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# Emergency Plan of Action Final Report

## Africa: Ebola Coordination and Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal:</b> MDR60002	<b>Glide n°:</b> EP-2014-000039-SLE / LBR / GIN / SEN/ NGA
<b>Date of Issue:</b> 30 September 2017	
<b>Date of launch:</b> 20 August 2014	
<b>Operation start date:</b> 19 <sup>th</sup> August 2014	<b>Operation end date:</b> 31 March 2017
<b>Host National Society(ies):</b> This final report focuses on the achievements made during the entire EVD response operation and the recovery support provided to the seriously affected countries (Guinea Conakry, Liberia, and Sierra).	<b>Operation budget:</b> 14,058,887 Swiss francs
<b>Number of people affected:</b> 34 million people	<b>Number of people assisted:</b> 15,960,000
<b>N° of National Societies involved in the operation:</b> Austrian Red Cross, American Red Cross, Belgian Red Cross, Botswana Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Iranian Red Cross, Norwegian Red Cross, Spanish Red Cross	
<b>N° of other partner organizations involved in the operation:</b> Médecins Sans Frontiers, World Health Organization, UNICEF, Centres for Disease Control (CDC), Johns Hopkins University	

This is a Final report shared to all donors who have supported the Ebola Coordination and Preparedness. This final report will show what the appeal cost covered and indicate what interventions were implemented under long-term and recovery aspects of the Ebola operation.

## A. Situation analysis

### Description of the disaster

From the time of the confirmation of the initial cases of the current West Africa Ebola outbreak in Guinea in March 2014, the International Red Cross and Red Crescent Movement, comprising National Red Cross Red Crescent Societies, the IFRC Secretariat and the International Committee of the Red Cross have been an essential part of the extensive global effort mobilized to stop the epidemic. National Societies in affected countries assumed a lead role, complementing their national health systems. Immediately the outbreak was confirmed, IFRC organized its resources to provide coordinated operational support National Societies.

The unprecedented spread of the Ebola Virus Disease (EVD) in West Africa has resulted in one of the most challenging public health disasters in recent times. The International Red Cross and Red Crescent Movement is part of the extensive global effort mobilized to contain the epidemic in solidarity with the affected countries and the international community.



Practical session during a training of body washers in Nzerekore.

With more than 10,000 Red Cross volunteers trained in Guinea, Liberia and Sierra Leone, supported by the Red Cross Red Crescents network of 189 National Societies worldwide, the Red Cross Red Crescent Movement uniquely played a critical role in responding to the outbreak while fostering preparedness in at-risk countries. The management and supervision of

the EVD operation shifted to Countries under the supervision and support of technical department at the Africa Region office after the exit of the Ebola Regional Coordination Unit. The overall EVD operation responsibility of the appeal was transferred to respective country Representative under the supervision of the Health Coordinator at Africa Region Office.

**Table 1.1:** Budget income and Appeal Coverage for Ebola Operations

	<b>Appeal Guinea MDRGN007</b>	<b>Appeal Liberia MDRLR001</b>	<b>Appeal Sierra Leone MDRSL005</b>	<b>Appeal Coordination &amp; Preparedness MDR60002</b>	<b>Total Figures (CHF)</b>
<b>Budget</b>	38,798,890	22,155,410	61,964,116	14,058,887	139,977,709
<b>Income</b>	36,525,125	21,666,647	58,438,436	11,957,639	129,393,629
<b>Coverage</b>	94%	98%	94%	85%	92%

The 10 Country European Union funded Beneficiary Communication and Social Mobilization project continued until October 2016. The responsibility of overseeing this project was transferred to the Africa Region Office after the exit of the Ebola Coordination Unit. The main objective of the project was to reduce the threat of an outbreak of Ebola and other prevalent epidemic threats and infectious diseases in the surrounding countries (of the mainly affected countries of Liberia, Sierra Leone and Guinea) by addressing at risk groups and risk-related behaviors among the population of the ten target countries. The aim was to strengthen prevention and control the spread of the most prevalent infectious diseases by increasing knowledge on the causes, symptoms and modes of transmission and promoting healthy behaviors as well as the early detection of infectious diseases. The Africa Region Office also maintained PMER capacity in Nairobi and Dakar to support updates on the Country level appeals and the Regional Beneficiary Communications project for West Africa.

Activities in the 10 country EU Beneficiary Communications project were concluded in October 2016. As per the project agreement, final narrative reports from the National Societies implementing the project was received in January 2017.

The financial reports for the Beneficiary communications project required additional review before being finalized. Furthermore, a consultant was recruited to finalize a synthesis document which is a compilation of various Ebola reports, evaluations and studies for reference purpose. Because of these reasons, a three-month no cost project extension was requested to ensure proper closure of P60018-MDR60002 that led to the new end-date is 31 March 2017.

## Summary of response

### Overview of Host National Society

The IFRC Ebola response framework, outlining the strategy for Ebola response and preparedness guided the IFRC response in supporting affected National Societies. The framework was developed as a 'living' document, amenable to regular revisions with the last version published on 27 October 2015. From the onset of the outbreak, the IFRC and its National Red Cross Societies were among the major operational actors. The IFRC supported the reinforcement of community outreach of the National Red Cross Societies with Social Mobilization, community engagement, hygiene promotion and Ebola prevention measures, tracing of contact cases, safe and dignified burial (SDB) of the deceased and case management in Sierra Leone.

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.

Many Partner National Societies who have bilateral long-term commitments support to National Societies were involved in preparedness activities.

### Partner National Societies' bilateral contributions in Africa

<b>Guinea</b>	<b>Liberia</b>	<b>Sierra Leone</b>	<b>Surrounding countries</b>
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  
Norwegian Red Cross  
Spanish Red CrossNetherlands Red Cross  
Spanish Red Cross  
Swiss Red Cross

Six emergency appeals were launched to respond to and combat EVD outbreaks in Guinea, Liberia, Sierra Leone, Nigeria and Senegal. Coordination and technical support were provided at the regional level through the Ebola Coordination Unit which was based in Accra Ghana.

Smaller preparedness and response operations were financed by the IFRC Disaster Response Emergency Fund (DREF) in 11 countries (*Guinea Bissau, Central Africa Republic, Ethiopia, Chad, Democratic Republic of Congo, Cameroun, Gambia, Benin, Senegal, Kenya. And Togo*) In total, 16 countries in Africa launched emergency operations relating to this outbreak.

### **Overview of Red Cross Red Crescent Movement in country**

IFRC coordinated regularly with other humanitarian agencies and organisations involved in the global response to the Ebola outbreak, including UNOCHA, WHO, WFP, UNICEF, MSF, and CDC.

### **Needs analysis and scenario planning**

The Emergency Appeals in Guinea and Liberia ended in December 2016 and the final reports have been issued. The Sierra Leone Appeal has been extended to June 2018. The Sierra Leone appeal revision is consolidating on the outcomes achieved in the emergency in the emergency operation in the areas of Disaster Risk Reduction, Livelihood, Health, WASH and National Society capacity building. In this light, the revised appeal will focus on supporting transition to activities related to building resilient communities.

The IFRC Ebola Global coordination and preparedness appeal, enabled the IFRC to provide strategic guidance at the global regional and Country levels to National Societies to reach a total of over 15 million people. Key components of the strategic support included participation in relevant interagency coordination forum like the United Nations Mission on Ebola Response (UNMEER) meetings and other high level ministerial and diplomatic engagement at the regional and Global levels. IFRC's participation in these meetings ensured that National societies received the most updated guidance on response and preparedness strategies adapted to the changing context of the Ebola Response.

Given the uniqueness of the West Africa Ebola outbreak in terms of socioeconomic and epidemiological dynamics which differed and contrasted from other outbreaks, lessons learnt workshops, documentations, research and studies were commissioned through the Ebola Coordination and Preparedness appeal.

The EVD outbreak claimed a total of 28,616 lives in Guinea, Liberia and Sierra Leone resulting in significant socioeconomic losses. Over three years after this largest ever outbreak, the affected West African countries have moved towards recovery efforts to rebuild their livelihoods.

### **Risk Analysis**

The Wes Africa Ebola outbreak carried several risks namely; the risk of the further spread of the disease, either in one of the countries that were affected or in a new country as it happened in the case of Nigeria, Mali, Senegal Spain and the United States. The spread to the Countries followed the best-case scenario that was anticipated, and the cases were managed and contained within a few weeks.

There was also the risk that Red Cross Red Crescent staff or volunteers becoming infected and dying of EVD in the course of their work. The negative implication this could have on the overall IFRC response could result in poor outcomes. Therefore, the IFRC ensured relevant support were provided to staff, volunteers and their families. A staff and volunteers health procedure were set up to include pre-deployment training, Briefing and information packages, MEDIVAC planning and procedure and care, contingency plans and effective volunteer management.

In addition, a self-insurance fund was established at Country level to complement IFRC standard insurance this self-insurance funds guaranteed that the Ebola related risks of the Red Cross Volunteers were mitigated.

## B. Operational strategy and plan

### Needs assessment and beneficiary selection

The Ebola Global Coordination and Preparedness Appeal was essential to facilitate overall coordination, strategic guidance, and technical support to EVD operations in Guinea, Liberia and Sierra Leone, depending on the evolution of the situation on the ground.

With the Declaration of the end of the epidemic in the three most affected Countries, the NS of Liberia, Sierra Leone and Guinea have moved on to long term development plans with the objective of supporting communities and individuals to build resilience. The capacities and experience acquired during this operation will be useful in managing future response to similar outbreaks across Africa and Globally. In the 2017 Ebola Outbreak in the Likati province of DRC, materials and resources acquired during the West Africa Ebola outbreak were put to use.

At a global level, the appeal has enabled IFRC to enhance knowledge generation and documentation of the Red Cross Red Crescent Movement EVD response for future reference and lesson learning.

### Operational strategy

The IFRC response was guided by the Ebola Strategic Framework, which has been organised around five outcomes:

- The epidemic is stopped
- National Societies have better Ebola preparedness and stronger long-term capacities
- IFRC operations are well coordinated
- Safe and Dignified Burials (SDB) are effectively carried out by all actors
- Recovery of community life and livelihoods

Like other humanitarian actors, IFRC followed the WHO standard recommended public health actions for stopping the Ebola outbreak, characterized as the five pillars of the IFRC Ebola response:

- i. Beneficiary Communication and Social Mobilization;
- ii. Contact Tracing and Surveillance;
- iii. Psycho-Social Support;
- iv. Case Management; and
- v. Safe and Dignified Burials (SDBs) and Disinfection.

### Overall Objective

The Ebola coordination and preparedness appeal provided the appropriate support and resources to effectively and efficiently manage the response to the disease beyond the country level, providing in the first instance a regional overview, coordination, wider communication and enhanced preparedness for the wider Africa context and globally.

### Proposed strategy

The Ebola Coordination and Preparedness Appeal focused on strategies of response and recovery, leadership, coordination and support, primarily by ensuring effective, dedicated coordination and technical support. Specifically, the appeal was able to:

- Facilitate the smooth transition and management of the EVD operation management following the closure of Geneva-based Global Ebola Coordination and Support Unit (ECSU) and the Ebola Management Unit (EMU) in Accra.
- Ensure that the revised Ebola Strategic Framework and the recovery plans in Guinea, Liberia and Sierra Leone are aligned with regional institutional policies and frameworks, including but not limited to those of Economic Community of West African States (ECOWAS), the Mano River Union, and the Comité Inter-Etat pour la Lutte contre la Sécheresse au Sahel (CILLS).
- Contribute to EVD-specific regional coordination mechanisms, advocating for harmonised efforts to address immediate and longer-term community needs in the response and recovery phases.
- Conduct in-depth research and evaluative activities to build the EVD evidence-base and facilitate institutional learning from successes and failures in the West Africa EVD preparedness and response operations, including lessons learned and recommended actions for the future.
- Utilise knowledge generated through research and evaluative activities to develop and revise tools and training, Standard Operating Procedures (SOPs) and other guidelines and to enable National Societies to provide greater support to volunteers working in health emergencies.
- Contribute to a review of IFRC/Movement emergency health programming, tools and mechanisms, in collaboration with partners and other stakeholders.

- Strengthen epidemic preparedness and response capacities in West Africa through a preparedness project that enhances community engagement and social mobilization, using a beneficiary communications approach and drawing from findings and recommendations of the lesson learned workshop on strengthening community engagement.
- Enhance Community Event Based Surveillance (CEBS) to detect early EVD potential re-emergence and keep appropriate operational response capacity for early response.

### **Operational support services**

The emergency appeal focused on improving the support, resourcing for coordination and preparedness hence the strong focus on the operational support services for the response.

### **Human resources (HR)**

National Society staff and volunteers are the key human resources to spread information on Ebola, to carry out training, to deliver appropriate assistance and equipment, and to ensure advocacy measures reach the key actors of their respective countries.

### **Logistics and supply chain**

Logistics teams were deployed to support existing operations and the concerned NSs and have been providing technical support and advice, implementing IFRC logistics procedures and contributing to the enhancement of the logistics structure, systems and capacities on the ground. These included warehouse management, fleet management and local procurement. The teams on the ground continued working in close collaboration with GLS offices (in Geneva, Dubai and Nairobi) to ensure the best sourcing strategy is used to provide supplies, including medical equipment and other equipment and vehicles. The Africa Region Logistics Unit continued to provide technical validation of procurement processes according to the established rules and regulations. The Coordination and Preparedness appeal allocated a large part of the logistics budget toward National Societies' vehicle rental programmes and transportation fees, including for rental of boats and purchase of cars and motorbikes, as well as their associated insurance. This was mainly to enable community engagement and social mobilisation preparedness activities.

### **Information technologies (IT)**

Support for appropriate communications technology is an important part of the regional coordination and enhanced reporting and communications. The Coordination and Preparedness appeal included support for communications equipment (satellite telephones) that supported the teams on the ground at country level communicate more effectively with the Ebola management unit and also with the wider group of stakeholders.

### **Communications**

Communication was a key element in the response and was an important part of the regional and global support structure/approach. In addition to the support for beneficiary communications outlined in the appeal and the need to move towards a more structured and targeted approach to reach key community change agents and influencers, there was also the need to strengthen Red Cross Red Crescent positioning, communications with external actors, including media, partner organizations and governments/authorities. Based on this, the focal teams at regional, and global level ensured full support for communications and advocacy through the media, web and social media. The existing IFRC teams also ensured the widest possible reach in terms of sub regional, regional and global representation of key Ebola messages and advocacy to the diplomatic and wider community. At country level, the in-country communications delegates acted as the focal point for any media requests regarding the Ebola outbreak.

### **Security**

The specific risks in each country of operation varies. As such, all specific threats were assessed based on the context. The Regional Security Delegate and the Security Unit in Geneva continued to work closely with cluster and country managers and support teams to be able to support the country / regional teams to respond appropriately as the situation evolved.

Volunteer insurance covering possible Ebola contamination was arranged as an IFRC self-insurance mechanism managed at country level, but with a coordination function at the Ebola management unit level to maintain consistency. The Volunteer Security Booklet – "Volunteer Stay Safe" in English, French, Spanish, Arabic and Russian were sent to the Regional Office to ensure that all volunteers involved in the operation had access to the document to raise their safety and security awareness. The Africa Security Delegate and the Security Unit in Geneva continued to work closely with in-country Operations Managers and support team in Geneva to monitor and support the operations on security related matters.

## Planning, monitoring, evaluation, & reporting (PMER)

The objectives and activities in the revised regional emergency appeal were monitored by IFRC Region and Geneva management, to ensure that the additional support and human resources are effectively used to support an enhanced response to the Ebola outbreak. This included regular monitoring visits from technical and management staff from both the Region and Geneva, which picked and adapted any needed changes in the plan or Human Resource structure. In addition, regular Operations Updates were posted on the regional response and on any other countries affected by outbreak of the disease and in conjunction with information management specialists (e.g. SIMS) additional infographics and maps were provided to report on the response in the region and beyond. Both during and at the end of the response, lessons learnt workshops were held – both at local community / country level and on a larger scale at a regional / global level – to ensure that IFRC learn and share both technical health and operational management lessons from this response and from the management approach outlined in this appeal.

## C. DETAILED OPERATIONAL PLAN

IFRC country operations continued to be guided by a coordinated regional approach and strategy that were updated according to the evolving situation. The revised EPOA linked to the revised appeal ensured that the National Societies were provided with all necessary technical support to maintain levels of preparedness, transition to recovery and respond again if necessary.

Coordination and partnership functions were maintained to ensure shared knowledge and capacities in this key area. Along with this, enhanced learning including evaluation and research, were undertaken to better capture and share important learning from the Red Cross Red Crescent experience of the EVD outbreak. Collaboration with external partners (e.g. CDC, WHO, MSF, etc.) continued to be an important dimension in with regards to learning and research. The IFRC's Ebola operations were integrated more and more closely into existing IFRC Africa Regional programmes and structures. Accordingly, the regional and global EVD operation structures, located in Accra and Geneva, were closed as the outbreak situation improved.

## Response and recovery leadership, coordination and support

### Outcome 1: Effective, dedicated coordination and technical support provided in effort to combat Ebola

#### Output 1.1 Establishment of IFRC Africa Ebola management, coordination and support structures

- Ensure that managers and staff are in place to ensure smooth transition to recovery including PMER, RM, Finance, Communication
- Engagement with inter-governmental bodies to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination

#### Output 1.2 Early recovery and recovery programming at country level is informed and guided by cross-border multi-country assessment of longer-term effects of the epidemic

Update the Ebola operational strategy to include a recovery focus and develop recovery plan of action for relevant follow up support

- Early recovery assessment in affected areas, focused on livelihoods and health recovery needs (e.g. including market assessments) and follow up support and resources provided to communities through plans of actions under relevant country appeals
- Joint assessment for recovery operational plan considering the cross-border characteristics of livelihood production systems (for example production in Liberia and the market in Sierra Leone, similar for the seeds market, road network).
- Cross-border coordination platform for informed recovery programme and risk /epidemic alerts and response at bordering district at branch level.
- Cross-border programme for the rational use of resources for recovery planning, DRM, health and Watsan, and logistics
- Organize two partnership meetings to share IFRC experience, position the RCRC Movement and improve the visibility of NS, IFRC and the Movement overall (timing to be confirmed)

#### Output 1.3: Provision of technical support to country EVD operations to ensure alignment with regional strategies and policies

- Develop Community Event Based Surveillance and EWS to ensure early detection and early response of potential EVD case and shift progressively to other epidemics and natural hazards
- Contribute to regional coordination mechanism and ensure attention and funding are given to vulnerable groups through risk reduction, livelihood and community health programme.

- Improved dialogue with ECOWAS, Mano River Union and AU on coordinated support to vulnerable groups through appropriate contribution of national RCRC volunteers' network.
- Ensure quality service delivery and IFRC standard respected

**Output 1.4: Provision of coordination and technical support for effective cross-border preparedness and response activities**

- Coordinated Assessments, surveillance, PSS and Recovery programme from both side of the border.
- Rational use of logistic bases and fleet according to road network and resource availability including cross border approach.

**Output 1.5: Knowledge is shared across the Movement and utilized to improve IFRC emergency programming**

- Documentation of SOP, tools & development of guidelines: SDB/IPC, Community engagement, CEBS, data, video & publication
- Recruit consultant to document the field experience, including support to volunteers working in protracted health crises
- Organize workshops to review the consultant findings and adopt conclusions (Health, DM (ERUs), Logistic, PMER, Social Mobilization, IPC, Case Management, Contract Tracing and support to volunteer management)
- Lessons learnt workshops – CEBS, biosafety, PSS and SDBs

**Output 1.6: Cross-border activities, Guinea Bissau**

- Water & sanitation - CPCR Boke

**Output 1.7: Phase 3 study on mental health and Psycho-Social well-being of staff and volunteers involved in the Ebola Virus Disease operation in West Africa**

- Consultancy
- Research focal points
- Travels, per diem and accommodation
- Translation, recording and license

**Output 1.8: Develop communications and anti - stigma activities and roll them out in the context of each country**

- Develop audio-visual material to be adapted locally (for utilization in radio and TV programmes) to disseminate amongst the NSs, partners and external organizations as part of anti-stigma activities
- Support round table discussions in affected countries with the major stakeholders
- Engage with inter-governmental bodies to provide regional zonal frameworks to facilitate information exchange and coordination

**Output 1.9: Establishment of Global Movement Ebola management coordination structures**

- International staff salaries
- Consultants
- Workshop and training
- Communications
- Information and public relations
- Travel

**Achievements**

**Output 1.1**

From the beginning of the response to the Ebola Outbreak in West Africa, the IFRC was able to facilitate the deployment of the following Human Resource to Support The operation: RDRT; ERU; and staff.

**Output 1.2**

The cross-border component of the response in Guinea, Liberia and Sierra Leone were supported through establishing of community Events Based Surveillance and the creation of the Community Epidemic Response teams (CERT) in Liberia and Sierra Leone.

**Output 1.3**

Community Events Based surveillance was developed and the three most affected Countries and the National Societies were able to provide the needed support to the ministries of health for early detection and referral of suspected cases of Ebola.

**Output 1.4**

The NSs of Guinea, Liberia and Sierra Leone were able to establish community structures like the Community Based action teams in Guinea which focused on activities aiming at building community resilience. The capacities of these teams were built to enable them carry out identification of risks and hazards vulnerability assessment and Community engagement.

**Output 1.5**

The IFRC Africa Region Office supported the finalization of a few documents related to the Ebola outbreak as follows:

Funeral Rites Report in Guinea

- Psychosocial Support
- Post-traumatic stress disorder
- Safe and Dignified Burials
- Community Engagement Report
- Ebola Lesson Learnt.
- Ebola Synthesis document

Some of the documents have been translated to French and disseminated to broad range of stakeholders.

**Output 1.7**

The study findings indicated that issues related to mental wellbeing of staff and volunteers can be *improved* and managed by addressing organizational and structural issues, as well as reviewing volunteer management strategies, and providing specific PSS and mental health support to those at risk or already reporting symptoms.

**Output 1.8**

The Re skilling and reintegration Programme for the SDB volunteers in Sierra Leone in sierra Leone made modest achievement. The Programme was able to build capacities of 405 volunteers in business development skills, vocational skills, continuing education and career development.

**Output 1.9**

A total of 119 delegates, 68 ERUs, 222 ETC ERUs, 16 FACTs, 4 HEOPs, 12 RDRTs were deployed in the operations. The global Ebola Coordination cell comprised of the following: The global coordination cell engaged in global dialogue and collaboration on the EVD response.

The regional Ebola Coordination Unit comprised of the following:

- A Head of Ebola Operation
- A deputy Had of Ebola Operation

**Challenges**

The unpredictability of the Ebola outbreak and the lack of knowledge about management of this sort of outbreak was a major challenge at all levels. The Ebola operation demanded high level logistics and human resource capacity (e.g. Procurement of SDB materials and equipment in Guinea or the setting up Ebola treatment centres in Sierra Leone).

Continuous improvement of protocols and training on Ebola responses for National Society staff and volunteers was necessary, while finding adequate human resources profiles and proficient volunteer management was difficult.

Recruitment was very challenging because of the fear and stigma attached to the Ebola virus disease, language barriers, and travel advisories constraining access to the affected countries.

Staff turnover, sometimes due to poaching of Red Cross staff and volunteers by other agencies, increased the burden on recruitment, orientation and training. Trauma among posted staff, as well as misinformation about the disease, presented challenges to HR management.

**Lessons Learned**

The Lessons learnt from the Community Based surveillance in the Ebola affected Country has contributed to knowledge and also the development of a global guiding document on CBS.

- i. Establish a high-level management cell or working group at the global level at the onset of the outbreak and ensure that the right people are placed at each level of coordination and given appropriate decision-making authority.

- ii. Setting up a steering committee comprising NS, PNS and IFRC leadership to provide oversight function in large scale emergencies
- iii. Ensure strong involvement of communication staff with UN agencies to recognize the value of partnering with the Red Cross.

#### Communication lessons

- i. Continue and improve the use of innovative tools which have proved effective (mobile radio, snapshots).
- ii. Develop protocols and guidelines for:
  - Inter-agency coordination of messaging
  - Integration of beneficiary communications in all programmes
  - Establishing and designing messages
  - Establishing messages dissemination protocols
- iii. Support and invest in human resources for communication with external partners
- iv. Establish a functional HR roster system of high-level professionals, reinforce the Regional Disaster Response Team (RDRT) system for both technical domains and support services (resource mobilization, finance, logistics, HR, communications, etc.).
- v. Ensure a good balance of language skills in the recruitment process for all domains of Red Cross actions (e.g. Guinea case where it was very difficult to get skilled and experienced French speaking candidates for filling different positions of the operation).
- vi. Psychosocial support for volunteers needs to be developed upfront.

An early staffing plan is critical, taking account of scaling up and down, and country-specific requirements with flexibility (worst case scenario/best case scenario).

## Early warning: Response preparedness and risk reduction

### Preparedness

#### **Outcome 2: Strengthening of Ebola preparedness and response capacity in potential high-risk areas and countries**

Output 2.1: Countries surrounding the current outbreak area considered as high-risk areas benefit from increased community understanding, engagement, ownership and implementation of prevention, preparedness and control measures through effective social mobilization and beneficiary communication interventions.

- Establishment and training of beneficiary communication and community engagement functions in each of the nine targeted NS
- Baseline and planning: understanding the community knowledge, attitudes, practices and behaviors, communities' access to communication mediums, mapping the media environment and developing appropriate communication strategies
- Production and adaption of Ebola related communication products in several contexts to foster preparedness
- Media engagement: engagement with mass and community media for dissemination of information and engagement of communities in an ongoing dialogue
- Dialogue and community engagement: working with communities on two-way communication campaigns to provide accurate information on Ebola, its preventive measures and steps to take if suspicion of exposure or case; encourage early care seeking for fever; re-enforce messages around hygiene
- Data collection and analysis for programmatic decisions: utilize systems of data and information management to inform communication with communities and revise programmes regularly

#### **Output 2.2: Simulation exercises are conducted with targeted partners to strengthen preparedness and response capacity**

- Conduct simulation exercise to ensure concrete understanding of role and responsibilities and develop SOPs in West Africa countries in collaboration with affected countries in cross-border approach.

## Achievements

Ebola Preparedness activities were carried out in the following 11 Countries; Guinea Bissau, Central Africa Republic, Ethiopia, Chad, Democratic Republic of Congo, Cameroun, Gambia, Benin, Senegal, Kenya. And Togo

### Output 2.1

The Beneficiary engagement and Community Engagement was a vital component in the risk communication strategy adapted for the preparedness DREF in the 11 countries. 10 Of these countries were further selected to implement the EU funded beneficiary communication project.

### Output 2

In June 2015 in Accra the IFRC hosted a 'boot camp' training Boot Camp forum in beneficiary communication and social mobilization. The Boot Camp brought together the operational staff of the ONS and provided training that included theory, hands on training in communication tools and a simulation. This was the first Boot Camp to be organized in Africa.

The Boot Camp was aimed at training field workers and volunteers from ten West African National Societies. These countries included: Mali, Senegal, Benin, Togo, The Gambia, Cote d'Ivoire, Guinea Bissau, Nigeria, Burkina Faso and Ghana.

IFRC delegates and National Society staff involved in responding to the Ebola epidemic (Guinea, Liberia and Sierra Leone) carried out the training. Post training participants engaged in their communities with beneficiary communication activities to contribute in preventing the transmission of Ebola and other infectious diseases.

## Challenges

Scientific knowledge underpinning Red Cross approaches seriously conflicted with traditional knowledge and cultures that were governing individual and community behaviour in the affected areas. There was widespread distrust of externally generated information because of the recent civil wars in Liberia and Sierra Leone, when information was misused by the warring parties for their own interests.

In the initial phases of the response to the Ebola outbreak, one-way communication dominated, and messages were not adapted to the local context. This top-down messaging resulted from the urgency of raising awareness and understanding in affected communities, but as it usually did not have time to consider local knowledge and perspectives, the messages did not often work. Furthermore, there was no partner coordination on messaging, resulting in mixed messages being received by communities.

Apart from messaging causing prolonged denial and anger, it also unintentionally created stigma for Ebola survivors: Ebola is a killer disease, if you are affected you will die - therefore, people felt that even if you recovered from Ebola, you would still die, in this mal-informed perspective.

## Progress towards Outcome

The regional strategy developed for the Ebola response ensured coherence coordination between different levels of the organization to provide needed guidance for the Ebola response. A regional preparedness strategy was developed to guide the preparedness work in 11 Countries.

## Lessons Learned

- i. Mobilize expertise from other disciplines (anthropology, sociology, etc), especially during the critical early stages. Community engagement can be most effective if we understand how disease outbreak interacts with the structure of meaning for communities (customs and culture).
- ii. Consult communities in the early stages to understand community perceptions, knowledge needs, concerns, misunderstandings, fears, and trusted sources of information; and to continuously improve message content and delivery to respond to these needs.
- iii. Identify and involve local leaders in designing and disseminating messages; establish two-way communication with communities and take more community-tailored and contextualized approaches.
- iv. Find a balance between speed versus caution in messaging: the approaches that entail understanding communities take time to implement, while the need is urgent for communicating public health guidance in the face of a rapidly escalating epidemic. It is important to have built-in capacity for quick and effective community consultation in order to inform appropriate message development before it is too late.
- v. Provide better guidelines on beneficiary communication approaches and disseminate widely. Dignity, trust and humility should be basic principles.

- vi. Ensure setting, reinforcing or adapting legal and accountability measures (communities, authorities, families) supporting Red Cross actions during emergencies.
- vii. Invest in the National Societies to gain on the advances made by staff and volunteers in community engagement.

## Quality programming

### Outcome 3: Coordination operation (MDR60002) is effectively monitored and otherwise supported

#### Output 3.1: Ensure effective monitoring and support

- Regional DM and Health staff in coordination with Regional management monitor and support appeal activities
- Deploy RDRT / RIT members specialized in health to monitor and support appeal activities when needed
- IFRC Secretariat staff are deployed to monitor and support action development as needed
- Country and regional level lessons learned and knowledge sharing activities

#### Achievements

The Regional Health Unit and the DCPRR units were able to deploy staff from within the Units to provide surge support to the Ebola Response for a total of 4 months each.

RDRTs with specialties in PSP, WASH, Health were also deployed to support NS activities.

#### Output 3.1

A three-day internal workshop was held in Dakar in April 2016. Participants included National Society representatives from the affected countries, IFRC staff from the Africa regional office, Geneva headquarters, and partner National Societies (France, Canada, United States).

#### Progress towards Outcome

Both human and financial resources were deployed using all response tools and Mechanisms of the Federation/red cross movement to ensure high quality response to the operation.

#### Lessons Learned

The experience of IFRC's engagement in the Ebola virus disease outbreak was one of responding to a rapidly evolving crisis from a starting point of low preparedness and limited knowledge on the most effective approaches for dealing with the disease.

the IFRC and its National Societies had to learn and adapt quickly to address these capacity and knowledge gaps. The lessons learned exercise conducted in Dakar has, therefore, been an important step in ensuring that the Federation is in a much stronger position when faced with another crisis on this scale.

Ensuring preparedness is the core lesson learned from the epidemic for the Federation. Human resource capacity and surge capacity gaps have been highlighted by almost all departments involved in the lessons learned exercise. This should be a major concern to be addressed by the IFRC on an urgent basis. Similarly, National Society capacity building needs to be prioritized

it has been noted that great strides were made in strengthening National Society human resources, physical assets and planning and coordination skills, and, to a large extent, also building their profile and recognition at the national level.

## Research and Lesson Learning

### Outcome 4: Knowledge is shared across the Movement and utilized to improve IFRC emergency programming

#### Output 4.1: Knowledge and lessons learnt from EVD response and recovery operations effectively documented and shared with Movement partners to facilitate institutional learning

- Recruit consultant to document the field experience in the following themes and organize workshops to review the consultant findings and adopt conclusion (Health, DM (incl ERUs), Logistics, PMER, Social Mobilization, SDB IPC, PSS, Case Management and Volunteer Management and support)

**Output 4.2: Research and evaluative activities contribute to building the EVD evidence-base**

- SDB research ongoing
- PSS research being finalized and the second step on post-trauma will be at the end of Ebola Operation.
- Overall PSS in Ebola context study will be led by PSS reference centre based in
- Copenhagen Denmark in collaboration with NS supported by IFRC.
- Community engagement and Social Mobilization assessment.

**Output 4.3: Improved guidelines for emergency health programming**

- Lessons learned (Output 4.1), research (Output 4.2) and other publication conducted by partners will inform new health emergency response strategy and guidelines.
- Workshops and meetings to build RCM consensus of the main results of conducted research.

**Achievements****Output 4.1**

A comprehensive lesson learnt workshop was conducted that involved the participation of different sectors; Finance, logistics, PMER, PRD DM and Health.

**Output 4.2**

The SDB, PSS, PTSD studies were all conducted and finalized. The studies have been included as part of the documents that were consolidated to produce the Ebola Synthesis report.

**Output 4.3**

The lessons learnt, and the researchers conducted during the Ebola Response have been beneficial in supporting NS operations.

An example is the recent outbreak of Plague in Madagascar where the five pillars of the Ebola response were initially adapted to kick start the response operation.

**Progress towards outcome**

To ensure learning is documented and shared from the Ebola response, various studies were done in collaboration with external organizations including the academia.

**Lessons Learned**

- i. Strengthen Red Cross operational systems and processes (financial, PMER, logistics) for large scale emergencies and make those systems more adaptable and flexible (scaling up and scaling down operations). Involve support services (finance, logistics, resource mobilization, communications, security, etc.) at the early stage of the operation planning and implementation processes.
- ii. Encourage decentralizing the decision-making process at the country level in an appropriate manner.
- iii. Develop guidance for addressing requests from high level political demands and inclusion of senior management for addressing such requests.

**Supporting National Societies**

- iv. Ensure a good balance of National Society reinforcement actions between headquarters and the branches.
- v. Set up the basis to review and adapt National Society's strategic long-term development plans and partnerships (e.g. strategic plans and partnership meetings); better define the vision and mission of the National Society in the health sector and disaster management.
- vi. Increase the support to National Societies at the recovery stage in terms of financial, resource mobilization, and PMER capacities.
- vii. Keep high quality standards of intervention and National Society capacity to respond. Establish preparedness training and revised guidelines for epidemics.

## 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.

## Financial Summary

As per the financial report attached, this operation closed with a balance of CHF 125,522. The International Federation seeks approval from its donors to reallocate this balance to the Africa Region operational plan to support African National Societies to strengthen their capacities to detect and respond to disease outbreaks through trainings on Health in Emergencies, rapid deployments to kick start Emergency health response and community Based surveillance. Partners/Donors who have any questions in regard to this balance are kindly requested to contact Dr Adinoyi Ben Adeiza ([adinoyi.adeiza@ifrc.org](mailto:adinoyi.adeiza@ifrc.org)) within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

## D. THE BUDGET

The Final Financial report is annexed.

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## Contact information

**For further information specifically related to this operation please contact:**

### IFRC Regional Office for Africa:

In IFRC Regional Office for Africa: Dr Ben Adinoyi, Head of Head of Health, [adinoyi.adeiza@ifrc.org](mailto:adinoyi.adeiza@ifrc.org); phone: +254731990076

### For Resource Mobilization:

In IFRC Regional Office for Africa: Kentaro Nagazumi, Partnership and Resource Development Coordinator  
email: [kentaro.nagazumi@ifrc.org](mailto:kentaro.nagazumi@ifrc.org)

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

In IFRC Regional Office for Africa: Fiona Gatere, PMER Coordinator; email: [fiona.gatere@ifrc.org](mailto:fiona.gatere@ifrc.org)



**Click here**

1. Revised Emergency Appeal budget (*if needed*) [below](#)
  2. Click [here](#) to return to the title page
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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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

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

# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2014/8-2019/12	Operation	MDR60002
Budget Timeframe	2014-2017	Budget	APPROVED

Prepared on 05 Feb 2020

All figures are in Swiss Francs (CHF)

## MDR60002 - Africa - Ebola Coordination and preparedness

Operating Timeframe: 19 Aug 2014 to 31 Mar 2017; appeal launch date: 19 Aug 2014

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	0
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>0</b>
<b>Donor Response* as per 05 Feb 2020</b>	<b>11,054,587</b>
<b>Appeal Coverage</b>	

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	13,270,892	10,964,587	2,306,305
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	0	0	0
SFI2 - Effective international disaster management	0	0	0
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	78	-78
<b>Grand Total</b>	<b>13,270,892</b>	<b>10,964,665</b>	<b>2,306,227</b>

### III. Operating Movement & Closing Balance per 2019/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	11,090,187
Expenditure	-10,964,665
<b>Closing Balance</b>	<b>125,522</b>
Deferred Income	0
Funds Available	125,522

### IV. DREF Loan

* not included in Donor Response	Loan :	Reimbursed :	<b>Outstanding :</b>
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# Emergency Appeal

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Budget Timeframe	2014-2017	Budget	APPROVED

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## MDR60002 - Africa - Ebola Coordination and preparedness

Operating Timeframe: 19 Aug 2014 to 31 Mar 2017; appeal launch date: 19 Aug 2014

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	267,785				267,785		
Andorran Red Cross	6,153				6,153		
Australian Red Cross	87,106				87,106		
British Red Cross	174,210				174,210		
Danish Red Cross	50,000				50,000		
DFID Partnership Allocations	360,259				360,259		
European Commission - DG ECHO	781,935				781,935		
European Commission – FPI	5,476,866				5,476,866		
Finnish Red Cross			21,245		21,245		
Finnish Red Cross (from Finnish Government*)	209,072				209,072		
Fundraising Fees				-1,046	-1,046		
German Red Cross	21,387				21,387		
Icelandic Red Cross	160,000				160,000		
ICRC	10,000				10,000		
IFRC	-360,259				-360,259		
Informa	48				48		
Irish Red Cross Society	73,152				73,152		
Israel - Private Donors	9,653				9,653		
Italian Red Cross	214,632				214,632		
Japanese Government	671,526				671,526		
Japanese Red Cross Society	87,579				87,579		
KPMG Disaster Relief Fund	3,965				3,965		
KPMG International Cooperative(KPMG-I)	20,120				20,120		
Luxembourg - Private Donors	2,824				2,824		
Monaco Government	24,030				24,030		
Nestle	376				376		
New Zealand Red Cross			35,600		35,600		
On Line donations	88,607				88,607		
On Line donations (from Australia - Private Donors*)	21				21		
On Line donations (from Barbados - Private Donors*)	2				2		
On Line donations (from Botswana - Private donors*)	1				1		
On Line donations (from Brazil - Private Donors*)	16				16		
On Line donations (from Brunei - Private Donors*)	117				117		
On Line donations (from Canada - Private Donors*)	3				3		
On Line donations (from China - Private Donors*)	10				10		
On Line donations (from Czech private donors*)	1				1		
On Line donations (from Denmark - Private Donors*)	6				6		
On Line donations (from Ecuador - Private Donors*)	3				3		
On Line donations (from Fiji Private Donors*)	0				0		
On Line donations (from Finland - Private Donors*)	0				0		
On Line donations (from Germany - Private Donors*)	4				4		
On Line donations (from Ghana Private Donors*)	0				0		
On Line donations (from Great Britain - Private Donors)	77				77		
On Line donations (from Hong Kong - Private Donors*)	3				3		
On Line donations (from Hungarian - Private Donors*)	1				1		
On Line donations (from India - Private Donors*)	65				65		
On Line donations (from Ireland - Private Donors*)	7				7		

# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
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## MDR60002 - Africa - Ebola Coordination and preparedness

Operating Timeframe: 19 Aug 2014 to 31 Mar 2017; appeal launch date: 19 Aug 2014

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
On Line donations (from Israel - Private Donors*)	0				0	
On Line donations (from Italy - Private Donors*)	1				1	
On Line donations (from Japan - Private Donors*)	6				6	
On Line donations (from Kazakhstan - Private Donors*)	21				21	
On Line donations (from Kenya - Private Donors*)	0				0	
On Line donations (from Kuwait - Private Donors*)	29				29	
On Line donations (from Luxembourg - Private Donors*)	1				1	
On Line donations (from Malaysia - Private Donors*)	185				185	
On Line donations (from Malta - Private Donors*)	0				0	
On Line donations (from Myanmar - Private Donors*)	3				3	
On Line donations (from New Zealand - Private Donors*)	1				1	
On Line donations (from Norway - Private Donors*)	7				7	
On Line donations (from Pakistan Private Donors*)	35				35	
On Line donations (from Panama Private donors*)	86				86	
On Line donations (from Philippines - Private Donors*)	1				1	
On Line donations (from Poland - Private Donors*)	30				30	
On Line donations (from Puerto Rico - Private donors*)	0				0	
On Line donations (from Qatar Private Donors*)	3				3	
On Line donations (from Republic of Korea - Private Donors*)	0				0	
On Line donations (from Romania Private Donors*)	11				11	
On Line donations (from Russia - Private Donors*)	4				4	
On Line donations (from Saudi Arabia - Private Donors*)	1				1	
On Line donations (from Singapore - Private Donors*)	122				122	
On Line donations (from Slovakia Private Donors*)	0				0	
On Line donations (from South Africa - Private Donors*)	1				1	
On Line donations (from Spain - Private Donors*)	0				0	
On Line donations (from Sri Lanka - Private Donors*)	1				1	
On Line donations (from St Kits and Nevis Private donors*)	0				0	
On Line donations (from Swedish - Private Donors*)	4				4	
On Line donations (from Switzerland - Private Donors*)	26				26	
On Line donations (from Taiwan - Private Donors*)	25				25	
On Line donations (from Thailand - Private Donors*)	18				18	
On Line donations (from Trinidad & Tobago - Private Donors*)	89				89	
On Line donations (from Turkey - Private Donors*)	0				0	
On Line donations (from Ukraine private donors*)	1				1	
On Line donations (from United Arab Emirates - Private Donors*)	233				233	
On Line donations (from United States - Private Donors*)	2,685				2,685	
Other	0		6,230		6,230	
Other Funds for Operations				-627,210	-627,210	
Philips Foundation	367				367	
Qatar Red Crescent Society	9,501				9,501	
Red Cross of Monaco	29,842				29,842	
Spanish Government	753,067				753,067	
Swiss Red Cross	19,245		35,933		55,178	
Switzerland - Private Donors	1,407				1,407	
The Canadian Red Cross Society	83,983		26,939		110,922	
The Canadian Red Cross Society (from Canadian Government)	487,556				487,556	
The Netherlands Red Cross	130,370				130,370	
The Netherlands Red Cross (from Netherlands Government)	965,448				965,448	
The Philippine National Red Cross	24,110				24,110	
The Thai Red Cross Society	199,676				199,676	

# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2014-2017	Budget	APPROVED

Prepared on 05 Feb 2020

All figures are in Swiss Francs (CHF)

## MDR60002 - Africa - Ebola Coordination and preparedness

Operating Timeframe: 19 Aug 2014 to 31 Mar 2017; appeal launch date: 19 Aug 2014

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
UNDP - United Nations Development Programme	257,429				<b>257,429</b>	
UNICEF - United Nations Children's Fund	46,903				<b>46,903</b>	
World Cocoa Foundation	138,598				<b>138,598</b>	
<b>Total Contributions and Other Income</b>	<b>11,592,495</b>	<b>0</b>	<b>125,947</b>	<b>-628,255</b>	<b>11,090,187</b>	<b>0</b>
<b>Total Income and Deferred Income</b>					<b>11,090,187</b>	<b>0</b>