

Multiple Countries | Ebola Virus Disease (EVD) Outbreak Preparedness and Response

Appeal N°:
MDREBOLA21

To be assisted: 424,000 people (affected area); 7.52 million people (at risk areas, including neighbouring countries)

Appeal launched: 19/02/2021

DREF allocated: CHF 990,210

Appeal ends: 17/02/2022

Glide N°:
[EP-2021-000016-GIN](#)

Funding requirements:

IFRC Appeal – CHF 8.5 million

Guinea – CHF 3.25 million; Cote D'Ivoire, Liberia, and Sierra Leone – CHF 2.5 million; Mali and Senegal – CHF 1.1 million; Logistics, Coordination and Risk Management – CHF 1.65 million

*This Emergency Appeal seeks a total of some **8.5 million** Swiss francs on a preliminary basis to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **National Societies of Guinea, to scale-up readiness and response to the ongoing epidemic; Cote D'Ivoire, Liberia and Sierra Leone, to set-up advanced readiness and preparedness; and Senegal and Mali, to reinforce readiness capacity through light preparedness and prepositioning of stocks.** The Appeal aims to deliver assistance to **some 424,000 people in the affected area for 12 months**, while supporting prevention actions in at-risk areas, comprising 7.52 million people. Other neighbouring countries, such as Guinea-Bissau, may be included following context developments. The emergency appeal will incorporate a **Federation-wide approach**, which will be based on one plan with response activities of all IFRC membership contributing to the response with an additional Federation-wide planning and reporting requirement.*

A. EVENTS TO DATE



In the village of Klalantou, Guinea, Forecariah district, Red Cross volunteer Nabilou Camara shares with a local community educational messages about hygiene and the Ebola virus. (Archive Photo Tommy Trenchard, IFRC)

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- 12 February 2021: Suspected EVD cases reported in Guinea.**
 - 14 February 2021:** Health authorities in Guinea declared an outbreak of Ebola in the rural community of Gouécké in N'Zérékoré prefecture after three Ebola cases were confirmed.
 - 16 February 2021:** IFRC issued a rapid response alert for potential profiles (including HEOps, Public Health, Logistics, Communications, RCCE, PSS, and Finance/Admin) to support operational scale-up.
 - 16 February 2021:** The IFRC Secretariat and National Societies of Guinea, Sierra Leone, Liberia, Côte D'Ivoire, Mali and Senegal met and decided to launch an Emergency Appeal – Red Emergency is declared by the IFRC Secretary-General.
 - 17 February 2021:** 290,210 Swiss francs were allocated from IFRC's Disaster Relief Emergency Fund (DREF) to support the Red Cross Society of Guinea to scale-up its response efforts in the affected area.
 - 18 February 2021:** additional DREF loans for the Emergency Appeal for Cote D'Ivoire, Liberia, Sierra Leone, Mali and Senegal were approved increasing the amount of DREF loan to 990,210 Swiss francs.
 - 19 February 2021:** IFRC issued Emergency Appeal for 8.5 million Swiss francs to assist 424,000 people and reduce the risk of 7.52 million people in at risk areas, including neighboring countries.

Situation overview

The first confirmed case of EVD was reported in Guinea on 14 February 2021, with the origins of the outbreak currently unknown, and probable cases dating back to at least January. The known cases (seven as of 16 February 2021) are reportedly within the same family who attended the burial ceremony of a nurse from Gouéké health centre. The nurse died on 28 January 2021 and was buried on 1 February 2021. Of the seven cases, four are men and three are women (aged 25 and over), with three deaths (2 women and 1 man). The known outbreak is currently centred in Gouéké community in the N'Zérékoré prefecture in Guinée Forrestière Region. Gouéké is one of ten sub-prefectures that make up N'Zérékoré prefecture. It is located 42 kilometres from central N'Zérékoré with a total population of approximately 23,458 inhabitants in 3,364 households.

One of the suspected cases was transported to Conakry Hospital without isolation procedures, which raises concerns of possible nosocomial transmission and spread during transportation. While contact tracing and isolation of suspected cases are in place and are being scaled up, unidentified chains of transmission and contacts could pose risk of further spread. Prefectures most at risk for the moment include, **Guékédou, Macenta, Lola, Yomou and Beyla, all part of Guinée Forrestière Region**. In addition, there is significant cross-border movement, at official and unofficial border crossings, for trade, healthcare-seeking (traditional and clinical) and family links. Surveillance systems at the borders are still weak and not formalised, which could facilitate the spread of the virus. Traditional burial practices, including culturally important washing and handling of the body, was a key driver of transmission in the 2013-2016 epidemic and remains a risk today. The poor hygiene conditions and limited access to hand hygiene resources (water or sanitizer) are another risk factor to further spread the virus.

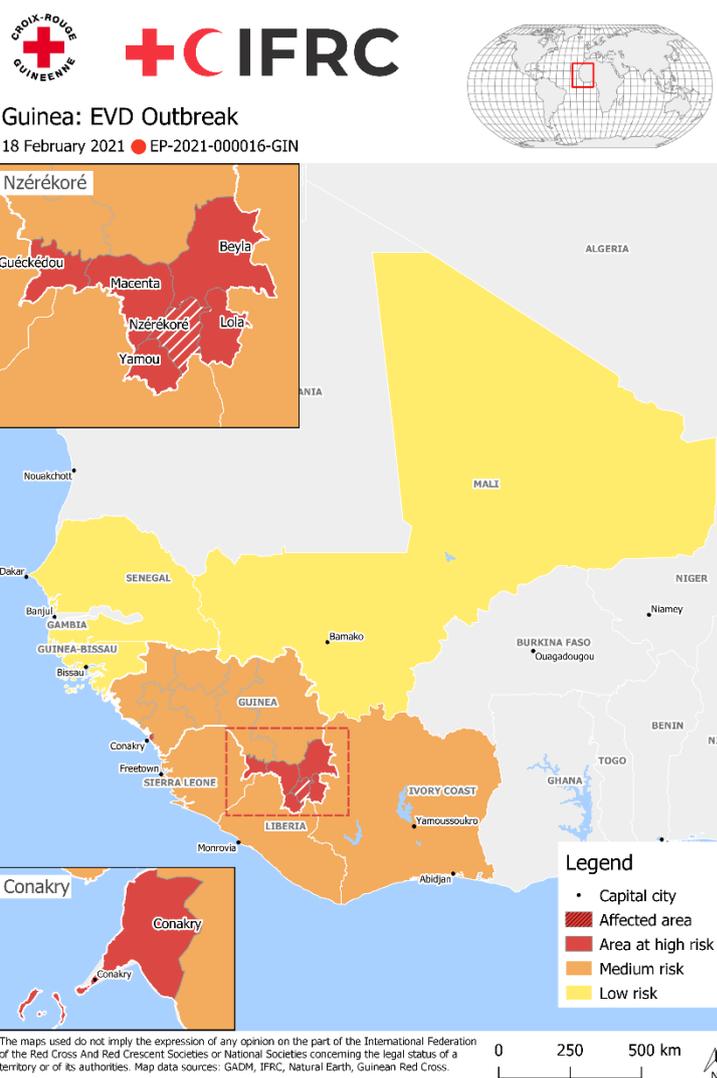
The 2014–2016 epidemic in West Africa was the largest and most complex Ebola outbreak since the virus was discovered in 1976. The deadly epidemic spread between countries, starting in Guinea Forest Region, then moving across the country and spreading across Sierra Leone and Liberia. Hence, the recent EVD outbreak is very concerning as it poses several risks amid the COVID-19 pandemic.

Summary of Red Cross Red Crescent response to date

Red Cross Society of Guinea (RCSG)

The Red Cross Society of Guinea has experience with the management of the EVD outbreak from 2013 to 2016. Based on this experience, its services were requested by the health authorities of N'zérékoré upon notification of the cases. As such, 40 volunteers out of the 725 available to the Prefectoral Committee of the Red Cross (CPCR) of N'zérékoré were mobilized to conduct safe and dignified burials (SDB) of two bodies, disinfect the regional hospital of N'Zérékoré, and begin social mobilization in the urban commune of N'Zérékoré and in the sub-prefecture of Gouéké. Furthermore, in coordination meetings with Ministry of Health (MoH) and other partners, the RCSG was tasked to prepare for activities related to:

- Management of SDB
- Household and public disinfection
- Risk communication and community engagement (RCCE) in affected and at-risk communities



- Psychosocial support (PSS) for infected and affected people
- Contact tracing and community-based surveillance (CBS)
- Water, sanitation and hygiene (WASH).

RCSG is implementing a public health project with support from the French Red Cross in N'zérékoré. Staff and volunteers engaged in the Community Epidemic and Pandemic Preparedness Programme (CP3) and COVID-19 operation are also providing public health technical guidance and supporting preparedness activities in other prefectures. 540 volunteers are engaged in passive CBS in the Faranah prefecture through CP3.

In Nzérékoré adjacent provinces, the National Society's branches are already restoring readiness and preparedness. And in neighbouring countries, National Societies have activated branches and are engaging with national authorities to define the preparedness plans in view of supporting decrease the risk of and/or contain a possible outbreak.

Sierra Leone Red Cross Society (SLRCS)

The SLRCS team participated in meetings convened by the Government in coordination with the Emergency Operations Center (EOC) and partners. 200 volunteers working on CP3 in Kambia and Kailahun districts have been alerted to prepare to scale up CBS from passive surveillance to more intensive reporting through active CBS. In addition, an alert was sent in the remaining four district branches (Kono, Koinadugu, Western Area and Pujehun) bordering Guinea and Liberia, where 100 volunteers are preparing effective social community engagement activities.

Red Cross Society of Cote D'Ivoire (CRCI)

The Ministry of Public Health started working on awareness and preventive measures to avoid the spread into its territory. Three regions of the country are at high risk due to proximity with Guinea: Odienne, Touba and Mann. The Emergency Operations Centre has been reactivated, while an Ebola Treatment Centre has been reopened in Mann (one of the regions close to the Guinean border). The Ivorian Government has also set up community-based surveillance systems and announced maintaining controls of entry points in Côte d'Ivoire. Public awareness messages have been circulated, reminding the public to respect both COVID-19 and Ebola prevention measures.

Liberian Red Cross Society (LNRCS)

The National Society has participated in the Incident Management System's (IMS) meetings conducted by the MoH and the National Public Health Institute of Liberia (NPHIL) held twice a week. The Chapters along the borders with Guinea, where the outbreak is reported, have begun mobilizing volunteers at major land-crossing points and placed them on alert. The at-risk Chapters include Bong, Lofa, Nimba, Cape Mount, and Gbarpolu counties, where volunteers are currently conducting awareness in communities. LNRCS headquarters has started mobilizing the deployment of personal protective equipment (PPE) into the region.

Mali Red Cross (MRC)

To prevent the spread of EVD into the country, MRC is preparing a plan in coordination with national authorities, that will focus on epidemiological surveillance at border points, including the installation of hygiene equipment, awareness raising in bordering communities, and establishment of an early warning system between the branches through VHF radio and mobile phone text messages. To achieve that, training packages to volunteers will be delivered in the coming weeks. The National Society recently completed the implementation of CP3, which included the update of its contingency plan for epidemics, the training of National Response Team members and coordination with local radio stations trained on risk communication in emergencies, as well as the development of IEC materials (including EVD information) to be used at the community level. An IFRC COVID-19 operation coordinator is based in Bamako and providing public health technical support to the National Society.

Senegalese Red Cross Society (SRCS)

SRCS is structured in 14 regional committees, with a coordination team and support services managing funds from international donors. In 2020, SRCS activities relied on 30,000 active volunteers (47% males, 53% females). More than 120 medical team volunteers are working in public treatment centres alongside public workers. 3,200 volunteers have been trained on prevention and control of epidemics during the COVID-19 outbreak. 300 volunteers are already involved and equipped to report epidemic risks on the [Nyss platform](#) through a CBS surveillance mechanism on the southern borders of the country. SRCS is working with the MoH and partners to define the preparedness plan and increasing surveillance capacity in border areas, while mobilizing its branches and volunteers to revamp awareness.

B. THE OPERATIONAL STRATEGY

Needs assessment and targeting.

The overall objective of the operation is to contribute to reducing morbidity and mortality resulting from the EVD outbreak in Guinea, and to prepare for, prevent and rapidly contain outbreaks of EVD should the virus spread to other regions of Guinea and neighbouring countries, with Sierra Leone, Liberia and Côte d'Ivoire being most at risk, while Mali and Senegal are on heightened alert.

The Operational strategy is determined based on the key lessons learned from past EVD response (2014–2016) in West Africa and ongoing EVD response operations in DRC. The strategy of the IFRC response will be to contribute to containing the EVD outbreak and will focus on:

1. Supporting the Red Cross Society of Guinea in immediate lifesaving interventions in the affected area, as well as preparedness in the surrounding at-risk areas.
2. Supporting National Societies in five neighboring countries in scaling up readiness and preparedness actions to prevent potential cross-border infection.
3. Carrying out an initial assessment in collaboration with National authorities and partners to define the most appropriate strategy and the role of the National Societies and Movement actors (PNS and ICRC).

The operational strategy will entail **three tiers**, reflecting the level of risk. The operational orientations and strategy will be modified as per the evolving context with ensuring robust agility of the response operation.

Guinea – Full EVD Outbreak Readiness and Response

While surge support is underway, the Red Cross Society of Guinea will engage in immediate lifesaving interventions using available capacity and equipment from the previous EVD outbreak to engage in the following activities in line with the government:

- Rapid scale-up of field capacity, through volunteer training and set-up of Rapid Response Teams
- Expanded CBS, contact tracing, active case finding (early detection), and case investigation.
- Vaccination of frontline volunteers (SDB, contact tracing), if/when vaccination becomes available (in accordance with forthcoming SAGE guidelines)
- RCCE and accountability, including awareness and sensitization and community feedback mechanisms within affected communities and areas at risk.
- Preparedness for and management of SDB
- Community infection prevention and control (IPC), including disinfection of houses and other suspected areas.
- Water, sanitation and hygiene, particularly community and household hand-washing hygiene
- PSS for infected and affected people, and for responders.
- Full restocking of SDB kits in-country
- NS operational response capacity check and link with ongoing NS preparedness measures for multi hazard and epidemic/pandemic preparedness.
- Inter-agency Coordination.

Sierra Leone, Liberia and Cote D'Ivoire – Advanced Preparedness and Readiness

- Rapid assessment/feasibility (where CBS not already existing), training and implementation of active CBS, intensive RCCE and screening/case detection activities in highest-risk and border areas.
- Establish rapid response teams and capacities for response to introduction of cases.
- Assessment and resupply with SDB equipment; establish mandate/coordination with MOH + training of a few rapid response teams per country, and/or identification of teams in at-risk areas combined with refresher TOT for team leaders who would be deployed to rapidly activate those teams.
- Epidemic control for volunteers and/or health/hygiene promotion training for rapid activation.
- Vaccination of frontline volunteers (SDB, contact tracing), if/when vaccination becomes available (in accordance with forthcoming SAGE guidelines)
- Assess PSS capacities and plan for training if/when needed.
- Cross-border communication/coordination
- Volunteer mobilization to at risk areas (borders and bordering communities) to conduct RCCE sessions.
- Hygiene promotion, especially handwashing hygiene

Mali and Senegal – Heightened Alert and Preparedness

- Training and implementation of point of entry control activities (e.g., case detection/screening/referral, and RCCE) if requested by government.
- Low intensity RCCE and passive CBS focusing on readiness to rapidly scale up/implement CBS in the event of introduction of a first EVD case. TOT and training of volunteers and start in select areas at highest risk of importation (border areas).
- Assessment of mandate, technical capacity and stock for SDB, along with rapid activation plan and trigger points to activate training.
- Pre-positioning limited numbers of SDB training and starter kits.
- Assess PSS capacities and plan for training if/when needed.
- Cross-border communication/coordination

As part of the initial DREF operation, a surge team is being deployed to Guinea and is expected to collect critical information, carry out detailed needs assessments, and coordinate with RCSG to update the Emergency Plan of Action (EPoA) to inform the overall multi-country response strategy. The deployment of several surge personnel during the first three months of the operation is ongoing, including a head of emergency operations (HEOps), public health, logistics, communications, RCCE, PSS, and admin/finance profiles. Additional surge profiles will be considered and deployed based on needs. Some of the activities to be carried out by the surge team include, but are not limited to, the following:

- Train and support the National Societies in implementing activities safely and effectively, including monitoring and reporting.
- Identify the support delivered and planned by governments, WHO, UNICEF, and MSF, and identify the gaps to be addressed by the Red Cross Red Crescent Movement in the preparedness and response.
- Assist the National Societies and IFRC Regional Office with the formulation of, and updates to, the EPoA
- Participate in coordination meetings as needed and in agreement with the National Societies and support the National Societies in coordination within the Red Cross Red Crescent Movement
- Conduct field visits, where necessary
- Support the National Societies in the response interventions and preparedness actions, as required.
- Support the National Societies with the possible use of further IFRC disaster response tools, if appropriate, including further technical support
- Support the National Societies in the development, potential scale-up, and adaptation of the response strategy depending on the evolving situation.

Scale-up of the response shall be strengthened by further analysis of the situation (including technical and logistical capacities) and close coordination with other actors to refine and modify the operational strategy, as necessary, for an effective response. As a significant international response with multiple partners is expected, the response plan will be adjusted based on this information and focused on areas where the Red Cross Red Crescent Movement can add significant value in partnership with key technical agencies.

While focused on containing and preventing outbreaks of EVD in Guinea and neighbouring countries, this operation will also contribute to limiting the humanitarian impact of COVID-19 in the areas where the National Societies are operating. Activities will be COVID-19 appropriate, and where possible, transition into the COVID-19 response, funded through the IFRC COVID-19 Appeal.

Key lessons learned from previous EVD outbreaks and responses in the region, including in Guinea, Liberia, and Sierra Leone, as well as in the Democratic Republic of the Congo (DRC), and from recent EVD preparedness operations, such as in the Central African Republic (CAR), from National Societies' Preparedness for Response capacity strengthening initiatives supported by IFRC and Partners in these countries will inform the strategy and plan for the response in Guinea and the preparedness actions in the neighbouring countries.

Targeting

Given that the origins of the outbreak are currently unknown, probable cases date back to at least January, and a case is currently in isolation in Conakry, the prefectures of Nzérékoré, Guékédou, Macenta, Lola, Yomou and Beyla, as well as the capital city, are at high risk in Guinea. As such, vigilance against spread to other areas in the prefecture, to

neighbouring prefectures, and potentially to neighbouring countries (primarily Sierra Leone, Liberia and Côte d'Ivoire due to porous borders, and secondarily Mali and Senegal) is important due to potential population movement.

In Guinea, the total population of the affected health zone (Guinée Forestière Region) is approximately 1,352,853 people (193,265 households). The Red Cross Society of Guinea, through this EA operation, is preparing to reach at least 424,000 people (61,000 households) in N'zérékoré prefecture with full EVD outbreak readiness and response activities. Once assessment results are obtained, and depending on the operational strategy adopted, targeting will be refined to populations in hotspots (as direct beneficiaries), while 928,902 people in the other at-risk prefectures and health zones of the affected region, will be indirect beneficiaries.

National Societies' actions in the neighbouring countries will support prevention, readiness, and preparedness activities, and prepositioning supplies in an area covering approximately 6.66 million people: Cote D'Ivoire (261,377 people), Liberia (1,279,934 people), Sierra Leone (3,617,074 people), Mali (1 million people), and Senegal (500,000 people). The planned activities for the targeted areas and populations of Guinea and surrounding countries are summarized below.

Country	Summary of Planned Activities	Targeted Areas	Total Population
Guinea (Full EVD Outbreak Readiness and Response)	<ul style="list-style-type: none"> • Rapid scale-up of field capacity, through volunteer training and set-up of Rapid Response Teams • Expanded CBS, contact tracing, active case finding (early detection), and case investigation. • Vaccination of frontline volunteers (SDB, contact tracing), if/when vaccination becomes available (in accordance with forthcoming SAGE guidelines) • Intensive RCCE/accountability, including awareness and sensitization and community feedback mechanisms within affected communities and areas at risk, • Preparedness for and management of safe and dignified burials for suspected and confirmed EVD cases (SDB) • Community IPC, including disinfection of houses and other suspected areas • Water, sanitation and hygiene, particularly community and household hygiene, especially handwashing • PSS for infected and affected people, and first responders, as well as volunteers and staff • Full restocking of SDB kits in-country • NS operational response capacity check • Inter-agency Coordination 	Nzérékoré, Guékédou, Macenta, Lola, Yomou, and Beyla Prefectures	423,951 (60,564 households)
P1 Countries – Advanced Preparedness and Readiness			
Liberia	<ul style="list-style-type: none"> • Rapid assessment/feasibility (where CBS not already existing) training and implementation of active CBS, • intensive RCCE and screening/case detection activities in highest-risk and border areas. 	Bong – 328,919 Nimba – 468,088 Lofa – 270,114 Gbarpolu – 83,758 Cape Mount – 129,055	1,279,934
Sierra Leone	<ul style="list-style-type: none"> • Establish rapid response teams and capacities • Assessment and resupply with SDB equipment; 	Kono – 505,767 Kailahun – 525,372 Kambia – 341,690 Koinadugu – 404,097	3,617,074

Country	Summary of Planned Activities	Targeted Areas	Total Population
	<ul style="list-style-type: none"> establish mandate/coordination with MOH and training of few rapid response teams per country 	Pujehun – 345, 577 Wester Area – 1,494,571	
Côte d'Ivoire	<ul style="list-style-type: none"> Epidemic control for volunteers and/or health/hygiene promotion training for rapid activation. Vaccination of frontline volunteers (SDB, contact tracing) Assess PSS capacities and plan for training if/when needed Cross-border communication/coordination Volunteer mobilization to at risk areas Hygiene promotion, especially handwashing hygiene 	Odienne – 52,710 Touba – 35,800 Mann – 172,867	261,377
P2 Countries – Heightened Alert and Preparedness			
Mali	<ul style="list-style-type: none"> Training and implementation of point of entry control activities (e.g. case detection/screening/referral, and RCCE) if requested by govt 	Bamako and regions bordering Guinea	Approx. 1 million
Senegal	<ul style="list-style-type: none"> Low intensity RCCE and passive CBS focusing on readiness to rapidly scale up/implement CBS in the event of introduction of a first EVD case. TOT and training of volunteers and start in select areas at highest risk of importation (border areas). Assessment of mandate, technical capacity and stock for SDB, along with rapid activation plan and trigger points to activate training. Pre-positioning limited numbers of SDB training and starter kits. Assess PSS capacities and plan for training if/when needed. Cross-border communication/coordination 	Dakar and regions bordering Guinea	Approx. 500,000

Coordination and partnerships

Multi-Country Coordination

For this response, the IFRC Secretariat will establish a Federation wide multi country coordination cell to support affected countries from the National Societies in developing domestic response plans and funding requirements with the expertise of the Federation-wide membership support. The IFRC Secretariat will complement with technical and support services management, including information management to all members, and coordinating with ongoing National Society preparedness for response capacity, for epidemics and pandemics (i.e., CP3) and creating conditions for coordinated risk management.

Guinea

The National Society is currently supported by the IFRC Sahel Country Cluster Delegation with technical expertise as well as capacity building in management and support services. As of February 2021, IFRC supports the National Society in the implementation of the COVID-19 operation with activities mainly in the capital and in CP3, whose project manager represents IFRC in-country, and whose activities focus on community preparedness in the Faranah prefecture, National Society preparedness, and coordination with OneHealth stakeholders. The IFRC launched several surge alerts to support

RCSG in the set-up of the initial response. With the launch of this Appeal, the IFRC will establish a Programmes and Coordination Office in Conarky under the IFRC Sahel Country Cluster Delegation.

French Red Cross (FRC) has been working with the National Society since the previous EVD outbreak in 2014. Activities focused initially on the response to the emergency, and continued with strengthening of the health system, as well as capacities of community members to prevent epidemiological outbreaks, including surveillance. To respond to the COVID-19 outbreak, four projects were implemented by FRC focusing on community prevention and response, including in N'Zérékoré. FRC intends to participate in this response through the following actions: 1) capacity strengthening of the health centre, including staffing, materials, and infrastructures; 2) community-based surveillance by a training targeting 28 volunteers and provision of PSS following a training of psychosocial first aid (PFA) and PSS in emergencies; and 3) SDB with the training of 50 volunteers on SDB procedures as well as PSS, and the provision of equipment.

Danish Red Cross (DRC) has been present in Guinea since 2009 with a focus on health including WASH. From 2018 to 2020, DRC also supported a large migration programme in Guinea and provided separate support to election preparedness, cash preparedness, and COVID-19. The reproductive health project phase 3 in the Moyenne Guinée is the only DRC project for 2021.

British Red Cross (BRC) has not had any presence in country since 2019; however, it continues providing support to the National Society for capacity building or disaster management activities via FRC and IFRC.

The International Committee of the Red Cross (ICRC) has been active in Guinea since 1991. As of 2021, the ICRC does not have a delegation in-country, but some of its staff continue providing support the National Society to maintain and strengthen the operational level of the committees in localities exposed to socio-political and intercommunity violence. In collaboration with the National Society, it also implements a programme for the Restoration of Family Links (RFL) for migrants and people affected by armed conflict or other violence, as well as natural disasters. Regular communication between the IFRC and the ICRC is ongoing at regional and national level.

Neighbouring Countries

All National Societies in neighbouring countries are supported by IFRC Cluster Delegation teams and a Country Delegation in Sierra Leone. Liberia and Cote D'Ivoire are supported by the IFRC West Coast Cluster Delegation, and Mali, Senegal by the IFRC Sahel Cluster Delegation. The IFRC West Coast Cluster Delegation has key units including operations (1 person), health (3 people), community engagement and accountability (2 people), disaster management (3 people), logistics (1 person), finance (4 people), HR (2 people), admin (2 people), PMER (1 person), PRD (1 person), and NSD (2 people). This structure can provide support to both Côte d'Ivoire and Liberia National Red Cross Societies conveniently, with some support from the Surge deployed to Guinea on information sharing. Should the situation escalate, potential deployments would be likely needed.

The Sierra Leone IFRC Country Delegation was established 10 years ago and thus is very much across the country context. Over the years IFRC together with other Movement partners (BRC, FRC, ICRC, Icelandic Red Cross and many more) have been supporting the Sierra Leone Red Cross Society in similar interventions. Such support included response to a cholera outbreak (2012), EVD outbreak (2014), the twin mudslides and flooding (2017) and eventually COVID-19 global pandemic. IFRC also implements CP3 in Sierra Leone (with volunteers active in Kambia and Kailahun, and support to the National Society's headquarters), and provides further support in terms of coordination with national local stakeholders, financial management, procurement and logistics, expertise and tools on programme monitoring evaluation and learning.

The Movement presence in these countries is significant, especially since the EVD outbreak (2014-2016), and partners are expected to express the role they wish to play in support of the operating National Societies, as per their capacities, expertise, and resources. This support will be integrated into the Federation-wide plan of action.

External Coordination

The National Societies' auxiliary role will once again be called upon to support the public authorities in supplementing humanitarian services during the emergency. In Guinea, the National Society participates in coordination meetings with other partners, namely UNICEF, WHO, IOM, CRS, GIZ and TDH, and implements activities in coordination with the MoH, as auxiliary to the government. In Senegal, the National Society supports the MoH and health districts in coordination and supervision of communities-based activities, and as auxiliary of the government, the SRCS is involved in campaigns

for prevention of and response to epidemic outbreaks. In Mali, the National Society is a key member of the national epidemic committee with a clear role defined and recognized by all partners.

In Sierra Leone, the National Society participates in meetings convened by the government in coordination with the EOC and its partners. In Cote d'Ivoire, a meeting was convened for all health stakeholders in country, including the Red Cross Society of Côte d'Ivoire. In Liberia, since alerted to the EVD outbreak in Guinea, the National Society has participated in national meetings conducted by the MoH and the NPHIL held every Tuesday and Thursday. The West Africa branch of the Risk Communication and Community Engagement Collective Service co-led by IFRC, UNICEF and WHO, is also on stand-by to provide additional support to coordination mechanisms in the region.

Capacity analysis of the National Societies, risk analysis and scenario planning

Capacity analysis of National Societies

The **Red Cross Society of Guinea** has 20,400 volunteers covering the entire national territory, including 8,000 active workers. The headquarters is in Conakry and services are provided by 33 prefectural committees, 5 communal committees in Conakry and 264 sub-prefectural committees throughout the country. It has community (CDRT) and national (NDRT) disaster response teams and regional team members for rapid deployment (RDRT). It also has departments and services (Community Health and Care, Disaster Management, Communication, Partnership and Organizational Development, Restoring Family Links, Gender and Diversity Volunteerism, Cash Transfer) and two support services (finance and logistics). The various governance bodies of the National Society include the General Assembly, National Council and the National Board Meeting. The National Society assessed its Preparedness for Effective Response capacity in August 2019 and elaborated an action plan to strengthen its response mechanism. CP3 has supported the training of staff and volunteers in CBHFA, Epidemic Control for Volunteers, CEA and Community Based Surveillance, as well as trainings on communication in emergencies for National Society and media personnel.

Following the response to the 2014 outbreak, the National Society developed capacities especially in surveillance and SBD, with trainers across the country. However, the communication components around this activity should be strengthened to avoid incidents between volunteers and local communities re misbelieving on the practice. Leveraging on in-country expertise, the Rapid Response team to be deployed will support the National Society in coordination aspects as well as in insuring quality of the intervention.

Due to a recent attack in October 2020 of the National Society's headquarters, the IFRC aims at providing support to the National Society vis-à-vis to the Government, advocating for the respect of the National Society's auxiliary role. The collaboration with Movement partners, including the ICRC, will be crucial for meeting this objective.

The **Sierra Leone Red Cross Society** has a team of committed and experienced staff and volunteers across the country and has a good track record in interventions of similar nature. In response to the EVD epidemic in 2014, the National Society undertook social mobilization, PSS, SDB, case management, and established and managed two treatment centres in Kono and Kenema districts. SLRCS has 13 branches across the country with over 18,000 volunteers who are available. Additionally, SLRCS has two internationally standard warehouses strategically located in Freetown and Bo (Western Area and southern regions, respectively). The National Society has several National Disaster Response Teams (NDRT) readily available to respond to emergencies. CP3 has supported the training of staff and volunteers in CBHFA, Epidemic Control for Volunteers, CEA and Community Based Surveillance, as well as trainings on communication in emergencies for National Society and media personnel. The SLRCS is planning their Preparedness for Effective response process, that can be further supported through the EVD EA and operation.

The **Red Cross Society of Cote D'Ivoire** has previous experience in EVD response from 2014/2015. The scope of the previous response in Côte d'Ivoire covered all six regions. All volunteers are still onboard in each of the regions (30 trained volunteers may require refresher) and 20 staff are trained on community engagement and accountability (CEA) and PSS, logistics, PMER, information management, and/or disaster management. The National Society lacks warehouse space for prepositioning supplies, which is needed to have PPE close to the high-risk locations and does not have adequate vehicles. In addition, more volunteers need to be engaged and trained to support preparedness and response activities. CRCI has about 8,000 volunteers and 14 permanent staff at HQ and 86 local branches. CRCI has a total of 141 staff, which includes all project staff at HQ and in branches, and technicians that are deployed to Cote D'Ivoire Red Cross by the government. CRCI is undergoing HR engineering and staff are already engaged in multiple operations so it will

be important to have adequate additional team members to support this operation, such as finance, project coordinator, PMER, CEA, and logistics,

The **Liberian Red Cross Society** has previous extensive experience in EVD response back in 2014/2015. LNRCs demonstrates its relevant capacity in SDB with trained staff and volunteers available at the National Society. Currently, there are other present capacity in risk communications/social mobilization, contact tracing, community engagement, IPC-WASH, and PSS. LNRCs has 57 staff and 3,562 registered volunteers (from all 15 Chapters/93 branches) and approximately a third of them trained in basic awareness raising, risk communication, CBHFA, social mobilization, disaster management, community engagement, and WASH/IPC. At the moment in the National Society and predicated on the location of the event (over 200 km away from Monrovia), the underlying capacity challenges are in logistics (availability of vehicles to move human and material resources to the region effectively and efficiently). The National Society has a regional warehouse in Bong (one of the at-risk counties) that has the capacity to hold up to 500 family kits. Other human resource capacity gaps include PMER (1 PMER staff currently in the National Society), human resource management, finance, and procurement (1 procurement staff).

The **Senegalese Red Cross Society** has a large network of well-trained volunteers and a team of NDRT's trained on ECV and WASH in emergencies, as well as CDRTs trained in disaster preparedness. The society has also benefited from the CBS programme supported by Belgium Red Cross with trained and skilled volunteers ready for deployment. Through its Health Department, the National Society is a member of the national outbreak management committee chaired by the Ministry of Health and Social Action with Pasteur Institute in Dakar, the National Network of laboratories, and international partners such as WHO. As an auxiliary of the government, the SRCS is always involved in campaigns for prevention and response of epidemic outbreaks. This is effective through communication engagement and logistics sub committees.

Mali Red Cross is a key member of the national epidemic committee with a clear role defined and recognized by all partners. MRC's activities will focus on Preparedness for response through volunteer training in communication and community engagement around epidemics, Border surveillance and increase of control measures in all entry points from Guinea, Support to Ministries of Health in prevention activities and community mobilization, Pre-positioning personal protective equipment and related training, Adaption and dissemination of information, education, and communication materials with the aim to get communities more engaged and as the main actors of the intervention. CP3 has supported the training of staff and volunteers in CBHFA, Epidemic Control for Volunteers, CEA, as well as a training on communication in emergencies and a training for National Response Team members. Several preparedness for response capacity initiatives are ongoing in country and strong coordination and complementarity will be required. Information regarding the MRC's Preparedness for Effective Response process will facilitate the dialogue with the MRC and Partners in identified NS needs and priorities.

Operational Risk Management

The response to EVD outbreak – categorized as a Red emergency- is large and complex. The IFRC has experience in delivering Public Health Emergencies of this sort and has consolidated lessons in several documents, including evaluations and learning reviews. For this response, the IFRC will strengthen its risk management to be a central component of its operational planning, regularly updated and resourced. This will include, logistics, finance and administration, operational, human resources, security reputational risk, and duty of care for staff and volunteers. The below analysis is preliminary, and a much thorough assessment and mitigation measures will be developed in plan of action, and recurrently evaluated.

Risk Analysis

Positive public and community perception towards Red Cross Red Crescent staff and volunteers is key in outbreak operations. This is influencing acceptance and access to affected areas and at-risk communities in. Community acceptance and understanding of the Red Cross Red Crescent role will be emphasized through continuous community engagement activities and adequate feedback mechanisms.

In Guinea, in semi-urban communities like Gouécké, crime presents a considerable risk. These towns experience a wide range of criminal activity. Crimes of opportunity (e.g., pickpocketing, bag snatching, theft of valuables from vehicles, assaults, residential burglaries) are of concern. Low-level criminal activity occurs in areas where people congregate, such as markets. Riots are frequent, especially in Conakry and Kankan; sporadic protests take place regularly across the country, some of which have turned violent and have resulted in injuries and/or deaths. Kidnappings occur in Guinea,

but especially in regions far from Conakry; most incidents affect residents and are linked to family or cases where victims know their kidnappers. The conditions of roads in Conakry are generally poor. Although many roads are paved, they can have huge potholes or be dilapidated. Medical care is substandard throughout Guinea. Hospitals are inadequate and advanced technologies are lacking. Some private medical facilities offer a better range of treatment options than public facilities.

The N'Zérékoré region in southern Guinea is volatile due to inter-ethnic tensions and anti-government sentiment. Inter-communal violence can break out without notice between rival ethnic groups due to latent tensions in southern parts of the Guinée Forestière Region, particularly along the borders. There is a high risk to personnel participating in Ebola operations in some rural parts of the Guinea (Kindia, Forecariah) due to a negative perception held by some inhabitants towards government authorities and humanitarian workers. There is some rural banditry on roads in the countryside, particularly near the borders with Côte d'Ivoire, Sierra Leone, and Liberia. This risk is most notable on the routes linking Kissidougou with Nzérékoré.

In the neighbouring countries, security risks are varied and range from petty crime, banditry, and robbery, to kidnapping, ethnic violence, incursions or attacks by militias or armed groups, and high and extreme risk zones with volatile security environments. To reduce the risks of personnel falling victim to road hazards, crime, or violence, active risk mitigation measures will be adopted. This includes situation monitoring and implementation of minimum-security standards. Security plans will be in place before any deployment, as well as confirmation that business continuity plans (BCP) are implemented. The IFRC Regional Security Unit will support the review of operational contexts and implement Security Rules and Regulations, as well as Contingency Plans. The IFRC security plans will apply to all IFRC staff throughout. Area-specific Security Risk Assessments will be conducted for any operational area where IFRC personnel deploy and risk mitigation measures will be identified and implemented. All IFRC staff must, and other staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security online training.

Business continuity planning is currently a priority for IFRC in all the countries of the operation. The main objective related to business continuity planning is to ensure critical functions of IFRC do not stop and the support provided to the National Societies is on time and tailored to the preventive measures in place. Identification of the risks to business continuity and mitigation measures for the identified risks will be put in place to ensure continuity of the operation. New working modalities will be established in the countries of the operation and tailored to the measures required by the various governments.

In addition, the following threats/risks have been identified for surge personnel:

- Rapid response personnel considered as super spreaders.
- Lack of availability of rapid response personnel due to involvement in their own countries' operations
- Rapid response personnel coming from a country with a high number of COVID-19 cases faces stigma or security threats.

Some rapid response personnel from particular countries are not allowed to enter the affected countries or will not be able to return to their countries of origin.

To address the above risks and following duty of care principles, constant monitoring of the situation will be carried out and information sharing meetings will be held with all the National Societies that have deployed personnel on the ground.

C. PROPOSED AREAS OF INTERVENTION

STRATEGIC SECTORS OF INTERVENTION



Health

People targeted: 7,94 million.

Response: 424,000

Preparedness: 7,52 million

Male: 3,57 million

Female: 4,37 million

Requirements (CHF): 3,755,000

Proposed intervention

Guinea – Full EVD Response Operation

The outbreak is believed to have started in early December 2020, with potential for spread of the virus beyond the currently known cases. There have also been at least two unsafe burials of community deaths. One person has been transported to Conakry Hospital and treated without isolation protocol. The Risk of further transmission during transportation and nosocomial infection cannot be ruled out. In an attempt to stop the geographic spread of the virus, Rapid Response Teams (RRTs) will be established to deploy immediately to new areas with all of the needed equipment to provide SDB and community engagement. If the disease becomes sustained in the area, local volunteers from the affected communities will be trained, while RRTs will move on to other newly hit areas. In areas with sustained transmission, RRTs will be set up not only in SDB, but also to safely transport suspected cases to applicable treatment centres. Similar teams will also respond to alerts of suspected cases.

General activities planned.

- Rapid scale-up of field capacity, through volunteer training and set-up of Rapid Response Teams
- Expanded CBS, contact tracing, active case finding (early detection), and case investigation.
- Vaccination of frontline volunteers (SDB, contact tracing), if/when vaccination becomes available (in accordance with forthcoming SAGE guidelines)
- Intensive RCCE and accountability, including awareness and sensitization and community feedback mechanisms within affected communities and areas at risk.
- Preparedness for and management of SDB
- Community infection prevention and control (IPC), including disinfection of houses and other suspected areas.
- PSS for infected and affected people, and for responders.
- Full restocking of SDB kits in-country
- NS operational response capacity check and link with ongoing NS preparedness measures for multi hazard and epidemic/pandemic preparedness.
- Inter-agency Coordination

Detailed activities planned (menu of options to be defined per country at EPoA stage)

CBS, IPC and SDB:

- Train volunteers in CBS, contact tracing and active case finding.
- Expand CBS to at-risk areas following the CP3 model established, and set-up information management system in new areas.
- Set up community early warning system through text messages.
- Training for volunteers on how to conduct safe and dignified burials where the outbreak is sustained according to the epidemiological situation.
- Carry out SDB following validated SDB alerts.
- Adapted refresher trainings for SDB teams based on the needs, including RCCE and PSS (modules)

- Identify and implement decontamination areas for vehicles and personnel (dressing and removal of PPE for volunteers), and waste management for contaminated disposables.
- Supply of protective equipment and all the necessary materials for SDB
- Supply of means of transportation for SDB teams adapted to the context.
- Strengthen Information management on SDB and contract tracing activities.
- Creation of strong linkage and information exchange between the SDB team and RCCE team through established feedback mechanism.
- Monitoring and quality control of activities

Rapid Response Teams:

- Train and equip multisectoral RRTs in the field of RCCE, SDB, and PSS to rapidly respond in newly affected areas.
- Organize training for Red Cross teams to conduct RCCE, SDB, and PSS where outbreak is sustained.
- Conduct first response RCCE, SDB, and PSS activities in newly affected areas.
- Identify and implement decontamination areas for vehicles and reusable SDB equipment, and waste management for contaminated disposables.
- Supply means of transportation for RRTs adapted to the context.
- Supply protective equipment and all the necessary material for the RRTs.

Psychosocial Support:

- Service mapping of PSS and sexual and gender-based violence (SGBV) actors to ensure appropriate referrals for cases in need of higher levels of care in collaboration with PGI teams/ focal points.
- Quality review of PSS interventions with the view of initiating direct PSS services to the affected population.
- Continue psychosocial support activities for staff and volunteers involved in the operation.
- Train/orient and coach PSS staff and volunteers (focal points, supervisors, team leaders, etc.) on community-based PSS interventions
- Set up PSS component of RRTs.
- Print and disseminate information, education and communication (IEC) materials for PSS.
- Ensure proper referral to higher-level PSS interventions, when needed.

RCCE/Accountability and Health and Hygiene Promotion (with WaSH sector):

- Conduct regular refresher sessions for volunteers on RCCE approach, feedback data collection and analysis, knowledge on EVD and COVID-19, epidemic control for volunteers (ECV), and PSS.
- Conduct door-to-door sensitisation and mass awareness activities, including interactive radio shows, roadshows using motorised vehicles with loudspeakers (allo allo caravan), theatre activities in schools, local associations, and institutions, and educative talks in communities to share timely and accurate health information.
- Conduct public hygiene and sanitation activities in the community, such as cleaning up schools or markets to use these sites as an opportunity to further engage with communities and improve local acceptance.
- Engage with community leaders (district and cell chiefs, religious leaders, etc.), community representatives and influencers (young leaders, women, artists, etc.) to sensitise them on the public health response to EVD, build a relation of trust and collaboration to plan and organize joint community-based activities.
- Set up and operate Red Cross information kiosks.
- Conduct rapid assessments combined with PSS on level of knowledge, attitude and practices of affected communities.
- Conduct RCCE activities targeting marginalized and vulnerable groups (persons with disabilities, Indigenous people, children, etc.) in close collaboration with PSS teams, including activities against stigmatization of survivors.
- Engage with truck drivers, hairdressers, motorbike-taxis, and civil society groups to provide prevention and public health messages and encourage them to listen to and participate in radio programs.
- Set up the RCCE component of the RRTs.
- Adapt IEC materials to local languages and tailor to specific audiences.
- Set up systems to collect and analyze community feedback, including questions, concerns, misinformation, beliefs and perceptions during social mobilization activities (door-to-door, mass sensitization, interactive media, etc.) that can be used to inform operational decisions and adaptations to SOPs.

- Maintain an information management and quality control system for the community feedback system to ensure reliable and accurate data collection and analysis are taking place.
- Return to communities to inform them about measures taken about their feedback (closing the loop)

Priority 1 Countries – Advanced Preparedness and Readiness

General activities planned.

- Rapid assessment/feasibility (where CBS not already existing) training and implementation of active CBS, intensive RCCE and screening/case detection activities in highest-risk and border areas.
- Establish rapid response teams and capacities for response to introduction of cases.
- Assessment and resupply with SDB equipment; establish mandate/coordination with MOH + training of a few rapid response teams per country, and/or identification of teams in at-risk areas combined with refresher TOT for team leaders who would be deployed to rapidly activate those teams.
- Epidemic control for volunteers and/or health/hygiene promotion training for rapid activation.
- Vaccination of frontline volunteers (SDB, contact tracing), if/when vaccination becomes available (in accordance with forthcoming SAGE guidelines)
- Assess PSS capacities and plan for training if/when needed.
- Cross-border communication/coordination
- Volunteer mobilization to at risk areas (borders and bordering communities) to conduct RCCE sessions.
- Hygiene promotion, especially handwashing hygiene (with the WaSH sector)

Priority 2 Countries – Heightened Alert

General activities planned.

- Training and implementation of point of entry control activities (e.g., case detection/screening/referral, and RCCE) if requested by govt.
- Low intensity RCCE and passive CBS focusing on readiness to rapidly scale up/implement CBS in the event of introduction of a first EVD case. TOT and training of volunteers and start in select areas at highest risk of importation (border areas).
- Assessment of mandate, technical capacity and stock for SDB, along with rapid activation plan and trigger points to activate training.
- Pre-positioning limited numbers of SDB training and starter kits.
- Assess PSS capacities and plan for training if/when needed.
- Cross-border communication/coordination

The activities in neighboring countries will be detailed with the National Societies and authorities at the EPoA development stage.



Water, sanitation and hygiene

People targeted: 7,94 million

Response: 424,000

Preparedness: 7,52 million

Male: 3,57 million

Female: 4,37 million

Requirements (CHF): 746,000

Proposed intervention

Activities planned to be carried out (all countries):

- Conduct handwashing and screening/referral activities at points of entry (PoE) for three months through the engagement of community volunteers.

- Establish and equip points of entry at unofficial border crossings with WASH facilities and conduct community IPC and screening/referral activities for three months through the engagement of community volunteers.
- Replenish / procure equipment and items such as thermometers, batteries for thermometers, chlorine, chairs, tables, and tarpaulins to ensure functionality of all points of entry.
- Replenish / procure protective gear and visibility materials for volunteers at Points of Entry.
- In coordination with RCCE and health teams, conduct one RCCE orientation session per PoE and ensure implementation of RCCE mechanisms, including feedback and complaint mechanisms, through regular field monitoring visits.
- Conduct on-the-job training on community IPC for all volunteers involved in PoE activities and ensure monitoring through regular field visits.
- Conduct supportive supervision to ensure compliance with quality standards at PoE.
- Support surveillance and preparedness for other outbreaks, particularly cholera.
- Water, sanitation and hygiene, particularly community and household hand-washing hygiene.
- Engage with coordination mechanisms (e.g., WASH Cluster).



Protection, gender and inclusion

People targeted: 7,94 million.

Preparedness and Response: 424,000

Male: 189,000

Female: 235,000

Requirements (CHF): 107,000

Proposed intervention

Guinea Conakry (Full EVD Response)

Needs analysis:

The major needs in this sector include ensuring that the most vulnerable are reached by EVD preparedness and response activities, and ensuring information sharing with staff and volunteers on the prevention and response to sexual and gender-based violence (SGBV), as well as the prevention of sexual exploitation and abuse (PSEA) and child safeguarding. PGI activities will be mainstreamed in all sectors, and outbreak response activities will continually adapt to ensure that particularly vulnerable groups (and their carers, where appropriate) are informed and engaged in the response and can make use of available supports to identify and prevent cases of EVD.

Activities planned to be carried out:

- Identify PGI focal points and provide advanced ToT on SGBV, PSEA and child safeguarding.
- Plan and Roll-out trainings for frontline staff and volunteer on SGBV, PSEA and child safeguarding
- Senior management team (SMT) and all field coordinators to hold PGI-focused meetings (minutes of meetings, recommendations and follow up points shared with PGI advisor at regional office)
- Set up and activate the use of a PSEA and SGBV hotline for staff and volunteers.
- Support sectoral teams to ensure mainstreaming of PGI meeting IFRC Minimum Standards for PGI in Emergencies
- Train PGI focal points, supervisors, volunteers - PSS and RCCE teams on PSEA, SGBV, child safeguarding, and trafficking in persons
- Continue working with RCCE team to operationalize guidelines for sensitive complaints and pilot a system, with linkages to existing community feedback systems, on handling and acting on sensitive feedback.
- Identify and disseminate referral pathways for areas of the operation.
- PGI focal points to participate in the SGBV sub-clusters to ensure close coordination with other SGBV actors.
- Conduct sensitization sessions in each of the operational bases to raise awareness on prevention of and response to SGBV.
- Conduct trainings and training of trainers for IFRC and National Society staff and volunteers on the Code of Conduct, PSEA and child safeguarding (all briefings and trainings on PSEA to include this video

<https://www.youtube.com/watch?v=2rOMyul-NDk> and the online introduction on SGBV case disclosure and referrals found at this link https://www.dropbox.com/s/x7ccl0fj9mbds01/zoom_0.mp4?dl=0

- Ensure volunteers and staff sign the Code of Conduct and include reminders in regular meetings.
- RCCE activities targeting marginalized and vulnerable groups (persons with disabilities, communities in conflict areas, indigenous groups, etc.) to include activities to prevent stigmatization.
- Produce and disseminate IEC materials on PSEA, SGBV, Child Safeguarding adapted to local languages and to specific audiences (e.g., vulnerable and marginalized groups)
- Collect, analyze, and disseminate sex and age disaggregated data and support other sectoral teams on collecting disaggregated data.

In P1 and P2 countries:

- Supporting other sectors to have gender, age and disability disaggregated data,
- Integrating PGI analysis to the need assessments,
- Training staff on volunteers on basic PGI,
- Support sectoral people to integrate minimum PGI standards in emergencies to their work.
- Train staff and volunteers on PSEA and Child safeguarding.
- Develop service mapping and disseminate to the staff on volunteers; establish referral mechanisms for protection cases including sensitive complaints under PSEA.

ENABLING ACTIONS

Influencing others as strategic partners

Requirements (CHF): 373,000

Collective Movement response plays a vital role in providing bilateral and multilateral support to National Societies responding to the critical needs. Together the Movement adds immense value in a coordinated response which respects clear roles and responsibilities, promoting a principled humanitarian approach. The Appeal will promote, influence, and capitalize on the Movement's unique position, leveraging relations with the respective governments and National Societies to ensure needs and respect of those affected by a principled, neutral, and independent intervention.

Communication activities will be conducted to draw attention to and highlight the humanitarian situation and activities related to the Red Cross EVD outbreak response operation, through the development of key messages, press releases, high-quality and compelling photo, video materials—as well as social media activities that can be used by the media and Movement partners.

Activities planned to be carried out.

- Enhance NS communications capacity & support strategy & policy development.
- Develop communications materials in relevant languages including image bank, snapshots, web stories, social media and agents of positive change.
- Support development & adoption of a resource mobilization strategy & plan of action
- Support NS in negotiation of partnerships with, national and local authorities, the UN and INGOs
- Provide advice about partnership agreements.
- Conduct a mid-term and end-term evaluations of operation.

Ensuring accountability

Requirements (CHF): 2,315,000

This multi-country response requires an effective and coordinated Movement response, leveraging their specific added value. This needs to be supported through strong communication flow, sufficient HR capacities on the field and regular coordination. Furthermore, this Appeal will incorporate a Federation-wide approach which includes preparedness and response activities of all Federation members contributing to the operations of the involved National Societies. Support will be provided through trainings, workshops, mentoring, on-the-job coaching where surge staff are subject matter experts. A Federation-wide footprint will be ensured to reflect the support provided by all participating National Societies.

In this operation the IFRC invests significantly in data gathering, data-driven decision making as well as supported by high-quality research and evaluation. The outcomes will not only inform this operation's strategy, but also responses to outbreaks by IFRC. Furthermore, it will also help craft the right posture for IFRC in protracted emergencies and high vulnerability countries such as Guinea.

The support services departments will continue to promote all safeguards and high standards of accountability to financial resources and provide timely reconciliations, adequate filing and reporting to all partners and donors. This will be done using well established IFRC systems.

Furthermore, a comprehensive risk management structure will be set-up, based on solid risk assessments and identification of gaps, with appropriate controls to ensure mitigation. This effort will be supported by all levels of the IFRC secretariat with dedicated resources throughout the operation.

Activities planned to be carried out:

For effective international disaster management:

- Develop a one plan, one monitoring mechanism, one reporting system one joint assessment.
- Provide operational support in information technology and communications to active pillars and services in the operation.
- Enhance supply chain capacities (logistics, warehousing, procurement and fleet) to ensure operational continuity.
- Regularly use outcomes from CEA assessments to adjust operational priorities and services.
- Enhance NS risk management and systems and regularly monitor potential risks.
- Adjust logistics, information management and PMER structures, as needed.
- Put in place a robust duty of care.

To ensure a strong IFRC:

- Continuously monitor and evaluate activities and ensure action on community feedback data.
- Provide support services to National Societies on prioritised areas of accountability.
- Manage grants, mobilize resources, and conduct donor relations and reporting.
- Constantly monitor the security situation together with the National Society and ICRC
- Maintain close contact with field bases to ensure rapid response in case of incidents.
- Promote a culture of security briefings co-led by National Societies to all staff and volunteers

Strengthening National Societies

Requirements (CHF): 1,204,000

Based on the learning from the previous response operation in 2014 there will be a great need for support from the outset of the operation in accompanying the National Societies to manage the scaling up of the response and to ensure a structured scaling down and transition to longer-term National Society Development (NSD). The operational strategy for response needs to be closely aligned with the National Societies' long-term development goals. National

Society leadership through a potential deployment of surge NSD in Emergencies will be guided and assisted in integrating and aligning their institutional development priorities, with the humanitarian needs. This will include a focus on risk management, auxiliary role with the local authorities, humanitarian diplomacy for influencing decisions and positioning of the National Societies, financial sustainability, and volunteer management and duty of care,

Another focus will be on supporting skills development of volunteers and staff especially in data collection and reporting, improving existing volunteer management tools and establish duty of care and insurance mechanisms.

National Societies' response capacity will be enhanced, building on ongoing preparedness for multi-hazards, for epidemic and pandemic preparedness initiatives and identified National Societies' operational priorities. Preparedness/readiness checks will be conducted to identified key National Society priorities in countries that are not already engaged in mid to long-term preparedness for response work. The [Operational learning](#) information gathered from DREF supported operations will be also used to identified critical lessons and challenges to continue enhancing the preparedness and response plans.

Activities planned to be carried out:

- Reinforce strategic and operational dialogue with national and local authorities, donors and other stakeholders.
- Support NS leadership through strategic providing accompaniment, coaching and mentoring.
- Reinforce NS systems to enhance accountabilities.
- Reinforce Operational Capacities to improve quality of the services.
- Enhance branch capacities and volunteering services.

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration. More details are in the Emergency Plan of Action.

D. FUNDING REQUIREMENTS

E. EMERGENCY APPEAL

EVD Outbreak - West Africa

Funding requirements - summary

Area of Intervention	Needs in CHF
HEALTH	3,755,000
WATER, SANITATION AND HYGIENE	746,000
PROTECTION, GENDER AND INCLUSION	107,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	373,000
ENSURING ACCOUNTABILITY	2,315,000
STRENGTHEN NATIONAL SOCIETIES	1,204,000

Contact information.

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

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For IFRC Resource Mobilization and Pledges support:

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For In-Kind donations and Mobilization table support:

- **Regional Logistics Coordinator:** Rishi Ramrakha, Head of Operational Logistics, Procurement and Supply Chain Unit, rishi.ramrakha@ifrc.org, (+254) 733 888 022

Reference documents



Click here for:

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

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.

Jagan Chapagain

Secretary General
