRC with the support of the IFRC is in charge of ensuring the continuity of SDB activities in case a suspect Ebola case is detected throughout the country during the heightened period up to 2016. In addition, GRC with the support of IFRC actively participates in the Regional Emergency Response to Epidemics Teams (ERARE) which is in charge of case investigation and isolation of potential Ebola cases. In addition, GRC and IFRC complement the efforts of the Government as part of the National Epidemiological Early detection system put in place by health authorities at community level.

GRC strengthened its credibility during the Ebola operation, and important efforts have been made to improve quality control and accountability. This appeal envisages assessing operational capacities of National Societies with a view to strengthening their main technical departments.

Overview of Red Cross Red Crescent Movement in country

IFRC established a country delegation to support GRC in the implementation of the EVD response operation. From the beginning of the outbreak, significant surge Human Resources were mobilised, providing operational and technical support

A number of Movement partners have been supporting the EVD response, and many have plans to continue their support into the recovery phase. ICRC is present in country, and continues to support GRC technical departments and key positions in local branches with the aim of strengthening capacities to run ongoing humanitarian programs. Danish

Red Cross has a representation in Guinea, and provides bilateral support to a reproductive health program in middle Guinea. French Red Cross has been working in Guinea since March 2014. After a short assessment mission, FRC deployed an Emergency Response Unit (ERU), and have been operating Ebola Treatment Units in Macenta, Kérouané and Forecariah.

Overview of non-RCRC actors in country

From the start of the epidemic, the Government of Guinea coordinated the Ebola response through the Ministry of Health and the National Ebola Coordination Cell. The National Ebola Coordination Cell is comprised of a number of technical units and pillars, with a number of humanitarian organisations participating as members, including: OCHA, WHO, UNICEF, WFP, the French Embassy, the Japanese Embassy, GRC, IFRC, MSF, CDC, USAID/OFDA, EU, African Union/ASEOWA, OOAS, ELU and other international NGOs and members of local civil society.


IFRC/GRC has been active in all pillars during the response phase and the heightened surveillance period until March 2016. Furthermore, IFRC/CRG co-leads the pillar for SDBs and participates actively in the epidemic surveillance and control measures adopted by the Government. IFRC is a full member of the Humanitarian Country Team and the Ebola Strategic committee.

Proposed sectors of intervention



Together with the Federation, Guinea Red Cross is working in close partnership, at the national and prefecture level, to coordinate EVD response activities across main intervention sectors namely surveillance, community engagement and PSS. Major partners for the recovery phase include the Ministry of Health, UNICEF, UNDP, Swedish RC with a consistent commitment for this revised appeal focussing on PSS activities for Ebola survivors and volunteers. All partners operate under the supervision and guidance of the National Coordination Cell. This structure was put in place by the Government of Guinea to ensure a good coordination mechanism between all involved partners across the country. Updates and orientation strategies are discussed through regular weekly meetings organized in Conakry. A specific collaboration agreement has been signed between Guinea RC-IFRC, UNICEF, American Red Cross and British Red Cross.

Guinean Red Cross is being supported by IFRC which provides the necessary technical and logistical support. ICRC, Danish Red Cross, and French Red Cross are also on the ground and are involved in various types of support to the National Society. French RC is particularly involved in case management and transport of patients.

 Health
OUTCOME 1.1 Improved early detection mechanisms of resurgence of Ebola Virus in Guinea through the establishment of community-based monitoring mechanisms, community engagement and Social Mobilization
Output 1.1.1: Strengthened the national system of community-based surveillance that rapidly detect new suspected cases and deaths from Ebola or other epidemics
<ul style="list-style-type: none"> • Training of supervisors in close monitoring and data collection • Organizing bi-weekly meetings for data collection and supervision of volunteers • Organization of joint planning meetings at national and prefecture level for the implementation of the Active Surveillance (said the "SA-Ceint" approach in French) in the belt target areas (Kankan, Kouroussa et Siguiri Prefecture) • Training Ebola cured people (survivors) as monitoring focal points in belt areas • Training Community Agents "CA" on the Active Surveillance approach in border areas • Organization of biweekly meetings with survivors in the surveillance units • Equipment of volunteers /and CA in accordance with the government standards: Bicycles, jacket, T-shirt, bags, boots, waterproof mobile phone, credit, volunteer's manual

<ul style="list-style-type: none"> Monthly joint planning meeting for survivors organised with the Ministry of Health (National and prefectural level) for the CBS strategies and SA-Ceint approach
<ul style="list-style-type: none"> Training of supervisors in close monitoring and data collection
<ul style="list-style-type: none"> Organizing bi-weekly meetings for data collection and supervision of volunteers
<ul style="list-style-type: none"> Organization of joint planning meetings at national and prefecture level for the implementation of the Active Surveillance (said the "SA-Ceint" approach in French) in the belt target areas (Kankan, Kouroussa et Siguiri Prefecture)
<ul style="list-style-type: none"> Training Ebola cured people (survivors) as monitoring focal points in belt areas
<ul style="list-style-type: none"> Training Community Agents "CA" on the Active Surveillance approach in border areas
<ul style="list-style-type: none"> Organization of biweekly meetings with survivors in the surveillance units
<p>Output 1.1.2: Strengthened communities' engagement to adopt hygienic measures and safe management of community deaths to reduce the community risk of transmission of epidemic-prone diseases in Survivors Belt areas through the use of the Biosafety community driven approach (ABC)</p>
<ul style="list-style-type: none"> Mapping and identification of at-risk communities in the prefecture of Nzerekore, Macenta, Gueckedou, Lola Yomou, Conakry, Kindia Boffa, Boké, Forécariah, Coyah and Dubréka
<ul style="list-style-type: none"> Elaboration of a methodological guide for the implementation of risk a reduction strategy through the ABC approach (the Biosecurity Approach piloted by the Community)
<ul style="list-style-type: none"> Development of key messages and prevention tools
<ul style="list-style-type: none"> Identification of key community leaders: Credible and influential people, actors funeral rites (religious, body washers, traditional practitioners, community leaders)
<ul style="list-style-type: none"> Mobilization of community leaders for the promotion of hygiene and good behavioural practices through door to door awareness
<ul style="list-style-type: none"> Advocacy with local authorities for community engagement
<ul style="list-style-type: none"> Identification of key community leaders: reliable and influential persons, funeral rites leaders (religious leaders, body washers, traditional healers, community leaders)
<ul style="list-style-type: none"> Training of Community leader on Hygiene promotion and SBD
<ul style="list-style-type: none"> Pre-positioning of community protection kits
<ul style="list-style-type: none"> Engagement of 200 community actors in achieving SDBs
<ul style="list-style-type: none"> Supervision measures of Infection, Prevention and Control of infections (IPC)
<ul style="list-style-type: none"> Document and disseminate lessons learned from the experience
<ul style="list-style-type: none"> Implementation of WASH infrastructure (latrine blocks in 4 cabins and improved wells) in 50 schools in areas at risk
<ul style="list-style-type: none"> Set up of WASH kits (handwashing facilities, chlorine solution and soaps) in schools at high risk areas
<ul style="list-style-type: none"> Creation of 50 Hygiene teams (teachers and students) in schools in high risk areas
<ul style="list-style-type: none"> Achieving 300 sensitization sessions on hygiene and sanitation in 50 schools in high risk areas
<p>OUTCOME 1. 2 Adequate access to basic health, mental health and psychological support ensured for communities and individuals affected by the EVD in Guinea through rehabilitation of basic infrastructures, community healing dialogue and psychosocial activities</p>
<p>Output 1.2.1: Psychosocial and economical support to frontline workers (volunteers and health staff) and EVD affected population provided</p>
<ul style="list-style-type: none"> Training PSS volunteers in community-based Psychological First Aid, identification and referral procedures of mental disorders (WHO - Mini mhGAP) and the peer psychosocial support peers
<ul style="list-style-type: none"> Deployment of focal points for the supervision of PSS volunteers in the intervention prefectures
<ul style="list-style-type: none"> Organization of therapeutic community dialogue sessions
<ul style="list-style-type: none"> Identification and training of Ebola cured persons for monitoring and training their peers
<ul style="list-style-type: none"> Kits for distribution to survivors (soap and condoms)
<ul style="list-style-type: none"> Organisation of home visits to provide PSS to families affected by the EVD
<ul style="list-style-type: none"> Distribution of tools to PSS volunteers engaged in the operation of the EVD response
<ul style="list-style-type: none"> Production and broadcasting of radio programs in the fight against stigma and discrimination
<ul style="list-style-type: none"> Organizing recreational activities for orphans and other children affected by EVD
<ul style="list-style-type: none"> Production and distribution of awareness materials kits to reduce the EVD related stigma in communities (posters, T-shirts, flyers)
<ul style="list-style-type: none"> Active search, documentation and dissemination of stigma and Discrimination cases against Ebola survivors and volunteers
<p>Output 1.2.2 A better access to basic health care provided through the improvement of health post facilities (software/hardware)</p>
<ul style="list-style-type: none"> In-depth assessment of WASH needs in 16 targeted health centres (communities in Belt Areas (SA-Ceint))
<ul style="list-style-type: none"> Establishment of a minimum WASH packet (water, hygiene, sanitation, hand washing devices, bio-medical waste management system) in health facilities in SA-Ceint unit
<ul style="list-style-type: none"> Supervisory visit for WASH / Prevention and control of epidemics standards in targeted health centres

Output 1.2.3 Access to basic social services for people with disabilities in target communities is improved

- Advocacy with the authorities and community leaders on the rights of persons with disabilities
- Train social workers and the GRC volunteers on Psychological First Aid and Mini MHGAP and PPH (Handicap Production Process)
- Build access ramps for persons with disabilities in schools and health facilities
- Implement income-generating activities for disabled persons

**Disaster Risk Reduction****Outcome 2.1: Strengthened emergency preparedness to better respond to regular epidemic peaks and keep surge capacity to respond to Ebola potential resurgence (Readiness)****Output 2.1.1: Ensured adequate management of Safe and Dignified Burials (SDBs) and swabbing in hotspot areas through the renovation of infrastructures, the training health staff, capitalization of lessons learned, and experience sharing**

- Training / upgrading of SDB volunteers on the collection and use of RDTs in the lower rating and Forest Guinea
- Deployment of volunteers in the field for six months (Phase III management and resurgence)
- Construction / rehabilitation of 13 operational bases in the districts at high risk of epidemic
- Deployment of 38 logistics facilities and SDB materials in intervention areas
- Construction of Guinea RC logistics base in Conakry
- Construction of regional warehouses (1 per natural region)
- Mobilization of mobile radios to support awareness around SDBs during massive campaigns,
- Research on the Perception of the Red Cross by the communities following the aftermath of the EVD response (to support the rehabilitation of the Red Cross image)

Output 2.1.2: GRC sanitation teams are ready to support the Regional Emergency Response Teams (ERARE)

- Training of national GRC sanitation ToTs
- Training / refresher of GRC regional sanitation team teams in 8 regions
- Deploying GRC regional sanitation E teams in 8 regions

Output 2.1.3: Contingency plans are updated and revised annually, with specific focus on cross-border coordination

- Construction and equipment of an emergency operation centre for Guinea RC
- Implement VCA in 9 prefectures at risk of epidemic-prone diseases in Guinea
- Development of regional emergency response plans (SOPs)
- Development of the contingency plan for the management of outbreaks of epidemic disease and resurgence
- Organization of periodic simulation exercises

**Food Security and Livelihoods****OUTCOME 3.1: Agricultural production and Income Generating Activities are re-established****Output 3.1.1: Food-for-work actions provided to target communities (vulnerable populations in high risk prone areas - Forécariah, Nzerekore, Mamou, Kindia, Nzerekore)**

- Food distribution
- Cash transfer for families affected by Ebola
- Distribution of agricultural inputs (seeds, tools, fertilizers) for families affected by Ebola

Output 3.1.2: Livelihood and economic growth is re-established through Income Generating Activities

- Donation of mills grinding machines to community platforms
- Support Income Generating Activities for minor businesses in the communities



National Society Development

OUTCOME 4.1: Strengthened capacities of the National Society at National and Branch level to achieve the assigned objectives in a qualitative way

Output 4.1.1: Improved capacities of Guinea Red Cross for a better response to future epidemics and disasters

- Validation and finalization of national tools and policies (Volunteer, Youth, Communication, Resource Mobilization, Administrative and Financial procedures)
- Regional workshops on the ownership and extension of national policies (Volunteer, Youth, Technology, Resource Mobilization, and Administrative & Financial Procedures)
- Training NS Volunteers on the use of the database management software
- Training of the WASH manager in the area of WASH during emergencies
- Emergency Telecommunication and IT training for IT department personnel
- Training and upgrading of the NS's logistics staff
- Experience sharing and capacity building missions for members of the management team in sister National Societies
- Training volunteers on audio-visual technology
- Volunteers communication training on information kiosks
- Organization of training workshops on Project Management
- Training of volunteers on Cash transfer approach
- Training and equipment on U-report resilience approach
- Elaborate a Cash-Transfer Programming Standard Operating Procedures for GRC

Output 4.1.2: Improved capacities of the National Society on leadership, Humanitarian Diplomacy and good governance

- Organization of a training workshop for governance members of the National Bureau on good governance, HD and leadership
- Organization of 4 training workshops for leaders of local committees (SCRC / CCCR) of NS on good governance, HD and leadership

Output 4.1.3: Improved capacities of the NS for Resources Mobilization

- Organization of a national workshop for development of National Resource Mobilization policy
- Organization of a validation meeting of the Resource Mobilization Policy by the National Bureau
- Development of Resource Mobilization plans
- Organizing workshops on ownership of the mobilization policy of the NS resource
- Organizing a workshop for the 2017 operational plan

Operational support services

Human Resources

In response to the EVD outbreak, IFRC and GRC mobilised significant human resources to support Ebola response activities. GRC has mobilized a large network of 3,567 volunteers who have been trained and who are ready to support the recovery phase. Most of the Red Cross staff functions have now been converted into dedicated Ebola response functions as most of the other programming have been on hold.

Whereas the operation has been employing 31 international staff and more than 200 local staff by the end of 2015, the IFRC country presence is going to scale- down, and the new HR structure will only comprise of a limited number of international staff supported by a few local staff as considerable HR capacities is being progressively transferred to the GRC. The department structure of GRC will therefore be reviewed regularly, to ensure that gaps are filled, qualified local staff recruited and appropriate support is provided to the National Society on long-term basis to achieve the planned results. Rightsizing process is going on and the team will function with limited International delegate and local staff. In case a human resource need arises surge capacity will be mobilised at regional and cluster levels as well as with the Regional Disaster Response Team (RDRT) database.

The future structure will be made of country head with a support services team composed of finance, logistics and security delegates. The programme team under the supervision of the coordinator will encompassed of health, PSS, WASH, PMER, DRR & Resilience delegates. All this international positions will have relevant national and experience officers ready to take over in case of the absence, limited or lack of funding for delegates.

Logistics and supply chain

A robust supply chain has been progressively put in place to support the operation in terms of protective equipment, to secure an uninterrupted supply chain and to effectively support the logistics needs.

With the expectations that the country would be officially declared Ebola free by the end of March 2016, the momentum was increased at the beginning of March to reduce IFRC activities and resources. This led to reduction of the staff to approximately 50%, vehicles by almost two-thirds and 50% of warehouses. This momentum was also aimed at IFRC activities reflecting the reality. The programs have provided projections on anticipated stock needs which now are stocked in the regional warehouses to ensure the continuity of the program during the recovery phase.

Unexpectedly, new Ebola cases were confirmed in the Forest region with Koropara being the epicentre. Consequently, logistics had to rapidly mobilise the remaining resources in support of intervention to contain the situation. For instance, while the fleet had already been reduced to 7 vehicles in the region, they are currently increased to approximately 73 with 4 logisticians present on the ground. However, a decision was taken that downsizing with resources that could not be reversed continues especially those with huge financial and legal implications. How the situation continues will be determined by the efforts now put in place to contain the re-emergence.

With the potential of renewed cases arising and the need to scale up or down it is imperative that a Logistics Coordinator is maintained for the duration of the appeal. In addition to strengthening the logistics capacity of the National Society other responsibilities will include maintaining preparedness stocks of SDB kits, providing support to scale down process of IFRC operations and supporting the National Society to set up warehouse hubs at various agreed locations.

Information technologies

Improved Information and Communications systems have been established in Conakry for the EVD operation, and reinforcement of the current GRC IT system and infrastructure is ongoing. Laptops and internet connectivity is essential to ensure the necessary reporting and communication channels, and this is being provided to operational teams.

Information and Communications Technologies have been a priority, and a full operational IT system is installed. For security and fleet management purposes, the current Guinea Red Cross HF and VHF system is being repaired and additional mobile units and base stations being installed. The IT department will continue to ensure access and availability of IT tools for IFRC-GRC Headquarters and field offices, and the IT infrastructure of 38 local GRC branches will be provided with support in the implementation of activities (even the most remote areas of Guinea).

Communications

GRC, with support from IFRC Regional and Cluster Communications, team, is focusing on raising awareness and sensitising the population about the role of IFRC-GRC teams in the fight against Ebola. IFRC and GRC will continue to organize various campaigns to highlight the situation on the ground and the challenges faced by teams in the field.

A number of communications activities have been conducted to date, including producing facts and figures, key messages, questions and answers, press releases and web stories, as well as launching the *Words Against Ebola Campaign*.

IFRC and GRC communication departments continue to serve as a critical link to maintaining the presence and visibility of the Red Cross EVD operation throughout the recovery phase in media coverage, as well as supporting the National Society in global campaigns and donor relations and field visits.

Security

Guinea has a history of ethnic tension and political and social unrest, all of which have been exacerbated by the Ebola crisis. The capital Conakry has considerable high rates of criminality as well as a heightened risk of civil unrest due to existing socio-economic challenges and widespread public dissatisfaction over e.g. infrastructural and basic services concerns (e.g. electricity and water shortages, high fuel prices). The prevailing challenges have led to disruptive and at times violent protests, which have resulted in a number of deaths. The N'Zérékoré Region in southern Guinea remains volatile, especially due to inter-ethnic tensions and anti-government sentiments, as are pockets of the Kankan Region. To reduce safety and security-related risks to personnel, assets, and operations in Guinea, the IFRC has a security management system in place. The responsibility for adequate safety and security management rests with the Head of Country. The position of a Regional Security Delegate based in Guinea, who currently supports the delegation in security management, comes to an end in June 2016 due to lack of funding. Hence there will be no full-time security professional in country to support the IFRC delegation in security management starting July 2016, which is considered a considerable

vulnerability.

Given the prevailing, complex environment in Guinea, the IFRC will include the following into the plan of action in order to ensure the safety and security of IFRC, GRC staff and volunteers, and integrated PNS's:

- The extension of the Regional Security Delegate position until end of December 2017 to enable adequate security management.
- All RCRC personnel must complete the respective IFRC's Stay Safe online courses.
- Minimum Security Requirement (MSR) compliance must be ensured at all times, including the regular review and update of security and contingency plans.
- Ensure adequate reporting, management, and follow up on security incidents.
- Tracking and monitoring of IFRC and integrated PNS movements in country.
- The provision of emergency support to IFRC and integrated PNS's.
- Security-related liaison and coordination with RCRC partners and other humanitarian aid and development organizations, e.g. UNDSS, UNOCHA, INGOs.
- Continuous monitoring of the operating environment (including politico-security situation), also in view of the upcoming elections in October 2016.
- Capacity building of the NS in security management.

Reporting, monitoring and evaluation

Performance and accountability of the operation will be continuously strengthened through monitoring and reporting systems. Emphasis will be on tightening the tracking of progress on outputs to inform operational planning and decision-making. PMER structures at HQ and Branch levels will be enhanced so that staff and volunteers collect timely and accurate data on operation outputs. The PMER delegate will continue supporting the National Society to effectively use data collection tools and improve data management. IFRC also liaises closely with Movement partners namely UNDP, WHO, UNICEF and CDC and local authorities to triangulate, clean and consolidate data to enable the flow of information and effective operational management.

IFRC reporting policies provide for detailed reporting on emergency operations. Regular Combined Ebola operation updates are issued (now on a monthly basis). A 12-month report will report on progress, similar to the 6-month report already issued. These reports feature detailed financial reporting of expenditure against budgets as well as on funding received. All such reports are made available to partners, other stakeholders and the public online at www.ifrc.org. These appeal-based reports are meant to satisfy all stakeholder requirements and show how pledges are collectively leveraged through multilateral action. Additionally, some donors request pledge-specific reports, which are shared directly with them.

Last but not least, an independent end-term evaluation will be commissioned during the last quarter of 2017 and final Report will be made available by 31 March 2018.



Budget: CHF 38,978,890

See attached IFRC budget for details.

Garry Conille
Under Secretary General
Programmes and Operations Division

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Secretary General

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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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 (NGO's) 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.

EMERGENCY APPEAL BUDGET

15/07/2016

Guinea Ebola Recovery

Budget Group		Multilateral Response	Bilateral Response	Appeal Budget CHF
500	Shelter - Relief	0		0
501	Shelter - Transitional	0		0
502	Construction - Housing	0		0
503	Construction - Facilities	424,280		424,280
505	Construction - Materials	19,743		19,743
510	Clothing & Textiles	375,835		375,835
520	Food	244,250		244,250
523	Seeds & Plants	0		0
530	Water, Sanitation & Hygiene	1,155,308		1,155,308
540	Medical & First Aid	2,645,808		2,645,808
550	Teaching Materials	226,011		226,011
560	Utensils & Tools	58,145		58,145
570	Other Supplies & Services	612,714		612,714
571	Emergency Response Units		180,000	180,000
578	Cash Disbursements	166,187		166,187
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		5,928,281	180,000	6,108,281
580	Land & Buildings	0		0
581	Vehicles Purchase	1,424,160		1,424,160
582	Computer & Telecom Equipment	767,093		767,093
584	Office/Household Furniture & Equipment	160,926		160,926
587	Medical Equipment	0		0
589	Other Machinery & Equipment	9,850		9,850
Total LAND, VEHICLES AND EQUIPMENT		2,362,029	0	2,362,029
590	Storage, Warehousing	38,954		38,954
592	Distribution & Monitoring	2,742,746		2,742,746
593	Transport & Vehicle Costs	7,002,187		7,002,187
594	Logistics Services	0		0
Total LOGISTICS, TRANSPORT AND STORAGE		9,783,887	0	9,783,887
600	International Staff	6,871,947		6,871,947
661	National Staff	1,780,433		1,780,433
662	National Society Staff	1,684,782		1,684,782
667	Volunteers	3,798,047		3,798,047
Total PERSONNEL		14,135,209	0	14,135,209
670	Consultants	67,699		67,699
750	Professional Fees	264,291		264,291
Total CONSULTANTS & PROFESSIONAL FEES		331,990	0	331,990
680	Workshops & Training	1,446,399		1,446,399
Total WORKSHOP & TRAINING		1,446,399	0	1,446,399
700	Travel	702,452		702,452
710	Information & Public Relations	465,844		465,844
730	Office Costs	642,265		642,265
740	Communications	378,996		378,996
760	Financial Charges	8,007		8,007
790	Other General Expenses	24,544		24,544
799	Shared Support Services	220,980		220,980
Total GENERAL EXPENDITURES		2,443,088	0	2,443,088
599	Programme and Supplementary Services Recovery	2,368,007	0	2,368,007
Total INDIRECT COSTS		2,368,007	0	2,368,007
TOTAL BUDGET		38,798,890	180,000	38,978,890
Available Resources				
Multilateral Contributions		35,511,185	180,000	35,691,185
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES		35,511,185	180,000	35,691,185
NET EMERGENCY APPEAL NEEDS		3,287,705	0	3,287,705