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Emergency Appeal Operation Update

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

 International Federation
of Red Cross and Red Crescent Societies

Combined Monthly Ebola Operations Update

N° 36¹

30 August 2016

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

The Ebola disease which started in March 2014 claimed a total of 28,616 lives in Guinea, Liberia and Sierra Leone and also resulted in significant losses. Two years after the largest ever outbreak of Ebola, the affected West African countries are moving towards recovery efforts to rebuild their livelihoods.

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**.

Sierra Leone was severely afflicted by the epidemic along with the neighbouring countries of Guinea and previously Liberia. 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 biggest outbreak of Ebola in human history is over, but a lot of work is still needed in Guinea, Liberia and Sierra Leone for these countries to be able to fully recover. The ultimate goal of post-EVD recovery plans remains 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.

IFRC continues to closely monitor the Ebola response key performance indicators of the phase 3 Ebola response framework. The objectives of these indicators are to interrupt all chains of transmission, prevent new infections, detect timely and respond rapidly.



Macguill Gbessie is a Community Chairman living in Clara Town, Monrovia. He was stigmatizing, abused and accused by people of spreading Ebola virus to them, due to his volunteer work, as a contact tracer during the height of the Ebola outbreak. As Liberia is now free of Ebola, he can interact freely with his family, friends, Ebola survivors and people in his community.
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-and-reports/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.

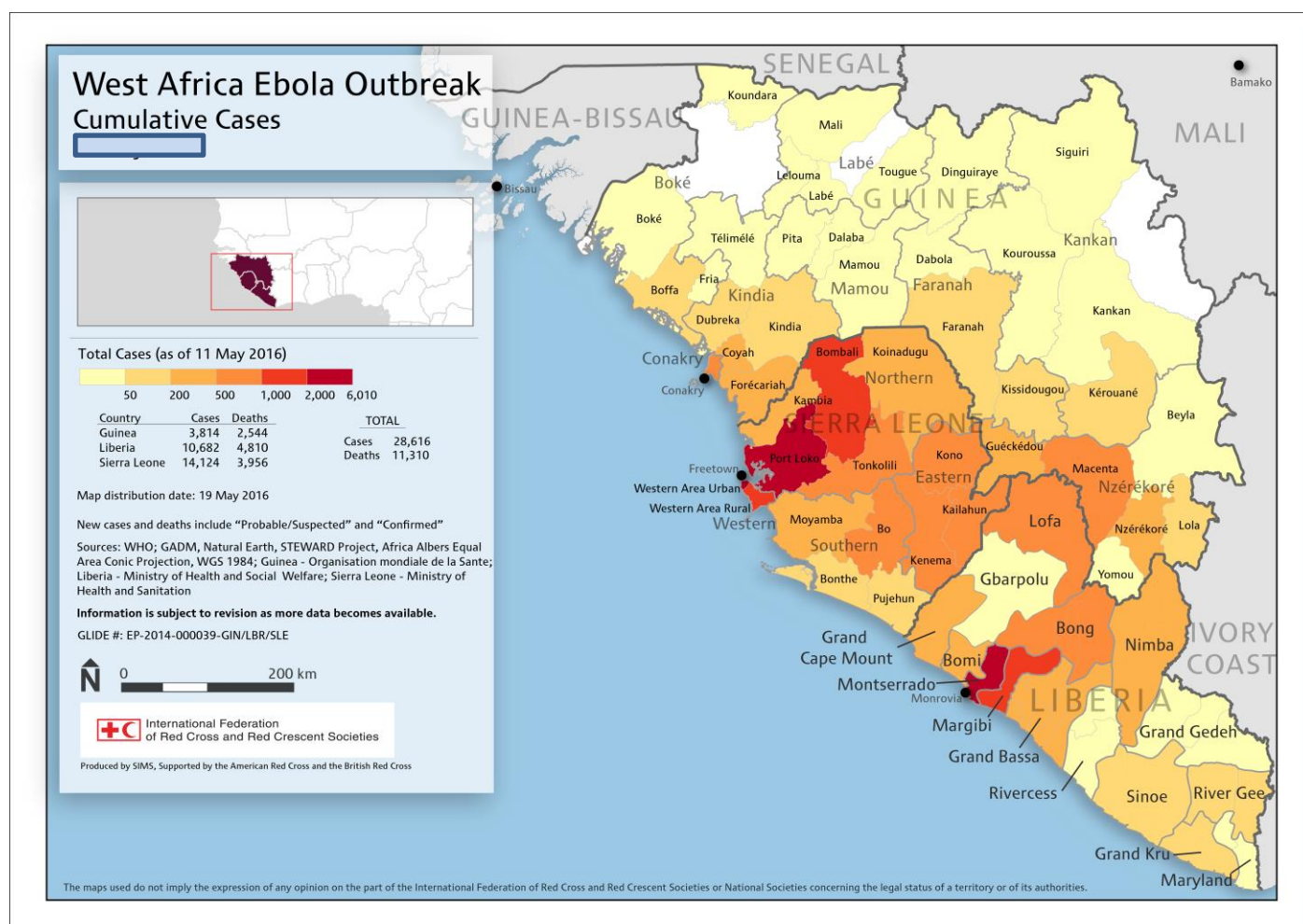
¹ A single combined operations update is produced for the 4 Ebola operations on a monthly basis.

Ebola Emergency Appeals: Summary Update on Resource Mobilization

Appeal	Guinea MDRGN007	Liberia MDRLR001	Sierra Leone MDRSL005	Coordination & Preparedness MDR60002	Total Figures (CHF)
Budget	38.7 million	46.3 million	88.0 million	14.1 million	190.2 million
Income to date	33.5 million	18.3 million	57.6 million	11.1 million	120.4 million
Coverage	86%	40%	65%	80%	64%
Funding gap	5.2 million	28.0 million	30.4 million	3.0 million	66.6 million

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

It took more than two years for the massive Ebola outbreak to end, and some countries are still under heightened surveillance. More than 28,600 people were infected with the virus in West Africa, and many more of them died. 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. In Sierra Leone, new data on Ebola and other relevant epidemics and health impact indicators are being integrated in the previously existing disaster database.



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:

Guinea was declared Ebola free on 31 May 2016 and there has been a stabilization of the epidemiological situation after the recent EVD resurgence in the forest Guinea and the last known case that was declared on April 2016 and discharged from Ebola Treatment Unit (ETU) on 19 April 2016. It has been over 85 days since Guinea entered a 90-day period of heightened surveillance to ensure that any new cases are identified quickly before they can spread to other people. IFRC played a critical role in the surveillance component through the provision of Rapid Diagnostic Tests, Community-based surveillance and the surveillance around survivors (Sa-Ceint).

Current Security Situation:

Calm has been reported in the country despite occasional outbreaks of violence. A political rally and march occurred in the middle of the month despite previous postponements reportedly resulting in the loss of one demonstrator that was hit by stray a bullet.

There is an expectation of increase in petty crimes (such as theft, intrusion in residential dwellings, snatching of personal belonging in the streets, etc.) as the school holidays near the end and people are in need of money to begin preparing for the next return to school phase.

Possible developments: Local elections (municipal) should be held in 2016. No official date is yet to be proposed.

Human Resources:

1. Staff: There are currently
 - 26 National Staff (contracted by IFRC)
 - 7 Delegates (contracted by IFRC)
2. Highlights
 - It is envisaged that there will be a further staff reduction process (12 staff)

- There is ongoing monitoring and finalisation of contracts (health insurance, payment and other taxes) for staff
 - Ranking data and updating the database with HR data
3. Recruitment
- Interviews for the Finance and Administration delegate position have been undertaken. Reference checks are being made to complete the process.
 - Recruitment for the Executive Assistant is ongoing.

Logistics:

- Closure of the IFRC main warehouse and the transfer of all items in the NS warehouse.
- Capacity building of the logistics staff.

A. Social Mobilization and Beneficiary Communication

Highlights

- The Radio Programme is ongoing with weekly broadcasts at Renaissance FM a community radio station.

Future Planning:

- Continuation of radio Programme.

B. Psychosocial Support

Highlights:

- Community dialogue sessions are scheduled to continue.
- During August 2016, a total of 25 Dialogue Therapeutic Community sessions were held in 7 prefectures:
 - Conakry (3),
 - Dubreka (3),
 - Coyah (1),
 - Kindia (6),
 - Guékédou (2),
 - Macenta (3),
 - Nzérékoré (4),
 - Kéréouané (3),

These activities have supported a total of 369 community members psychologically.

Challenges:

- Access to remote field location during the rainy season.

Future Planning:

- Continuation of planned recreational activities for orphans and other children affected by EVD and other diseases.

C. Contact Tracing and Surveillance

Highlight:

No	Préfecture	Type of Surveillance	S1	S2	S3	S4	TOTAL
1	Boké	CBS ¹	43	143	109	111	406
2	Forécariah	CBS	54	3	65	76	198
3	Siguiri	SA-CEINT ²	1	7	6	4	18
4	Kankan	SA-CEINT	5	3	2	7	17
5	Kouroussa	SA-CEINT	0	7	1	1	9
		TOTAL	103	163	183	199	648

1- community based surveillance

2- Surveillance around affected families and communities

Challenges:

- Access to some communities during the rainy season is difficult.

Future Planning:

- Analysis and fundraising for geographic extension of the surveillance activities as requested by the Government of Guinea.

D. Case Management in Red Cross Ebola Treatment Centres – Macenta

No activities were reported during this reporting period.

E. Safe and Dignified Burials, Disinfections of Houses, RDT and Hospital Cleanliness

Highlights:

- 524 samples collected for Rapid Diagnostic Tests in Conakry, Forécariah, Yomou, Kindia, and Lola Guékédou
- 19 volunteers involved in RDT activities.
- Survey in collaboration with CDC on RDT utilization by 58 volunteers.
- 10 localities covered by RDT activities
- Launching of e-collection and destruction of bio-medical waste in Conakry.
- Implementation of response activities to fight against Hepatitis E outbreak.

Challenges:

- Ongoing discussion with CDC on the “body scrubbers” proposal that will cover areas with no activities (Kankan, Faranah, Mamou, Boke).

Future Planning:

- Monitoring of the support project activities to hospitals and medical centres in the collection and destruction of medical waste.
- Monitoring of RDT activities.

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

- Testing of the Guide developed for alert teams and response to epidemics (ERARE)³ was conducted in Conakry on 3 August 2016. The workshop was attended by 13 trainees and 4 representatives from the Ministry of Health mostly from Regional Health Districts (DRS⁴ in French).
- A drill was conducted on 27 August 2016 to verify the capacity of the team to properly intervene.

In perspective:

- Completion of the second version of the Guide that takes into account the observations recorded during the test phase.
- Validation of the Guide by the Ministry of Health and its partners (towards the end August 2016).
- Completion of the first edition of the Guide which will depict comments from the validation meeting.
- Training of people who will be involved in this training supervision from 26 September 26 to 1 October 2016.

Liberia

Recovery Activities

The Health and Beneficiary Communications teams provided support and facilitated the following CBHFA, CEBS and PSS training sessions.

Community Based Health First Aid (CBHFA)

From 7 - 22 July 2016, a total of 256 volunteers and six team leaders were trained on CBHFA in the following three recovery counties.

- Montserrado County: A total of 96 volunteers (70 male and 26 female) and two team leaders participated in the CBHFA training in Monrovia from 7 - 10 July, 2016.
- Bomi County: Training was simultaneously conducted for 96 volunteers and two team leaders (59 male and 37 female) from 19 - 21 July 2016 in the following three locations of Sass Town, Todien and Tubmanburg in Bomi with 32 participants registered per training.
- Grand Cape Mount County: CBHFA training was conducted for 28 volunteers and two team leaders (19 male and 11 female) from 12 -14 July 2016.
- Gbarpolu County: Training was conducted for three days from 12 - 14 July 2016 in Bopolu City for 28 volunteers and two team leaders (22 males and eight female)

Topics included Red Cross knowledge, interpersonal communication and community mobilization, community assessment tools and establishment of an action plan exercises. Practical exercises which included field visits, permitted participants to begin assessment of communities, and use of tools like transect walks, direct observation and community mapping. First Aid practice was an important component of the training. A total of 60 manuals were distributed to communities, (12 per community) to be used by the volunteers during their sessions to enhance participants understanding of topics under discussion.

Community Event Based Surveillance (CEBS)

In Bomi County, training was conducted for 24 volunteers and two team leaders (22 Males and 4 Females) from 22 - 23 July 2016. A combination of case scenarios, role plays, brainstorming and lectures were the main methods used in delivering the training. Volunteers acquired knowledge to enable them to identify

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

³ Expertise France: A French government affiliated organization

⁴ DRS: Direction Régionale de la Santé

and report triggers of these priority diseases and events in the community. CEBS Job Aids were distributed to all participants of the training to enable them identify triggers within the communities that are of public health concern.

Psychosocial support (PSS)

From 15 – 19 July, a total of 54 volunteers; (42 Males and 12 Females) were trained in PSS skills in Gbarpolu, Grand Cape Mount and Montserrado counties. The training was geared towards equipping community volunteers with basic knowledge and skills in PSS in order to identify and support individuals, families, communities' etc., experiencing distress due to crisis. Volunteers were familiarized with crisis events (understanding of crisis events and how to recognize them in the community).

Participants were also trained to understand stress and how people react to it. Basics skills in Psychological First Aid were also thought through adult participatory learning process, role plays, brains storming and presentations. PSS brochures on psychosocial first aid, stress and coping were distributed to be used by the volunteers to identify and support individuals experiencing stress due to crisis.

Disaster Risk Reduction

From 19 to 26 July, registration and selection of beneficiaries for livelihoods assistance was completed. The main objective of the exercise was to identify the number of orphans, widows, survivors, and widowers, the disabled, visually impaired and the elderly in selected communities in Bomi, Gbarpolu, Grand Cape Mount, and Montserrado.

A total of 855 persons will receive gardening tools and seeds specifically while 293 families will receive livelihoods/skills training assistance (tailoring, tie and dye, soap making, cosmetology, food marketing and back yard gardening).

The **Plan of Action** up to September 2016 is ongoing as reported in the last Combined Operations Update.

Sierra Leone

The 2014 Ebola outbreak overburdened the infrastructure in Sierra Leone. The WHO declared the country Ebola-free in March 2016.

SITUATION UPDATE

Alerts detected

During the reporting period, a total of 5,039 alerts were sent by the volunteers, of which 3,476 (69%) are zero alerts which demonstrate the functionality of the system. Sick, death, disaster-related alerts constitute a total of 1,572 alerts, among which 534 (34%) are sick alerts, 149 (9%) are flooding or fire alerts, and 889 (57%) are death alerts. Fifty-three percent (53%) of sick and death alerts detected are from males while 47% are from females, and the majority of alerts are aged more than 5 years old (53%), while 35% age between 1 to 5 years and just 12% age less than 1 year.

In addition, the majority of alerts are from Bonthe district 948 (60%) and Koinadugu which constitutes 624 (40%). There is not much variation in the time distribution of alerts or number of alerts received per month, however, an observation has been made of a slight increase around June which could be mainly due to the rainy season.

Appendix A below provides details of alerts received.

Response Triggered

There was a total of 48% of alerts that were assessed or verified through telephone calls to determine whether there was need for further assessment by the supervisor or advised to seek service at the PHU. Approximately 63% of the alerts were investigated. In addition, the

supervisor and the Chiefdom Health Officer (CHO) paid a visit to the communities where the alerts were received. A total of 27% of all alerts were referred to the district level to be investigated by the DHMT or referred to the hospital. Also, 59% of the death alerts were escalated to the district to be looked at or investigated by the standby Safe and Dignified Burial team. All flooding and fire related alerts have been escalated to the security forces for further investigation and response.


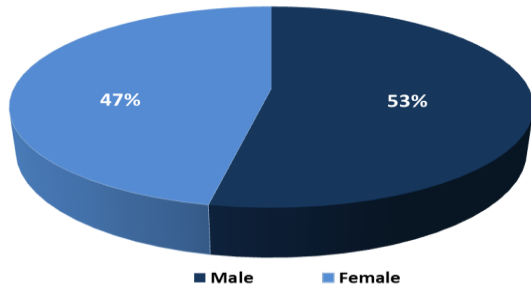


It has been noted that the system helps in detecting many diseases more rapidly than the national surveillance system. For example, in June a number of measles cases were detected in Koinadugu district, and DHMT responded with additional investigation and verification. Eventually a vaccination campaign was undertaken to cover the whole district and many other districts.

Appendix A:

SUMMARY OF CEBS EPIDEMIOLOGICAL DATA

January - August, 2016

Overview of alerts received through Red Cross volunteers in Koinadugu and Bonthe districts

Types of Alerts in Received from Koinadugu & Bonthe Districts		Proportion Distribution Alerts by Gender	
% of Sick Alerts		 <p>■ Male ■ Female</p>	
% of Death Alerts			
% of Flood & Fire Alerts			
Total # of Alerts Received	5039		
Total # of Zero alerts	3467		

Summarized Data for Alerts Received through Magpi System (update on August 29, 2016)

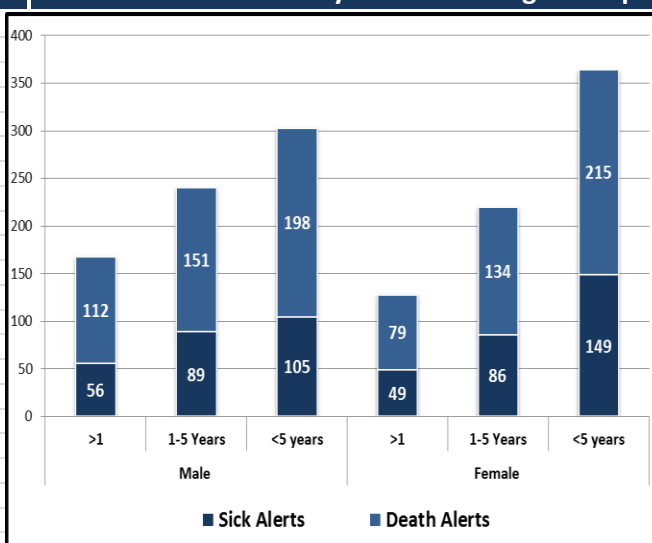
Type of Alerts	Type of Received, Type of Response, % of Alerts Escalated						SUMMARY of Responses to ALL Alerts	
	District		Response **			% Alerts Escalated		
	Koinadugu	Bonthe	Phone Call Assessment	Field visit	Referred			
Sick Alerts	Acute Watery Diarrhea	69	95	125	112	99	45%	% of Death Alerts Escalated 59%
	Measles	95	126	189	204	84	69%	
	Viral haemorrhagic fever(VHF)	63	86	69	84	96	75%	
	Total	227	307	383	400	279	-	
DM Alerts	Flood	12	17	0	12	29	100%	% of Phone Call Verification & Assessment of Sick alerts 48%
	Fire	57	63	19	40	120	100%	
	Total	69	80	19	52	149	-	
Death Alerts	Community Death	328	561	356	533	0	59%	Field visit for Sick alerts 63%
	Total Alerts	624	948	758	985	428	-	
							Referral to PHU 27%	

** Most of alerts get more than one type of response

Proportion of Sick, Death, and Escalated Alerts per Month



Death and Sick alerts by Gender and Age Groups



* Data used to produce this chart is not include the Flooding and Fire alerts

Regional Coordination and Preparedness

A 2-day Freetown Meeting of the Ebola-Affected Countries National Societies was held to share experiences and learning from the Ebola response, to identify opportunities for greater NS collaboration, that will enhance their collective impact on the lives of vulnerable people.

Meeting objectives included: Reviewing changes in the external operating environment, analysing the impact of the Ebola outbreak and response on the three NSs, sharing priorities for the recovery phase and for re-establishing core programmes, better understanding the priorities of the NSs in the field of resilience building through an innovative, needs oriented, capacity building approach and exploring opportunities for collaborative working between the NSs.

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	British Red Cross	Danish Red Cross
Danish Red Cross	Danish Red Cross	Canadian Red Cross	French Red Cross
Spanish Red Cross	German Red Cross	Finnish Red Cross	Iranian Red Cross
	Spanish Red Cross	Iranian Red Cross	Netherlands Red Cross
		Norwegian 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.

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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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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

EBOLA

At a glance

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	11,872,849	84%	2,186,038	11,872,849		9,133,862	2,738,987		65%
MDRGN007	Guinea - Ebola Virus Disease	26-Mar-14	31-Dec-16	38,798,890	36,549,440	94%	2,249,450	36,545,568	0	34,739,699	1,805,869	238,842	90%
MDRLR001	Liberia - Ebola Virus Disease	09-Apr-14	31-Dec-17	46,253,362	22,122,590	48%	24,130,772	22,071,620	0	19,164,274	2,907,346		41%
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	60,616,631	69%	27,477,229	60,538,236	0	51,461,975	9,076,260	87,992	58%
MDRSN010	Senegal - Ebola Virus Disease	08-Sep-14	31-Jul-15	1,380,962	182,266	13%	1,198,696	182,266	253515	428,844	6,937		31%
TOTAL EMERGENCY APPEALS				190,205,405	131,967,291	69%	58,238,114	131,834,054	253,515	115,552,170	16,535,399	326,833	61%

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	84,481.76	84,482	0		84%
MDR64007	East Africa - Ebola Preparedness	10-Feb-15	15-Oct-15	181,050	181,050	N/A	0	181,050		142,508	38,542		79%
MDR80001	MENA ZONE - Ebola Preparedness	05-Feb-15	05-May-15	119,324	84,737	N/A	0	84,737		84,737	0		71%
MDRBJ014	Benin - Ebola Virus Disease	27-Aug-14	27-Nov-14	50,204	0	N/A	0	0	35,250.41	35,250	0		70%
MDRCF018	Central African Rep - Ebola Virus Di	29-Aug-14	29-Dec-14	48,697	0	N/A	0	0	33,725.67	33,726	0		69%
MDRCI006	Côte d'Ivoire - Ebola Preparedness	18-Apr-14	18-Jul-14	60,950	0	N/A	0	0	59,919.04	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		337,453	22,547		94%
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	34,980.87	34,981	0		70%
MDRET014	Ethiopia - Ebola Virus Preparedness	29-Oct-14	29-Mar-15	46,641	0	N/A	0	0	39,218.26	39,218	0		84%
MDRGM009	Gambia - Ebola Virus Disease Prepare	15-Sep-14	30-Jan-15	46,856	0	N/A	0	0	39,712.49	39,712	0		85%
MDRGW002	Guinea Bissau - Ebola Virus Prepared	08-Oct-14	08-Jan-15	49,168	0	N/A	0	0	39,436.54	39,437	0		80%
MDRKE031	Kenya - Ebola Virus Disease Prepared	23-Sep-14	23-Dec-14	59,127	0	N/A	0	0	36,347.38	36,347	0		61%
MDRML010	Mali - Ebola Preparedness	18-Apr-14	31-Aug-14	57,715	0	N/A	0	0	50,131.66	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	53,627.34	53,627	0		98%
MDRTD013	Chad - Ebola Virus Disease Preparedn	12-Sep-14	12-Dec-14	54,766	0	N/A	0	0	22,923.93	22,924	0		42%
MDRTG005	Togo - Ebola Virus Disease	27-Aug-14	27-Nov-14	49,530	0	N/A	0	0	38,127.35	38,127	0		77%
TOTAL DREF OPERATIONS				1,516,415	746,017	N/A	0	746,017	567,883	1,252,811	61,089		84%

	MDR60002	MDRGN007	MDRLR001	MDRNG017	MDRSL005	MDRSN010	Total
	Africa reg. office	Guinea	Liberia	Nigeria	Sierra Leone	Senegal	CHF
BUDGET	14,058,887	38,798,890	46,253,362	1,619,444	88,093,860	1,380,962	190,205,405
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%	86%	40%	39%	65%	13%	64%

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