

West Africa | Ebola Virus Disease (EVD) Outbreak

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| Appeal No: n° MDREBOLA21 | Operations Update n° 1 Date of issue: 26 March 2021 | Timeframe covered by this update: 17 February - 17 March 2021 |
| | Operation start date: 17 February 2021 | Operation timeframe: 12 months end date: 17 February 2022 |
| Glide No: EP-2021-000016-GIN | IFRC Funding requirements: 8.5 million Swiss Francs (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) | If Emergency Appeal/ DREF amount initially allocated: CHF 990,210 |
| Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC, Danish and, French Red Cross Societies | | |
| Other partner organizations actively involved in the operation: WHO, MSF, ALIMA, UNICEF, OCHA, TdH | | |

A. THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE



Red Cross community engagement teams talk to people directly about the risks of ebola ©IFRC

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- 14 February 2021 :** The Government of Guinea declared a new outbreak of Ebola Virus Disease (EVD) in Gouécké sub-prefecture which is part of N'Zérékoré prefecture in *Guinée Forrestière Region*
 - 16 February 2021:** IFRC issued a rapid response alert for potential profiles (including HEOps, Public Health, Logistics, Communications, CEA, Finance/Admin and PMER) to support operational scale-up.
 - 17 February 2021 :** 990,210 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.
 - 19 February 2021 :** IFRC issued a Multi-country 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
 - 03 March 2021:** Guinea Red Cross's EVD Response Plan of Action developed jointly with all Movement partners.

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 2021. As of 26 March 2021, the epidemiological situation is as follow:

- No new confirmed case reported since 4 March
- Last confirmed Ebola patient discharged (cured) from CTEPi on 23 March;
- 348 contacts are being followed-up.

Cumulatively since the beginning of the outbreak

- 18 EVD cases reported (14 confirmed and 4 probable);
- 6 cured cases reported;
- 9 deaths reported (5 confirmed cases and 4 probable cases);
- a total of 3,998 people vaccinated including 1,055 front line staff.

Summary of Red Cross Red Crescent response to date

Overview of Host National Societies

Guinea

Since the early stages of the EVD emergency, the Red Cross Society of Guinea (RCSG) has been very active in deploying staff to the field and responding as much as possible to the emergency. An advanced team comprised of an Operations Manager (from DRC EVD operation) who was on leave in-country and Guinea Red Cross health department senior staff travelled to the epicentre of the outbreak (Gouéké, N'zérékoré) and worked on evaluating Red Cross operational capacity, boosting up the response capabilities at N'zérékoré Red Cross Prefectorial Committee level. Since then, the National Society has been deploying more teams in N'zérékoré to operationalize the response.

The Red Cross Society of Guinea (RCSG) 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 Prefectorial 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 the sub-prefecture of Gouécké. Furthermore, in coordination meetings with the 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).

Overview of Red Cross Red Crescent Movement in-country

A strong Red Cross Red Crescent Movement coordination dynamic has been noted in Guinea resulting to:

- a daily joint coordination meeting regarding the epidemiological situation and the evaluation on how to complement and supplement efforts for the response;
- an EVD Response Plan of Action developed jointly with all Movement partners, and program implementation is being streamlined for effective use of resources and increased capacity in the affected and at-risk areas.

The Red Cross Red Crescent Movement members have so far provided the below-listed support:

- **IFRC:** The IFRC through the Sahel Country Cluster Delegation has been supporting the Red Cross Societies of Guinea, Senegal, Mali and Guinea-Bissau with technical expertise as well as capacity building in management and support services. Five people (PMER, Logistics, Finances, Disaster Management Coordinator and Head of Sahel Delegation) have been deployed to support EVD response in Guinea Conakry. The West Coast Country Cluster Delegation and Sierra Leone Country Delegation provide support to preparedness efforts in Ivory Coast, Liberia and Sierra Leone. Being a Red level emergency, the IFRC has also set-up a Joint Task Force (JTF) with the participation from country, regional and Geneva Secretariat levels, involving all different offices and departments in this response. The JTF calls have been seized to discuss the operational orientation, epidemical evolution and deployments, preliminary structure, key challenges, and priorities, as well as emphasis on Risk Management and Cross-border information sharing.
- **French Red Cross:** FRC has been working with the National Society since the previous EVD outbreak in 2014. In Guinea, within the framework of the 2021 EVD operation, the FRC has:
 - trained 30 volunteers in Psychosocial Support (PSS) and has been deploying them in the field. 21 trained Red Cross volunteers have already been deployed including 1 volunteer as Mental Health and Psychosocial Support (MHPSS) supervisor
 - trained 20 volunteers in Safe and Dignified Burials (SDB)
 - Briefed 30 volunteers on Infection, Prevention and Control (IPC) before deploying them in the field.
- **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.
- **Danish RC** has a presence in-country and has provided bilateral support to Guinean RC for the initial response to the outbreak.
- **The International Committee of the Red Cross (ICRC)** has been active in Guinea since 1991. As of 2021, the ICRC does not have any more delegation in-country, but some of its staff continue providing support to 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 IFRC and ICRC is ongoing at regional and national level.

Overview of non-RCRC actors in the Region

There has been an inter-agency coordination with external partners (WHO, UNICEF and MSF) to identify the gaps to be addressed by the Red Cross Red Crescent Movement in response activities. The following table gives an overview of the roles of the main actors within the framework of the Ebola Response in Guinea and priority 1 and 2 countries.

| Organization | Role |
|--------------|---|
| Guinea | <p>ANSS – National Agency for Health Security – coordinates Ebola response;</p> <p>WHO – technical support to coordination, as well as case management and surveillance pillars of the response.</p> <p>UNICEF is the pillar lead for RCCE in N'zérékoré, they are also active in MPHSS activities as well as the continuation of essential health services. UNICEF has an open PCA with the GRC that they are looking to reactivate to WASH activities in schools linked to Ebola.</p> <p>ALIMA active in case management and is running the Ebola Treatment centre in N'zérékoré. They are also supporting laboratory technicians for testing</p> <p>WFP is the pillar lead for logistics and looking into the option of beginning humanitarian flights in Guinea to N'zérékoré. WFP is also supporting with food distribution for those under quarantine and high-risk contacts of confirmed Ebola cases.</p> |

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| | <p>OCHA has recently arrived in N'zérékoré to support coordination efforts, and advocacy to adopt the standard pillar formations for Ebola response.</p> <p>MSF did not have presence in N'zérékoré before the outbreak. Areas of intervention they will support are not yet clear, but they have provided an ambulance to the DPS to support patient transfer.</p> <p>IOM is supporting ongoing mapping, as well as surveillance at points of entry and contact tracing activities.</p> |
| Sierra Leone | <p>MoHS: Coordination and Management</p> <p>WHO: Technical support on coordination, surveillance, and case management</p> <p>MSF: Support the prepositioning of IPC and WASH materials</p> <p>WVI, WHO, GIZ: Support with EVD simulation exercise</p> <p>CDC, WHO: Technical support on surveillance and laboratory diagnosis</p> <p>UNICEF: community engagement, and safe and Dignified Burial (SDB)</p> |
| Ivory Coast | <p>Public Health Emergency Operations Committee (COUSP) is collaboration with other members including the MoH, WHO and UNICEF are in charge of the National Ebola Response Plan</p> |
| Liberia | <p>MoH: Coordination,</p> <p>NPHIL: Field preparedness and Response coordination</p> <p>WHO: Technical support on coordination, surveillance, case management, risk com</p> <p>UNICEF: Support the National WASH Commission on IPC and WASH</p> <p>MSF: Supporting the government in Case management</p> <p>CDC: Technical support on surveillance and laboratory diagnosis, vaccination</p> <p>WFP: Logistics</p> <p>Ministry of Internal Affairs: community engagement and Safe and Dignified Burial (SDB)</p> <p>General Service Agency (SGA): Responsible for Government Logistic</p> |
| Senegal | <p>WHO: Coordination</p> <p>OOAS:</p> <p>CDC: Technical support on surveillance and laboratory diagnosis, vaccination</p> <p>UNICEF:</p> <p>USAID:</p> <p>ALIMA:</p> |
| Mali | <p>Ministry of Health: through the National Institute of Public Health (INSP)</p> <p>Directorate General of Health and Public Hygiene (DGS-HP) and the Health Districts</p> |
| Guinea Bissau | <p>Government of Guinea Bissau (MoH): Operational Committee for Health Emergencies (COES)</p> |

Priority 1 and 2 Countries

The Emergency Plans of Actions of the various countries bordering Guinea are jointly represented in the Ebola Regional Appeal in West Africa. The actions are coordinated by the Sahel Cluster and West Cluster delegation and the regional team and weekly meetings are held to share information.

The Red Cross and Red Crescent movement will focus on building the operational capacity of the National Societies. The IFRC through the Sahel and West Africa delegations will directly support field team training activities, monitoring field activities, and reporting strategies. Both delegations will also provide support to mobilize support services requested from the NS.

Guinea Bissau

During the 2014-2016 EVD epidemic, Guinea-Bissau, given its geographical location, particularly its border with the Republic of Guinea, developed its Emergency Plan for the Prevention and Response to the Ebola Epidemic. The main objective of this emergency plan is to prevent and respond quickly and effectively to the possible emergence of Ebola outbreaks in the country, guiding all actions specifically for the detection, monitoring and control of the Ebola virus.

With the official declaration on the resurgence of Ebola cases in the neighbouring Republic of Guinea, the Government of Guinea-Bissau, meeting at the Council of Ministers on **18 February 2021**, reviewed the situation and decided to rebuild the Ebola screening team that had been established in 2014/2015 and to maintain its borders with the Republic of Guinea open at the three ports of entry: Bruntuma, Pitche-Fulamor and Cuntabane.

The Red Cross Society of Guinea-Bissau (CRGB) participates in the meetings of the National Multisectoral Committee for the Management of Epidemics and Disasters

Mali

The Mali Red Cross (CRM) responded to the EVD outbreak in 2014 and has been engaged in epidemic preparedness for more than two years and more than a year in the COVID-19 response with all members of the RCRC movement. It intends to support the Ministry of Health and Social Development (MSDS) in the preparation and prevention of Ebola virus disease in Mali. An Action Plan was developed based on the priorities of the Ministry of Health, the RCRC Movement's goal, informed by the previous EVD Action Plan from 2014 and the guidelines from the CRM Epidemic Contingency Plan.

Since the beginning of this epidemic in Guinea, the CRM Executive has been in constant discussion with members of the RCRC Movement, including the IFRC for mobilization of resources, to initiate coordinated actions for a rapid response in Mali as part of the prevention and preparation according to the needs of the MSDS. Discussions are ongoing with the PNS (Belgium, Canadian, Danish, Spanish, French, Luxembourg, Dutch and CRQ) present in Mali.

On a multi-level prioritization, Mali is classified as Priority 2; the implementation of actions is coordinated with other regional partners for a coherent joint approach.

The CRM took part in the first emergency meeting organized by Mali's Ministry of Health and Social Development during which risk communication and community engagement (RCCE) was cited as one of the immediate actions to be taken to prevent EVD in the country.

The National Technical Group on Risk Communication (GTCR) under the leadership of the National Centre for Education and Communication Information for Health (CNIECS) is working on updating the communication strategy. Also, the Directorate General of Health and Public Hygiene (DGS-HP) is working on updating the National Response Plan EVD, under the leadership of the office of the World Health Organization (WHO) in Mali. National Crisis Committee meetings are held with all stakeholders under the leadership of the INSP.

The National Entry Point (PoE) Guidelines, drawn up in December 2020, will strengthen transmission control measures in border areas with Guinea.

Senegal

The action of the National Society will integrate the response plan launched by the Ministry of Health and Social Action to bridge the gap in the mobilization of material and human resources, the sharing of the Red Cross approach in surveillance and community mobilization actions and the deployment of specialized intervention teams in the field for WASH/IPC, health, shelter, and CEA.

The action of the Senegalese Red Cross will be supported by the mobilization of a team of 500 volunteers spread over the different regions identified for community mobilization activities. They will be supported by 3 Rapid Response teams (RRTs) and 10 specialized National Disaster Response Teams (NDRTs). The action of the technical teams will be complemented by the commitment of governance at the level of the various national bodies to consolidate the position of the Senegalese Red Cross in the context of emergency health operations.

At the central level, the National Society will be represented in all the coordination bodies set up by the Government of Senegal through medical care commissions, contact tracing, communication, and WASH/IPC. The SCRS will participate in all coordination meetings and missions to align with National guidelines and harmonize the country's approaches to intervention in the face of EVD.

At the local level, the regional and departmental committees involved in the operation will represent the national level at the level of the intervention frameworks set up by the governors and prefects through the holding of the Regional Development Committees (CRD) and the Departmental Development Committees (CDD). These bodies are regularly convened by the management in crises to harmonize interventions, map the actors, redefine the roles and responsibilities of each stakeholder and the organization of joint monitoring.

PNS based in the country have been consulted for mobilizing resources, building operational capacity and other actions concerning their areas of intervention. The Belgian Red Cross, for having experimented with the CBS approach with the SRCS in three regions of the country will be heavily involved through its country representative for better articulation and deployment of the mechanism in the area targeted by the operation.

Other non-RCRC movement actors join the crisis management commissions run by the Ministry of Health through the Health Operations Centre. At the central level, there are non-governmental organizations that provide support for mobilizing financial resources to the government through mobilization of medical teams, the provision of equipment and equipment for health facilities and participation in the deployment of equipment through capacity building. The Ministry of Health, which leads all interventions and partners around the national response plan, has put in place regular coordination mechanisms, such as:

- Bi-weekly meeting of the National Committee for Epidemic Management (CNGE)
- Day-to-day meetings of the multi-sector operational coordination group
- Weekly meetings of regional and departmental epidemic management committees (CRGE and CDGE)

At the central level, there is the presence of support partners: WHO, OOAS, CDC, UNICEF, USAID, ALIMA among others. At the decentralized level in the regions and departments, through the CRGE and CDGE, there is the presence of all relevant technical services, as well as civil society actors, local authorities and representatives of grassroots community organizations.

The Senegalese Red Cross works with these out-of-movement actors in the framework of coordination bodies, in harmonizing approaches and streamlining resources. As part of the interventions, the CRS works with out-of-movement actors in evaluations, field monitoring and data exploration. These out-of-movement actors also include grassroots community organizations with which the Red Cross works for communication and accountability strategies, awareness and epidemiological surveillance. A synergy of action will also be carried out with the territorial authorities in the context of border surveillance with volunteers.

Sierra Leone

Following the confirmation of an outbreak in Guinea, the Emergency Operations Centre (EOC) of the Ministry of Health and Sanitation (MoHS) in Sierra Leone convened a Public Health Emergency Management Committee (PHEMC) meeting which was chaired by the minister to discuss, plan, and take actions that will prevent spill over of the outbreak from Guinea as it occurred in 2014. The government of Sierra Leone (GoSL) has activated its Health Emergency Response System to level II (enhanced surveillance, active case finding, and robust community engagement).

SLRCS has been monitoring and assessing the evolving situation in neighbouring Guinea and taking steps to support the Government of Sierra Leone in providing humanitarian support across the country. SLRCS is part of the national-level EVD resurgence incident planning sessions organized by the Ministry of Health and Sanitation, attended by key health partners in the country. The meeting discussed the readiness status of various arms of the response, update EVD case definition and surveillance tools, monitoring of entry points, prepositioning emergency stock, and possible phase three vaccine trial in the event of an outbreak. National preparedness plan and budget for respective pillars were presented, with a request for partners to support the pillar of interest. In that regard, the SLRCS is in consultations with the EOC management team to support with fuel for coordination activities and to organise stakeholder's orientation meeting in the eight priority border districts. Radio discussion programs will also be supported. SLRCS is also participating in the EVD simulation exercise for which the national level training is presently ongoing. A total of 225 volunteers have been identified from the 9 priority districts for trainings to support risk communication and community engagement activities.

As part of SLRCS preparedness actions, the Sierra Leone RC under the CP3 project with technical support from the District Health Management Team (DHMT) and the office of National Security (ONS) has conducted training in Kailahun and Kambia districts for traditional healers covering community case definitions of epidemic-prone diseases with high focus on EVD. Participants were also orientated on the recent EVD resurgence in Guinea and the need for community surveillance and referral of sick patients to health facilities. The target locations were border communities, and Kailahun training was held close to where Guinea has recorded confirmed cases of EVD, and a chiefdom where Sierra Leone recorded the first case of EVD in 2014 through a traditional healer. Refresher trainings were also conducted to link teachers and volunteers in Kailahun and Kambia districts with great emphasis on EVD and to further engage schools and their homes on health promotion activities and EVD preventive messages.

The International Federation of Red Cross and Red Crescent Societies (IFRC) has a country delegation in Sierra Leone, together with movement partners (British Red Cross and Finish Red Cross). The IFRC country delegation provides support to the SLRCS in the EVD preparedness and readiness implementation with technical guidance from the Cluster and Regional offices.

Internally, a joint movement partner's meeting involving SLRCS, IFRC, FRC, and BRC was held to put NS on the drivers' seat in preparing for the EVD outbreak in neighbouring Guinea with a potential to spill over to Sierra Leone, and together with partners agreed on possible areas of intervention and have developed one national preparedness plan and budget. SLRCS has ensured that the national preparedness plan is in line with the overall government preparedness and readiness plan to ensure that our auxiliary actions contribute to the governments' overall objectives in preparing for the EVD.

Liberia

Since the alert of the confirmed Ebola virus disease (EVD) outbreak in Guinea, the Liberia National Red Cross Society (LNRCS) has alerted all of its Field Offices (chapters), especially the chapters bordering Guinea to mobilize volunteers for possible deployment in the event of the worst-case (confirmed Ebola case in Liberia). The chapters have enhanced

coordination with the County Health Teams (CHT) and are currently attending coordination meetings thus contributing to the government effort on Ebola preparedness.

The NS has prepositioned five units of IPC materials to the five priority chapters (Bong, Lofa, Nimba, Gbarpolu, and Grand Cape Mount) bordering Guinea, and also carried out capacity mapping for active and trained volunteers that are available for activation.

The NS dispatched a team from Monrovia to the five priority locations to support the chapters and breaches conduct rapid assessment.

LNRCs has completed the mapping of volunteers to be trained as ToTs in integrated ECV, PSS, WASH, IPC, RCCE. The volunteers, once trained will cascade the training to other volunteers. Already the NS mapped SDB volunteers that previously took part in the 2014-2015 Ebola response in Liberia, these volunteers will receive additional SDB training and establish into a full SDB response team including in Monrovia.

Planning has been completed with the Government Public Health Institute to conduct training for six SDB teams of 15 members in the five locations and Monrovia (the Capital), the training materials, especially SDB kits are expected to be provided by the NPHIL.

Mapping of initial 25 volunteers from the priority counties to be trained as ToT in an integrated ECV, CEA, RCCE, is completed. The first phase of the training targets the priority counties while the second phase will include counties annexed and highly populated such as Montserrado (Monrovia) and others.

For now, the Swedish Red Cross (SRC) is the only movement partner in-country supporting the NS in a capacity-building program. The IFRC through its West Coast Cluster Delegation Office in Abuja and Africa Regional Offices is the lead in supporting the NS' EVD preparedness actions. ICRC, at the moment, is supporting NS capacity-building and Movement Coordination actions from its Abidjan Office.

The WHO and US-CDC are the major technical support partner to the Government as well as other UN Agencies such as UNICEF, among others.

Cote d'Ivoire

The Cote d'Ivoire Red Cross with its vast experience in epidemic prevention activities such as during the previous Ebola outbreak is collaborating with the Ministry of Health (MoH) to scale up prevention through sensitization and awareness activities, mainly in communities most at risk in the country.

The National Society (NS) with its network of over 5,000 active volunteers in 86 branches are collaborating with Government agencies, Movement partners and other actors in the prevention and awareness activities in the identified regions at high risk of EVD along with the ongoing COVID-19 activities.

The NS as a member of the Public Health Emergency Operations Committee (COUSP) in collaboration with other members including the MoH, WHO and UNICEF have updated the National Ebola Response Plan and updated the prevention and awareness messages to be carried out in communities at high risk. The NS is also a member of the Subcommittee on Risk Communication and Community Engagement (RCCE) that worked on the reviewed messages. The NS continues to actively participate in meetings with the emergency operations committee where the evolution of the epidemic situation both in and outside the country is reviewed and decisions taken when and where necessary.

The NS has mobilized its local branches along the border with Guinea to engage staff and community volunteers to conduct readiness and preparedness activities to prevent a potential outbreak of the EVD.

The IFRC is working closely with the NS to prevent the outbreak of the epidemic in the country. A virtual conference organised by IFRC was held on 18 February 2021 where discussions were held and agreement reached on strategies and actions to be carried out as preparedness and response measures through the DREF. The IFRC continues to support CRCI in the management of epidemics and as part of the Ebola outbreak, support will be provided through the West Coast Country Delegation based in Abuja, Nigeria.

The Cote d'Ivoire Red Cross is engaged in discussion with other Movement partners in-country on collaboration and coordination in case of an outbreak in the country. The CRCI continues to organize Movement coordination meetings every month where humanitarian issues including epidemic outbreak are discussed. In addition, the NS participates in the bi-weekly West Coast Delegation Coordination meeting on EVD.

The Ministry of Health (MoH) in collaboration with other members of COUSP is working on awareness and preventive measures to avoid the spread of the epidemic into the country. The MoH identified three regions (six territorial

departments) in the Western part of the country as at-high risk zones due to their proximity with Guinea: Odienné, Touba and Man. The Emergency Operations Centre has been reactivated, while an Ebola Treatment Centre has been reopened in Man (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.

The MoH continues to organize and lead the weekly multi-sectoral coordination meetings where other partners including the UN systems in-country and the ICRC, CRCI and other INGOs participate. During the last meeting, the MoH shared the national preparedness and response plan against EVD with the participants

B. THE OPERATIONAL STRATEGY

Needs assessment and targeting

The overall objective of the operation is to contribute to preventing and reducing morbidity and mortality resulting from the Ebola virus disease in Guinea, focusing on:

- reinforcing the GRCS response for immediate lifesaving interventions in the affected areas;
- rolling out prevention and response activities in the affected and at-risk areas;
- coordinating response with the authorities/Ministry of Health/ANSS, WHO and other key actors;
- engaging the affected people throughout the entire process;
- strengthening the capacity of the National Society to respond to epidemics.

The overall strategy combines the five response pillars:



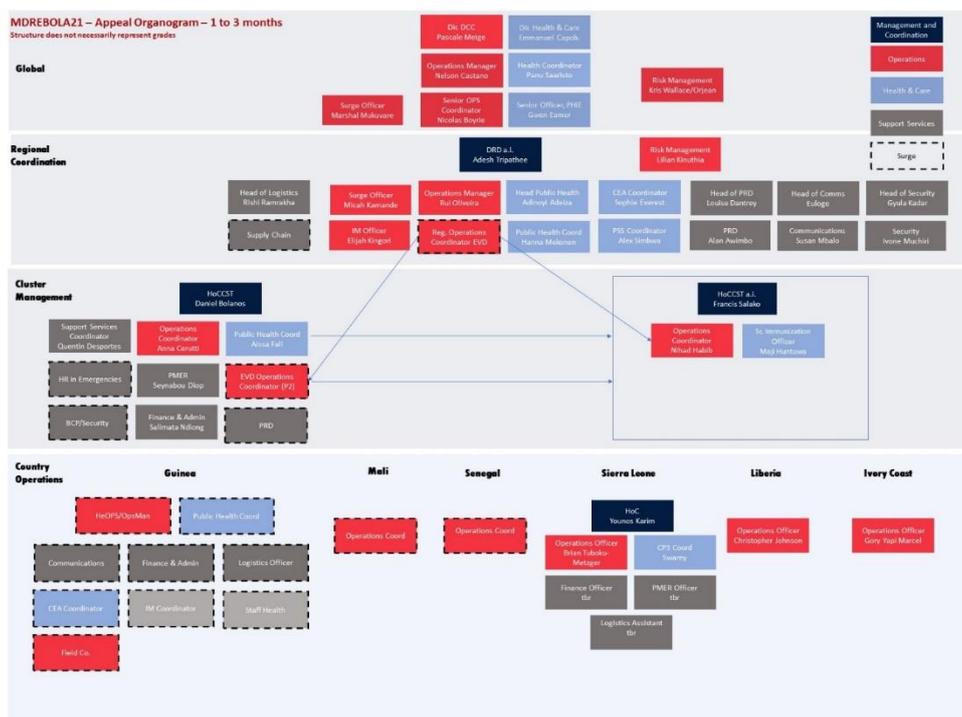
Operational support services

Human Resources

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 the organisation structure is build based on a peer approach strategy.

Staffing and workforce planning

A short-term staffing strategy that focuses on surge roles that are critical to the operation has been implemented. IFRC has utilized its short-term staffing modality to retain personnel who have the appropriate skill sets so as to ensure continuity of activities. In consultation with hiring managers, HR is mapping out mid to long-term needs and develop a contingency plan should activities continue beyond a 6-month period. A consultation on the



overall longer-term response or recovery structure for the operation in terms of HR will also be conducted. This will include possible scaling up or downsizing, depending on how the situation evolves.

Surge Recruitment

Surge support in fields of Coordination, Public Health in Emergencies, Community engagement and accountability, Information Management, Finance & Admin, Security, Logistics, Communication and PMER are deployed to support the National Society in assessment, planning, coordination, implementation and monitoring of the operation. A remote Surge Staff health and Supply Chain Coordinator are supporting the current structure. Close coordination and collaboration with other key stakeholders for effective response will be ensured. A surge Ops Coordinator has also been deployed to coordinate preparedness efforts with the NSs as well as a HR in emergencies delegate to start a quick transition from surge to long term phase.

IFRC International Staff Recruitment

Ongoing recruitment - Key roles priorities:

- Operation Manager – based in N’Zérékoré – 6 months duration contract
- Finance and Admin Delegate – based in Conakry – 6 months duration contract
- Health Delegate - based in N’Zérékoré – 6 months duration contract

All roles above are advertised subject to funding. HR will also identify support functions that can be filled locally and facilitate knowledge transfer to ensure the sustainability of such services.

Evaluation of existing recruitment processes

HR is reviewing its existing recruitment processes and determining how they can be optimized. A plan outlining a faster recruitment and selection process for the operation will be drafted and shared. The aim is to establish a strong and sustainable collaboration between the HR focal point of National Society and the IFRC HR in emergencies coordinator. HR will continue to monitor and adapt the HR plan based on the different scenarios that the operation could face.

Communication

A communications surge delegate has been deployed and is currently in N’Zérékoré. Photos and footage of various Red Cross activities have been produced, including community engagement, swabs for Ebola testing and training for safe and dignified burials. They have been shared with the National Society and uploaded to ShaRED for use by the entire Red Cross Red Crescent Movement. New key messaging is in the making.

To boost the visibility of the Red Cross response to Ebola in Guinea (but also in DRC), a press briefing was organized on 24 March. Some of the IFRC workers involved in the response also conducted media interviews after the press briefing. One of the outcomes is this article: [“DRC Ebola outbreak contained but Guinea’s simmers - long virus life demands vigilance - Geneva Solutions”](#)

Logistics

The National Society accompanied by the IFRC proceeded to procure a large part of the local purchases in accordance with the IFRC's standard procurement procedures. On the other hand, the logistic requisitions for the international purchase regarding Safe and Dignified Burials (SDB), starter and training kits have been already shared with Nairobi Regional Office for processing and receipt in Conakry within 15 days.

It has already been reported during the assessment of the National Society’s warehouse located in Kindia that most of the stocks have already expired. The National Society will proceed to the distribution of good stocks.

PMER

A Surge PMER has been deployed to provide support in developing situation reports, operations updates, activity monitoring, and the development of other documents as applicable under this operation. A regular monitoring system has been established to track the effects and impact of response actions and to track the progress of activities implementation

Finance and Administration

Finance and Administrative activities:

- The IFRC Status Agreement with the Government of Guinea.
- The team communication fleet with phone lines and the internet is functional for all operation team members and staff on mission;
- Two residences for the accommodation of the staff in N’Zérékoré have been identified and a Residence Risk Assessment has been conducted by the IFRC team in N’Zérékoré.

Fraud and Corruption Prevention activity:

In the Risk Management register, a training on fraud and corruption detection and mitigations measures has been organized on 12 March for Guinea Red Cross Headquarters (RCSG-HQ) to support staff members (Finance, Procurement, Logistics, Fleet, Warehousing, HR, Communication and IT). The training was geared towards providing tools on fraud detections for the front-line support staff at GRC-HQ level. The same training will be scheduled for N'zérékoré Red Cross Prefectorial Committee team when the full National Society structure will be in place in the near future.

This fraud and corruption detection and mitigations measures types is in line with the Risk Management framework which is being elaborated with the support of the Sahel delegation for the EVD operation.

The “No Regret” approach policy

For the first month response of EVD in Guinea and in line with the IFRC Risk Management framework, procedures facilitation has been put in place and documented.

Priority 1 and 2 Countries

Guinea Bissau

The approach of GBRCS is:

- Strengthen the capacity of 100 volunteers for risk communication and community engagement (RCCE) and Epidemic Control for Volunteers (ECV) to support the prevention of infection and the spread of Ebola
- Promote risk communication and community engagement (RCCE) and Epidemic Prevention awareness of Ebola infection
- Strengthen the capacity of 100 dignified and secure burial volunteers (SDB)
- Strengthen the capacity of 40 volunteers in psychological and psychosocial support (PSS)
- Establish a communication mechanism (assistance, TV, security, and emergency call) to support victims or others in need and refer epidemiological cases to epidemic control and research centres
- Acquisition and distribution of hygiene equipment and materials and SDB equipment

The GBRCS has experience in implementing the Ebola Prevention and Response Plan, which was implemented between 2014 and 2016, and emergency response experiences, such as the Storm DREF operation of 2018 and the COVID-19 Emergency Plan of Action (EPoA/COVID-19) from 2020 and many other interventions targeting the most vulnerable communities over the years.

The current plan aims to carry out concrete and targeted interventions with communities in the border regions of the neighboring Republic of Guinea, ensuring that the risks of infection and spread of the Ebola epidemic spread to these highly vulnerable areas, considering the characteristics themselves, such as the large flow routes of migrant personnel using, both official and clandestine (in and out by land, river, and sea).

In this regard, in order to better ensure the effectiveness of its interventions in these areas, GBRCS will work closely with health professionals and other officials of relevant institutions such as local and traditional authorities, opinion leaders, religious leaders, community associations (women and young people above all), as well as the necessary collaboration with land and sea border surveillance services (Migration and Border Service, monitoring of fishing activities, Coastal Brigade, etc.).

Mali

During the 2014 EVD epidemic in the sub-region, there were several risk factors, the most critical of which were poor health system preparation, the high intercity and rural mobility of populations across porous borders, and cultural beliefs with community behaviours conducive to the spread of the virus. The first cases reported in Mali in 2014 all came from Guinea, where there was a significant community transmission. This is why during the current epidemic in Guinea, the CRM aims to strengthen risk communication and community engagement in preparing health districts for safe and dignified burials at the border areas with Guinea. Also, later the CRM intends to contribute through its volunteers in early detection and alerting, in infection prevention and control (IPC) at the community level for a positive behaviour change.

A total of 2,847,401 people are considered at risk, the population of communities and localities of the 4 regions bordering Guinea as well as cities that have a direct flight with Guinea.

| Regions/Districts | Localities/circles | Population |
|-------------------|--------------------|------------|
| Kayes | Kéniéba | 259,122 |
| | Kita | 463,787 |
| Koulikoro | Kangaba | 134,818 |
| | Kati | 671,739 |

| | | |
|--------------------|-----------------|-----------|
| Sikasso | Selingé | 109,196 |
| | Yanfolila | 173,846 |
| District de Bamako | Bamako Common 4 | 407,074 |
| | Bamako common 6 | 627,819 |
| Total | | 2,847,401 |

Operation Risk Assessment

Several risk factors that can lead to the spread of the virus in Mali include:

- Strong community ties, and population movements across porous borders;
- Community ignorance and misunderstanding of Ebola virus disease;
- Limited capacity for a rapid response to the epidemic;
- High community exposure to the virus through home care and traditional funeral rites causing many community deaths;
- Wrong belief in denial, reluctance, distrust and rejection of public health interventions.

The **proposed strategy** in Mali is based on:

- **Updated the Epidemic Contingency Plan:** As part of this response, the Malian Red Cross (CRM) intends to use the experience, skills, human and material resources of Operation Ebola from 2014-2015 as well as efforts to prepare for epidemics and pandemics. Thus, for this action plan, the CRM started the update of the 2020 Epidemic Contingency Plan, the inventory of equipment and equipment stocks of the 2015 Ebola Contingency Plan and the census of volunteers trained and involved in the last Ebola operation. In the eight targeted localities, SDB kits will be pre-positioned to be mobilized if cases are imported into Mali in coordination with the Health Districts, WHO and other stakeholders.
- **Cascading training:** A training plan (modules, strategies, targets and areas to be covered) will be developed. The training will take place on several levels:
 - **1 Training of Trainers (ToT) Session** (27 targeted people) on Epidemic Control for Volunteers (ECV), IPC, SDB, Contactless Approach and Knowledge on EVD, mobile data collection through the KOBO Collect application.
 - **8 training sessions for volunteers** (160 volunteers will be trained, 20 of them per session) for four days targeting the four branches of the Red Cross in the regions sharing the border with Guinea. The same modules of the ToT will be replicated: ECV, IPC, SDB, Contactless Approach and Knowledge on EVD, mobile data collection through the KOBO Collect application.
 - **4 training sessions for 8 safe and dignified burial teams (64 people in total) targeting volunteers and focal points of branches and morgues and community leaders** involved in the management of mortal remains (ritual washing of bodies) on the risk Ebola Community, case definition, risk communication and safe and dignified burial.
 - Training of 8 teams of 5 volunteers in PSS (40 volunteers in total)
 - Training of 32 WASH volunteers to be distributed at border crossings to set up hand-washing stations and raise awareness of the risks of transmission of the disease.
 - **1 awareness for 20 CRM surface technicians** (cleaning agents) in risk communication and IPC to strengthen personal knowledge and prevent contamination at the duty site.
 - 4 community-based surveillance training sessions targeting 96 volunteers in areas bordering Guinea.
- **Risk Communication and Community Engagement (RCCE):**
With the National Centre for Information, Education and Communication for Health (CNI ECS), part of the Ministry of Health, and in coordination with other stakeholders, a workshop will be held on the revision of the Risk Communication Plan as well as the updating of Ebola awareness messages and materials. These will be duplicated and made available for community outreach activities

Trained volunteers will be deployed in the implementation of community awareness, risk communication and community engagement (RCCE), detection and early warning. They will be equipped with communication media and tools - message list, picture boxes, posters - and will promote physical distance measures and barrier gestures. During these communication sessions, volunteers will search communities for signs of EVD in local people or people who have recently come from neighbouring Guinea. Posters will be updated and distributed in communities. Four local radio stations will be involved in the campaigns through the dissemination of specific messages in local languages validated by the Ministry of Health and Social Development (MSDS). Other channels will be used through the partnership developed by the CRM with the network of journalists for communication in times of crisis and through the TAMANI Studio and its collaborators such as the HIRONDELLE Foundation and the URTL (Union of Radios and Free Televisions of Mali).

- **WASH and Infection Prevention and Control (IPC):** safe and dignified burial (SDB) kits will be pre-positioned within the CRM and health training branches for the needs of the SDB teams. Handwashing stations led by 8 teams of 4 WASH-trained volunteers will be installed at border checkpoints.
- **Coordination:** The CRM plans national and cross-border coordination meetings with its Guinean Red Cross counterparts under the lead of the ministries in charge of health in both countries. Information will be shared for better tracing of contacts and coordinated community mobilization will be made at the border village level for prevention and early warning. A connection will be maintained by the RCRC Movement with MSDS structures and other partners such as WHO, IOM, UNICEF and ONGs. All CRM departments will be mobilized to oversee volunteer awareness efforts.

At the branches of the technical focal points IPC, PSS, RCCE, PGI, SBC, SDB will be identified and mobilized in coordination between the field teams and the CRM central, data collection and processing. They will also be mobilized in cross-border coordination with the focal points of the Guinean Red Cross and other actors.

Preparedness for early detection and early response in the targeted areas

With the contribution of the COVID-19 Operations ongoing in Mali, Training of Trainers and volunteers are being planned, incorporating EVD modules. Also, discussions are ongoing with PNS to mobilize more resources to support capacities for early detection and early response to possible new cases in the targeted areas. Additional resources collected with the PNSs, the trainers and the volunteers trained in this activity will contribute to the implementation of CBS at the border areas between Mali and Guinea.

Senegal

The Senegalese government had gained experience during the Ebola crisis in 2014-2015 by setting up an emergency response team at the health structures and setting up a treatment centre for the infectious diseases department. But unfortunately, the system had many shortcomings in terms of surveillance, early detection, contact tracing but also in terms of information with communities. Since the re-emergence of Ebola virus disease (EVD) in Guinea, health measures have already been taken in Senegal to prevent the possible spread of Ebola on its territory, and more specifically in the southern regions bordering Guinea.

With its increased experience with MSAS in managing epidemics in recent years and its community roots, the Senegalese Red Cross aims to strengthen the operational capacity of teams and volunteers. This will be done through ECV training, contact monitoring, RCCE, and also the development of context-appropriate communication tools.

The Senegalese Red Cross would also like to strengthen its IPC capabilities and activate its SDB-trained team to prepare for the worst-case scenario in the event of an outbreak in Senegal. The other needs of the Senegalese Red Cross can be summed up in the pre-positioning of surveillance equipment in high-risk areas, crossing areas at border roads, places of large gatherings and the mobilization of volunteers at the community level.

The Senegalese Red Cross will ensure that all volunteers and personnel involved in the operation have adequate knowledge of the virus, have access to the personal protective equipment (PPE) necessary to carry out their duties and are insured. In addition, they will receive new guidance on personal protection measures and will take the Stay Safe course.

The volunteers who will be mobilized will participate in the briefing and debriefing sessions with the coaching teams each day. The Volunteer Code of Conduct and the Safer Access Framework will be considered throughout the implementation phase of the activities.

The Senegalese Red Cross, a member of the National Crisis Committee, intends to support the national MSAS mechanism for the prevention of Ebola in Senegal in the border departments with Guinea before benefiting from the DREF which has enabled it to develop preparedness activities by building the operational capacity of 500 volunteers, the establishment of community epidemiological monitoring committees and outreach/demonstration activities in public places and distributions of flyers and posters made available by the MSAS.

Scenario planning

| Scenario | Description | MRC's operation and impact |
|-------------------|--|---|
| Scenario 1 | Guinea has brought the epidemic under control in all infected areas and maintains the risk of spread to other communities. | The Senegalese Red Cross updates its health contingency plan and strengthens its capacity to respond to this epidemic |
| Scenario 2 | Guinea has managed to contain the epidemic to infected areas and maintains the risk of spread to other localities | The Senegalese Red Cross will continue to prepare and deploy its response system in the border areas with Guinea |
| Scenario 3 | The disease has escaped Guinea and has spread to other localities in neighbouring countries | The Senegalese Red Cross triggers its response plan to deal with EVD in accordance with the Ministry of Health |

Operation Risk Assessment

As part of the implementation of the activities of this operation, the risk assessment shows a few risk factors, the most important are:

- The funding gap that could be a real risk in the successful implementation of Red Cross activities given the important mechanism mobilized in the 45 departments of the country, also considering the government's expectations for the mobilization of volunteer nurses and doctors but also the community in terms of distribution, hygiene and awareness kits and products. A strategy to streamline available resources is needed at the operational level to minimize this risk in the face of a crisis.
- The contamination of volunteers and staff involved in the prevention activities of this pandemic of COVID-19 is still raging in the country. To address this, measures have been made in terms of training and supervision on preventive measures and compliance with individual and collective safety guidelines, strict enforcement of barriers and equipping with masks, gloves and PPE.
- Misinformation can fuel community mistrust, especially in the early phase. Faced with this situation, the Senegalese Red Cross, as part of its communication plan, will take a sustained information-sharing action with the population to clarify its role and mission, its support in the fight against the pandemic and its position towards the community. Volunteers will also be strengthened on the Safer Access and PGI framework.

Following the above, the NS strategy will focus on:

- **Strengthening the capacity of the NS:** Organization of training of trainers (ToT) sessions (RCCE, ECV and CBHFA) throughout the territory for Senegalese Red Cross officers and volunteers. These training sessions will be developed while mobilizing the expertise of the SRCS, the government and other partners of the Movement. These trainings are specifically and primarily concerned with the national coordination team of the national society, regional and departmental coordination teams, regional supervisors of the Senegalese Red Cross.

The trained teams will be deployed as trainers in different regions to replicate the trainings with Senegalese Red Cross volunteers and community leaders. A total of more than 500 volunteers will be mobilized to assist health district officers in raising awareness and case management.

The intervention equipment will be made available as well as a non-risk insurance subscription will be made specifically to Red Cross agents and volunteers involved in case management and management operations.

Capacity building will also include equipping Red Cross branches in areas of intervention, strengthening logistics and equipping health facilities.

- **WASH IPC:** This is to reduce the risk of hospital-acquired transmission in Red Cross-supported health facilities and surrounding communities by breaking potential chains of transmission of EVD through the application of infection prevention approved by the Ministry of Health. This is through the strengthening of WASH infrastructure in health facilities; Ensuring the availability of IPC essential equipment and supplies and promoting the integration of the IPC approach into the primary health care system in targeted areas.
- As part of the activities to support the **management of the dead**, the Senegalese Red Cross, which has already trained 30 volunteers on safe and dignified burial (SDB), remains on alert for the management of this task. At all times, trained volunteers will remain on alert to provide support to the health system in the event of an outbreak of the epidemic.
- **Health:** In this area, the previously established Community Epidemiological Monitoring and Surveillance Committees will be revitalized in the affected areas. A system for detecting and referencing suspected cases will be put in place in coordination with the health system.
- Community awareness-raising efforts on respecting and adopting good hygiene practices will also be carried out by Senegalese Red Cross volunteers. The local committees of the SCRS will join the local MSAS scheme to promote the activities of the RCCE to raise awareness in the community about the prevention of EVD in Senegal.

They will work with the health system to monitor contact cases. Volunteers will be equipped with personal protective equipment (PPE), contactless thermometers for temperature reading and other tools useful for the proper implementation of activities because of the risks they face.

- Cascade trainings in RCCE, ECV, CBS, SDB are planned, including equipment and between 1-3 months of activities in a scenario approach. PSS refresher training for 40 volunteers to support the affected population is also included.
- **Community Engagement and Accountability (CEA):** The Senegalese Red Cross will carry out numerous awareness campaigns and awareness-raising activities in the five regions bordering Guinea (Ziguinchor, Sédhiou, Kolda, Tambacounda and Kédougou) in collaboration with health regions and districts. These outreach activities will be complemented by community radio broadcasts, posters, and the use of megaphones by volunteers. These same awareness-raising activities will continue through community talks, home visits and flyer distribution during the operation.
- **Human resources** constitute the staff and volunteers of the Senegalese Red Cross essential in the implementation of the activities. These are qualified resources whose deployment in the field considers their operational competence, depending on the task. They are representative throughout Senegal. The SCRS will mobilize 1 operations coordinator, 1 health coordinator, 1 Chief Executive Officer and Finance Officer, 1 Rapid Response WASH/IPC, 1 Logistics Rapid Response, 4 National Disaster Response Teams, 500 volunteers, 3 drivers all members of the SCRS operations department and 10 elected officials.
- **Finance and Logistics:** All the financial resources for this operation will be mobilized, procured and/or deployed according to the rules and regulations of the SRCS and IFRC procedures. Logistics are mainly rolling out intervention equipment. The Senegalese Red Cross, through this document, is opening up to the contribution of its traditional partners in the Movement to fulfil these resources and to make it easier to intervene in the management of this public health issue.

Sierra Leone

The overall operational objective is to strengthen the knowledge and behaviour of residents of nine priority border districts and to take concrete actions to prevent and control EVD in the event of an outbreak.

The plan of action will focus on providing needed and requested support to SLRCS in effectively preparing for EVD. The preparedness plan aims at building the capacity of community-based volunteers, SLRCS staff, traditional healers, security at border crossing points, and other groups of people to be aware of EVD preventive and control messages. This is aligned with the Sustainable Development Goal 3, Good Health and Well-being, with a special focus on strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks.

The plan will be supported by the IFRC Disaster Response Emergency Funds (DREF) and will enable the SLRCS to support the Ministry of Health and Sanitation (MoHS) in social mobilization, awareness-raising, prevention messaging, and beneficiary communication in Kambia, Koinadugu, Kono, Kailahun and western Area, Pujehun, Port Loko, Falaba, Karene districts. In preparing for an outbreak, it is crucial to take into consideration the lack of accurate and standardized health promotion and behavioural change messages, which is always a gap. SLRCS has identified the need for communication and awareness-raising to prevent EVD especially in border towns and the nation. SLRCS will be using community-based volunteers for social mobilization using information, education, and communication (IEC) materials, flyers, and house-to-house sensitization in the areas under surveillance. The efforts of volunteers will be supported by radio discussions, and TV shows at the branch and HQ levels on a Fourth-nightly basis to talk and airing of jingles at various local radio stations on Ebola. Key staff from the NS and other partners will provide an update on EVD, discuss preventive measures and answer questions from the audience.

Reflecting upon the lessons learned from the 2014-2015 Ebola Virus Disease (EVD) response operations, SLRCS will use the lesson learned to build community trust in the preparedness to ensure people actively adopt practices that will prevent an outbreak or reduce the spread of infection and accept clinical interventions such as testing in case there is an outbreak. SLRCS volunteers will play a critical role in building this trust by sharing credible information with communities that help to reduce fear, panic, and stigma surrounding Ebola using megaphones, door-door visits. A total of 630 volunteers will be trained, including 70 from each of the 9 selected branches. These volunteers will be trained on Ebola awareness focusing on case definitions, preventive measures, ECV, SDB, Risk communication, and related activities. Volunteers will be mobilized for training in close coordination with the 'communications pillar' lead by the MoHS. The preparedness plan will also identify and orientate local authorities, religious leaders, traditional healers, societal heads on community-led actions on EVD prevention and control.

Sierra Leone Red Cross has a pool of trained NDRT members as a strength in preparing for and responding to an outbreak. As part of the preparedness effort, twenty (20) of the trained NDRT members will be alerted through a meeting at the national HQ to prepare for immediate action when the need arises. Added to this, 10 EVD kits will be procured

and prepositioned to support rapid response in case of an outbreak. Eight burial teams will be set up and trained at district levels as standby for any eventual death due to EVD.

Sierra Leone Red Cross Society (SLRCS) will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the EVD preparedness plan. The Planning, Monitoring, Evaluation, and Reporting (PMER) unit of SLRCS will work closely with the IFRC PMER Officer and will be responsible for performance-based management systems and the overall quality and effectiveness of the planning, monitoring, evaluation, and reporting systems. The performance of the operation will be monitored through a robust system of accountability and reporting, with emphasis placed on tracking the progress of outputs to inform operational planning and decision making. The PMER unit will develop a monitoring schedule and appropriate tools to collect data on key preparedness indicators to ensure accountability, transparency, and financial management of the operation.

Technical staff from the national headquarters (HQ) and National Disaster Team (NDRT) members (if activated) will conduct monitoring and supervision visits to branches and communities to provide technical support and ensure that activities are implemented according to agreed standards. For quality assurance, regular monitoring of the planned activities will be carried out by the EVD preparedness coordinating team, while scheduled monitoring visits will be made jointly by the SLRCS team and partners (IFRC and PNSs). Findings from these monitoring visits will be analyzed for reporting and decision-making purposes. At the district level, the SLRCS HQ team will provide resources and coordinate all monitoring activities with selected border branches for the implementation of the preparedness plan and collaborate with District Health Management Teams (DHMTS) and relevant stakeholders in each district for maximum output.

Reporting on the implementation of the preparedness plan will be done per the IFRC minimum reporting standards, there will be series of reports to monitor performance including activity reports, monitoring reports, monthly Progress Reports to facilitate timely supervision/support, internal preparedness tracking tool to compare the approved plan of action with actual performance and identify constraints and recommended remedial actions as required. A final narrative and financial report will be produced three months after the DREF that will outline key achievements, best practices, challenges, and lessons learned that will be referenced when preparing for future epidemics of such nature.

Liberia

Based on lessons learnt from the EVD response in 2014-2015 regarding rumours and misunderstandings among the population on the mode of transmission, and that of the Lassa fever, and due to the highly infectious nature and death of the virus, there is fear among the many populations especially with the young growing population in Liberia. There is a need to commence the community engagement, social mobilization and awareness-raising on the virus within the counties at risk with different strategies to reach for both urban and rural areas.

In general, the young population does not know enough about this disease regarding the mode of transmission and prevention behaviour; moreover, the Government currently do not have a treatment centre equipment to respond to Ebola cases. The LNRCS preparedness operation aims to help raise awareness about the disease, its mode of transmission and proper behaviour to avoid risks and to strengthen the capacity of volunteers to respond in the worst-case scenarios. This preparedness and readiness operation will be designed based on previous experience and lessons learnt by National Societies responding to previous EVD outbreak

Operation Risk Assessment

Given Liberia's proximity to Guinea and the movement of population between the borders, there is a high risk of cross-border infection into Liberia. In the event a confirmed outbreak is declared in Liberia, the NS will need to be properly resourced and supported to cope with larger-scale operational prevention, control and response activities which may lead to securing additional funding for Liberia in the Emergency Appeal and the deployment of additional technical surge support to be able to respond to the outbreak. It is important to note that if the National Society staff and volunteers are not protected it could lead to huge consequences on individual and family levels This risk will be mitigated through proper training on SDB, IPC and safety. In addition, the IFRC volunteer insurance scheme (or alternative) would be provided to ensure coverage to volunteers and staff in case of work-related accidents. The NS; human resource capacity is overwhelmed by the multiple projects/activities on-going. By this, there is need for additional surge support of an Operations Manager and at least five (5) NDRTs.

Scenario planning

Scenario 1: No confirmed cases

Preparedness: Establishment of a multi-sectorial EVD preparedness committee composed of NS, PNs, IFRC with activation of operational coordination mechanism (Contingency Plan), while externally participating in the National Incident Management System (IMS) meeting as well with partners operating on the ground and supporting Ebola preparedness actions; in order to minimize the possibility of having a potential outbreak in the country the LNRCS will engage its trained community-based volunteers in carrying out risk communication, social mobilization, PSS, and community engagement initiatives at the community level. Train LNRCS volunteers on SDB, establish and equip SDB dispatch bases with prepositioned SDB materials ready to respond. LNRCS also recognizes the importance of coordinating response and this will be maintained throughout the preparedness response with relevant line ministries (MoH and NPHIL) and non-movement partners. The Red Cross (NS, PNS, IFRC surge) are active participants in the IMS meeting and in the established technical working pillars, this will be to ensure that the Red Cross/Crescent Movement provide the necessary support.

Scenario Funding : 833,000 CHF

Scenario 2 (enhanced preparedness and response): One to five cases of the EVD are detected at a health facility with contamination of health staff.

Response: During this phase, the LNRCS will activate its Contingency Plan while externally participating in the Incident Management System (IMS) meeting as well with partners operating on the ground and supporting Ebola preparedness actions; Strengthening community engagement, health and WASH/IPC. Focus will be on awareness-raising sessions/training of health workers, communities' leaders and other key actors on risk communication; Infection prevention and control at all levels; training and deployment of operational SDB teams. Hygiene promotion, especially handwashing at Ports of Entry along the borders with Guinea from the five counties.

A second allocation will be required to scale-up the operation and provide the response measures mentioned above.

Scenario Funding: An additional 622,000 CHF

Scenario 3 : More than five cases and community transmission detected in rural / urban communities

Response: All activities mentioned in Scenario 2 will be scaled up significantly with regards to financial, human resources, and equipment's to be able to adequately respond to the scale of the community transmission. Additional funding will be required to scale-up the operation and provide the response measures mentioned above. Depending on the severity of the situation the minimum requirement would be 1,600,000 CHF.

Scenario Funding: An additional 1,600,000 CHF

NS' strategy has employed establishing an enhanced EVD preparedness and response structure and mechanisms both at HQ and the five locations. There is a strong focus on timely and effective reporting, implementation and enhanced coordination.

NS' planned activities are in line with the Government of Liberia's Preparedness and Response Plan and based on indications from the National Incident Management System (IMS). The LNRCS is contributing to the National preparedness and readiness effort in preventing EVD outbreak in Liberia through community engagement, awareness messaging, social mobilization, risk communication, and provide psychosocial support, to the population living in fear through volunteers' actions at community level. The enhanced EVD Preparedness and Response Plan of Action is strengthening LNRCS' preparedness, readiness, response structure and mechanisms at all levels (HQ, chapters and branch levels).

Since the launch of EVD National Preparedness Plan of Action in late February, LNRCS has established a functional internal EVD Operation Task Force, drawing members from its technical departments (WASH, Health, PMER, NSD, DM, PGI, Communication, Community Engagement and Support Services). The EVD Taskforce meets weekly to discuss operational issues and recommend courses of actions to strengthen the EVD preparedness operations. In order to enhance information flow from the various operational areas/units, the LNRCS has established a vertical coordination mechanism in which the focal persons for each EVD operational area provide progress updates on the EVD Operation.

Cote d'Ivoire

Needs Assessment

The MoH launched radio and television jingles/announcements as soon as the outbreak was officially announced in Guinea to inform the population in Cote d'Ivoire. However, it is noted that not all the communities in the targeted regions have access to radio/television. Therefore, to prevent the spreading of fake rumours that may lead to non-compliance to preventive measures, the NS deems it necessary to carry out prevention campaigns in communities which will also increase awareness among community members. This action will focus on the mode of transmission, behavioural attitude to avoid infection and limit the spread in the event of an outbreak. The operation will focus mainly on the communities along the border areas with Guinea.

Risk Assessment

Due to the highly contagious nature of the disease, the NS with the support of the IFRC and other Movement partners is committed to preventing the spread of the disease. To protect the frontline actors including Red Cross Red Crescent volunteers, the operation will provide PPE to the frontline actors including the Red Cross volunteers during the operation.

Scenario 1: No confirmed cases

Preparedness: As cases have been confirmed in neighbouring Guinea, the situation called for pre-epidemic strategic interventions in Côte d'Ivoire and this is in the preparation phase.

This phase will correspond to the establishment of a coordination committee at the government level with the Ministry of Health as its lead and involving all the other partners in charge of the management of health emergencies, namely the Red Cross Movement present in Côte d'Ivoire (ICRC, the National Society (CRCI) and PNS), the United Nations agencies WHO and UNICEF among others. At this stage, the CRCI undertakes planning, management and operational actions resulting in the provision of non-unusual and collective protective equipment, equipment for the management of suspected, confirmed and deceased cases (safe and dignified burial kits). The NS will carry out the capacity building of community volunteers from the local branches at risk through training on the concepts of risk communication, social mobilization and community engagement, psychological first aid and psychosocial support and SDB. Volunteers from the local branches at risk will put into practice the concepts learned at these trainings with also community monitoring and early warning at the border points of entry/ villages with Guinea.

Scenario 2 (enhanced preparedness and response): One to five cases of EVD are detected at a health facility with contamination of health staff.

Response: With a minimum of one confirmed case in one or more health districts in the country, isolated in an Ebola Treatment Centre and the situation is under control. At this point, we move from preparation to response. At the central/governmental level, there will be the strengthening of sectoral coordination to ensure a concerted approach by all partners (CRCI, the United Nations system). The CRCI will intensify and strengthen awareness, communication and community engagement activities with strong involvement of community leaders (traditional leaders, religious leaders, women and youth leaders, etc.), WASH actions and ensure that the SDB teams are operational. The NS will increase border surveillance and advocate and participate in the vaccination of the population in areas that are the epicentre of the epidemic in conjunction with health authorities.

This scenario will require further allocation of funds to ensure the effectiveness in the implementation of activities.

Scenario 3 : More than five cases and community transmission detected in rural / urban communities

Response: Several cases occur (5 or more) in a period of time (less than 72 hours). Large outbreaks of human cases difficult to control in Côte d'Ivoire several regions affected by internal transmission.

Always in the response phase: in this case, all scenario 2 activities will be intensified with the strong multi-sectoral use of sectors such as: "food security (food assistance to quarantined families); WASH; education and protection.

In this case too, additional funds will be needed to implement these activities.

All activities mentioned in Scenario 2 will be scaled up significantly with regards to financial and human resources, and equipment to be able to adequately respond and curtail community transmission.

The NS will also increase its collaboration with government authorities at the national and district level, and other actors for effective response and actions to curtail the spread and better management of the situation.

NS' strategy has employed establishing an enhanced EVD preparedness and response structure and mechanisms both at HQ and the five locations. There is a strong focus on timely and effective reporting, implementation and enhanced coordination.

The Plan of Action that the Cote D'Ivoire Red Cross Society has set compliments the Response plan of the Ministry of Health. The National Societies is contributing to the National Preparedness and Readiness efforts in preventing the outbreak of EVD through Risk Communication and Community Engagement activities, social mobilization, awareness campaigns and providing psychosocial support.

The NS is a member of the Public Health Emergency Operations Committee (COUSP) in collaboration with other members including the MoH, WHO and UNICEF have updated the National Ebola Response Plan and updated the prevention and awareness messages to be carried out in communities at high risk. Through this collaboration, preparedness activities are streamlined and complimented to the Government's effort to prevent the EVD outbreak

Security Management and Operational Business Continuity Planning - Pandemic Measures & Controls – Duty of Care of the Operational Delegation

Guinea

Security Delegate has been deployed and started dynamically functioning in his role. Security Assessment Mission has been conducted in the operating areas specifically in Nzérékoré sub-office operating context. Due conclusions are drawn, and the security risk register has been drafted. A medical Evacuation contingency plan has been completed. Security Regulations and Expanded Security Welcome Brief have been in an advanced stage of development and due to be completed by 31 March 2021.

The security delegate has been conducting staff security trainings including expanded security training for drivers and SDB staff as one of the major risk factors are related to travel safety.

IFRC office has been identified and separate from the host NS premises. Due security assessment has been done and documented.

Close working relations have been established with the Guinea RC Security Focal Point and joint planning for Missions take place. This joint coordinated security management in the country supports the complete review of the GRC Security Rules and regulations with synergies with IFRC Security management and controls.

Expanded security management and monitoring of the operating context help in rightly addressing our risk mitigation measures set against the major risks identified in the country specifically in the operational areas for instance: smuggling, social unrest, demonstrations, ethnic killing in Nzérékoré areas (30 on record for the past year), petty crime, road-traffic accidents, armed groups operating in the very areas.

The Guinea Country and Regional Teams led by the BCP Coordinator, Staff Health and Security Coordinator successfully processed the reopening of a new office in Nzérékoré. It is a mandatory process linked to safe operational modality under IFRC BCP – Pandemic Controls. The teams on both sides made sure that Pandemic Controls are put in place and maintained in a safe to operate way.

For the entire Guinea Ebola operations, there is a BCP plan drafted and to be signed off at earliest convenience.

IFRC Regional office has been maintaining a well-articulated Duty of Care approach in Security, BCP, Staff Health and Risk Management aiming to maximally address prevailing risk factors, minimise all adverse effects of the ongoing Pandemic Situation, as well as the EBOLA epidemics in West Coast and SAHEL regions of Africa.

Guinea- N'Zérékoré Region

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, particular along the borders. There is a high risk to IFRC personnel participating in the Ebola operations in some rural parts of the Guinée (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. On market days and at night, motorists suspected of carrying cash or valuable are particularly exposed to banditry in the vicinity of main urban centres in these regions.

Liberia

The main risk is opportunistic petty crime, though targeted incidents of violent robbery can occur in areas frequented by foreigners. Ethnic violence and the presence of militias on both sides of the Ivorian border in relation to successive conflicts have contributed to lawlessness and banditry, though this mainly affects local villages. Sporadic outbreaks of violence resulting from disputes over land, illegal mining and the exploitation of natural resources pose a potential threat to members in remote locations. Outside the capital Monrovia, basic infrastructure for travel, including suitable accommodation, is almost non-existent.

Cote d'Ivoire

There's a considerable risk of petty crime and highway banditry, especially when travelling by road in western and northern rural areas. Central residential and business districts of Abidjan (Lagunes) are safe during daylight hours, but caution should be exercised everywhere after dark due to the risks posed by crime. Western border areas are subject to sudden if not localised outbreaks of ethnic violence and to the criminal activities of gunmen, including former militias, who engage in highway banditry. Demobilised former rebels also engage in highway banditry in the north, particularly in the vicinity of the borders with Burkina Faso and Mali. Generally, due to residual antagonism between ethnic and political groups dating back to exactions committed during the 2010-11 conflict, there remains a credible potential for ethnically or politically motivated violence, particularly at sensitive times such as election cycles.

Risk Zones

Areas within 18 miles (30km) of the Liberian border in the Montagnes and Bas-Sassandra districts: HIGH
Western border areas have the most volatile security environment, even if security force deployments in the region over the past years have improved capabilities. Gunmen, including former militias, engage in criminal activities such as highway robberies, using vast forested areas and the proximity of the porous border with Liberia to elude the security forces. The border region was heavily affected by the post-election conflict in 2010-11; tension between ethnic groups, fuelled by conflict over land or resources, retains the potential to degenerate into localised outbreaks of violence.

Northern areas within 25 miles (40km) of borders with Mali and Burkina Faso and Comoe National Park: HIGH
Cote d'Ivoire's northern border regions, comprising all areas within 25 miles (40km) of Burkina Faso and Mali as well as the entirety of Comoe National Park is high risk due to the significant threat posed by Islamist militants. Armed groups operating across the border have been able to stage incursions into these zones, posing an elevated risk of violence and kidnapping in these areas.

Sierra Leone

Road traffic accidents and opportunistic crime are the main risks for personnel. Petty criminals mostly target valuables left unattended and violence against foreigners is rare; it is safe to walk during daylight hours in urban areas. Residential break-ins are frequent but rarely involve violence. While improving, road infrastructure remains poor outside of roads connecting main cities. A four-wheel drive is recommended for all road moves, even within major cities. The limited availability of medical assistance increases risks related to road travel and careful logistical planning is required. Risks increase during the rainy season (May – October) when heavy rain makes roads impassable and diminishes the attention of guards.

Mali

Communal violence occurs between ethnic-Fulani and ethnic-Dogon communities, as well as conflict between the foreign-backed military and Islamist militants, in the northern regions of Gao, Kidal and Timbuktu and in the central Mopti region. Military intervention in politics is possible in times of crisis. The threat also extends to Bamako.

Risk Zones

To reduce the risk of RCRC personnel falling victim to crime, violence or road hazards active risk mitigation measures must be adopted in risk areas. This includes situation monitoring and implementation of minimum-security standards. Security Plans need to be in place before any deployment as well as confirmation that IFRC BCP plans are implemented. Travel should be coordinated with the Regional Security Unit especially in phase orange and red areas. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

The IFRC security plans will apply to all IFRC staff throughout. Area-specific Security Risk Assessment has been conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures have been identified and implemented. All IFRC must, and RC/RC 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.

DETAILED OPERATIONAL PLAN

STRATEGIC AREAS OF FOCUS

| | | |
|---|---|----------------------|
|  | <p>Health</p> <p>People Reached: 63,469</p> <p>Male: 34,693</p> <p>Female: 28,776</p> | |
| <p>Outcome 1: Improved early detection mechanisms of resurgence of Ebola through integrated community-based health interventions</p> | | |
| <p>Output 1.1: Sustainable community event-based disease surveillance and contact tracing systems are set-up and operational</p> | | |
| <p>Indicators</p> | <p>Target</p> | <p>Actual</p> |
| <p>Number of health zones reached with surveillance and contact tracing activities</p> | <p>N/A</p> | <p>22</p> |
| <p>Number of Red Cross personnel deployed for pre-assessment</p> | <p>N/A</p> | <p>12</p> |

| | | |
|---|---------------|---------------|
| Number volunteers trained in Ebola epidemic management, surveillance, referral, contact tracing and community engagement | N/A | 40 |
| Outcome 3: Social mobilization, risk communication and community engagement and accountability activities are conducted to limit the spread and impact of Ebola | | |
| Indicators | Target | Actual |
| Number of Social mobilization sessions organized | N/A | 16 |
| Number of people reached with Social mobilization activities | N/A | 63,469 |
| Outcome 4: The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions | | |
| Output 4.1: The affected population is assisted through safe and dignified burial and decontamination activities | | |
| Number of volunteers trained in SDB | N/A | 24 |
| Number of volunteers trained in infection prevention and control | N/A | 30 |
| Progress towards Outcome | | |
| <p>From 4 to 14 March 2021, a total of 40 volunteers (in teams of 6 volunteers/team) conducted social mobilization (door to door sensitization) and Ebola risk communication in 22 districts of N'Zérékoré reaching a total of 53,949 people (27,593 men and 26,356 women) in 3,708 households. Additionally, a total of 9,520 people (7,100 men and 2,420 women) were reached through 4 mobile caravan activities conducted in markets, gas stations, bus stations, stadium etc.</p> <p>Regarding capacity building,</p> <ul style="list-style-type: none"> ○ 25 SDB volunteers have been briefed on Risk Communication and Community Engagement; ○ 2 CEA volunteers from N'zérékoré were involved in a training on communication techniques in crisis. This training was organized by the response communication platform with funding from UNICEF and WHO; ○ 2 volunteers have received a briefing and will be supporting in reporting on community feedback. <p>The following activities have been planned:</p> <ul style="list-style-type: none"> ○ CEA training of trainers of 25 volunteers; ○ Training of 175 CEA volunteers on Risk Communication and Community Engagement (RCCE) ; ○ Continuing sensitization activities in 22 neighbourhoods in N'Zérékoré. <p>Crossborder communication and coordination</p> <ul style="list-style-type: none"> ○ Weekly Operations Coordinations Call between P1 Countries ○ Border Branches identified in Sierra Leone, Liberia, Ivory Coast and Guinea ○ Exchange of coordinates and preparation of information exchange package ○ Streamlining of preparedness and readiness activities in P1 and P2 countries and using common indicators <p>Deployment of PH ERU CBS</p> <ul style="list-style-type: none"> ○ Confirmation of deployment CBS ERU (Norwegian Red Cross with support of French Red Cross) ○ 206 volunteers (80 on Norwegian Red Cross funding) + 75 (under EA) + 40 (contact tracing) to be trained on combined ECV/RCCE for EVD training (4 days), and to be mobilized for CBS ○ Ongoing discussions to coordinate activities with French RC planned CBS activities <p>Safe and Dignified Burials (SDB)</p> <p>SDB is a pillar for which the Government requested the National Society to be the lead. There was therefore a need to build or refresh the capacity of Red Cross volunteers on this pillar. It is within this framework that a total of 24 volunteers have been trained in SDB between 13 to 16 March 2021. These include two teams from N'Zérékoré and one from Goueke. The training of the remaining volunteers will continue in the following weeks. However, before the SDB March training, the French Red Cross conducted an SDB training for 20 Red Cross volunteers from 18 to 20 February 2021. Thus, at the early stage of the EVD outbreak, three SDB teams were operational (two in N'Zérékoré and one in Goueke). Although SDB is recognized as an approach that can stop the spreading of diseases such as Ebola, it is still perceived as a sensitive and challenging work.</p> <p>As for Guinea EVD, challenges around SDB include:</p> <ul style="list-style-type: none"> ○ Community reluctance: two CEA volunteers have been made available to support SDB teams in solving community reluctance issues. Additionally, a committee to manage community reluctance is being set up around the Prefect and will comprise the high priest of the town, the imam, the first representatives of the different communities, and youth representatives for effective management. As it has been over ten days (in | | |

March 2021) without a confirmed EVD case, there has not been SDB conducted in recent days. However, this does not mean that community acceptance has increased, but rather just a result of none needed.

- SDB Challenges also include PPE stocks with low levels in the field. More stock is expected, and the National Society has already received a donation of PPE items from MSF (Médecins Sans Frontières) which is helping with trainings and to equip newly trained teams.

Swab EVD Testing

As per the Government's guidelines, all community deaths are assimilated to EVD death for which SDB procedure is required. Swab tests on dead bodies are therefore relevant. A total of 37 Swab Tests have been done since the beginning of the EVD outbreak.



Water, sanitation and hygiene

People Reached: N/A

Male: N/A

Female: N/A

Outcome 1: Social mobilization, risk communication and community engagement and accountability activities are conducted to limit the spread and impact of Ebola

| Indicators | Target | Actual |
|---|--------|--------|
| Number of contaminated houses/areas disinfected | N/A | 44 |
| Progress towards Outcome | | |

WASH.

Disinfection activities are ongoing in collaboration with the Ministry of Health local authorities and administrative authorities. A total of 44 places have been disinfected, including houses, offices, and health centres.

Priority 1 and 2 Countries

P2 - Guinea Bissau

| Health Outcome 1: The immediate risks to the health of affected populations are reduced | | |
|---|--------|---------|
| Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population | | |
| Indicators | Actual | Target |
| # of people sensitized on EVD | TBD | 126,657 |
| # of volunteers trained on RCCE + EVC | TBD | 100 |
| Health Output 1.4: Epidemic prevention and control measures carried out. | | |
| Indicators | Actual | Target |
| # of drills carried out by SDB teams | TBD | 4 |
| # of people trained in SDB (volunteers and local CHWs) | TBD | 100 |
| # of community leaders trained on SDB | TBD | 20 |
| # of SDB starter kits procured | TBD | 10 |
| # of volunteers trained in Infection Prevention and Control (IPC) | TBD | 20 |
| Health Output 1.5: Psychosocial support provided to the target population | | |

| Indicators | Actual | Target |
|--|--------|--------|
| <i># of staff and volunteers trained in PSS</i> | TBD | 40 |
| <i># of PSS sessions provided</i> | TBD | |
| Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform | | |
| Output S1.1.4: National Societies have effective and motivated volunteers who are protected | | |
| Indicators | Actual | Target |
| <i># of volunteers insured</i> | TBD | 220 |
| Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened | | |
| Indicators | Actual | Target |
| <i># reviews done on NS epidemic contingency/preparedness</i> | TBD | 1 |
| Outcome S2.1: Effective and coordinated international disaster response is ensured | | |
| Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained | | |
| Indicators | Actual | Target |
| <i># of missions conducted by IFRC staff</i> | TBD | 1 |
| Progress towards Outcome | | |
| Most of the activities are yet to take place due to limited funding available | | |

P2 - Mali

| Health Outcome 1: The immediate risks to the health of affected populations are reduced | | |
|--|--------|-----------|
| Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population | | |
| Indicators | Actual | Target |
| <i># of people sensitized on EVD</i> | TBD | 1,300,000 |
| <i># of community leaders trained on EVD</i> | TBD | 20 |
| <i># of volunteers trained on RCCE + EVC</i> | TBD | 160 |
| <i># of radio shows and interactive shows on EVD conducted</i> | TBD | 4 |
| Health Output 1.4: Epidemic prevention and control measures carried out. | | |
| Indicators | Actual | Target |
| <i># of people trained in SDB (volunteers and local CHWs)</i> | TBD | 64 |
| <i># of SDB refresher trainings carried out</i> | TBD | 4 |
| <i># of SDB starter kits procured</i> | TBD | 10 |
| <i># of volunteers trained in Infection Prevention and Control (IPC)</i> | TBD | 40 |
| <i># of handwashing stations procured and pre-positioned at PoE</i> | TBD | 80 |
| Health Output 1.5: Psychosocial support provided to the target population | | |
| Indicators | Actual | Target |
| <i># of staff and volunteers trained in PSS</i> | TBD | 40 |
| Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform | | |
| Output S1.1.4: National Societies have effective and motivated volunteers who are protected | | |

| Indicators | Actual | Target |
|--|--------|--------|
| <i># of volunteers insured</i> | TBD | 430 |
| Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened | | |
| Indicators | Actual | Target |
| <i># reviews done on NS epidemic contingency/preparedness</i> | TBD | 1 |
| Outcome S2.1: Effective and coordinated international disaster response is ensured | | |
| Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained | | |
| Indicators | Actual | Target |
| <i># of missions conducted by IFRC staff</i> | TBD | 1 |
| Progress towards Outcome | | |
| <ul style="list-style-type: none"> - A DREF allocation is expected to be transferred in the coming days. - CRM has completed stock inventory for SDB. Expired items will be discarded and replenished. Prepositioning of stock at border branches level is pending. - One training facilitator (CBS) from Belgium RC has been identified to support ToT rollout. The training is pending. | | |

P2 - Senegal

| Health Outcome 1: The immediate risks to the health of affected populations are reduced | | |
|---|--------|---------|
| Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population | | |
| Indicators | Actual | Target |
| <i># of people sensitized on EVD</i> | TBD | 152,905 |
| <i># of volunteers trained on RCCE + EVC</i> | TBD | 100 |
| <i># of radio shows and interactive shows on EVD conducted</i> | TBD | 6 |
| Health Output 1.4: Epidemic prevention and control measures carried out. | | |
| Indicators | Actual | Target |
| <i># of drills carried out by SDB teams</i> | TBD | 5 |
| <i># of people trained in SDB (volunteers and local CHWs)</i> | TBD | 100 |
| <i># of community leaders trained on SDB</i> | TBD | 20 |
| <i># of SDB refresher trainings carried out</i> | TBD | 5 |
| <i># of SDB starter kits procured</i> | TBD | 10 |
| <i># of SDB training kits procured</i> | TBD | 2 |
| <i># of volunteers trained in Infection Prevention and Control (IPC)</i> | TBD | 40 |
| <i># of handwashing stations procured and pre-positioned at PoE</i> | TBD | 30 |
| Health Output 1.5: Psychosocial support provided to the target population | | |
| Indicators | Actual | Target |
| <i># of staff and volunteers trained in PSS</i> | TBD | 40 |
| Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform | | |
| Output S1.1.4: National Societies have effective and motivated volunteers who are protected | | |
| Indicators | Actual | Target |
| <i># of volunteers insured</i> | TBD | 550 |
| Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened | | |

| Indicators | Actual | Target |
|--|--------|--------|
| # reviews done on NS epidemic contingency/preparedness | TBD | 1 |
| Outcome S2.1: Effective and coordinated international disaster response is ensured | | |
| Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained | | |
| Indicators | Actual | Target |
| # of missions conducted by IFRC staff | TBD | 1 |
| Progress towards Outcome | | |
| <ul style="list-style-type: none"> - DREF allocation is expected to be transferred in the coming days. - SRCS has completed stock inventory for SDB. Expired items will be discarded and necessary stocks replenished. - SRCS is participating in meetings with MoH and local authorities on preparedness | | |

P1 - Sierra Leone

| Health Outcome 1: The immediate risks to the health of affected populations are reduced | | |
|--|--------|-----------|
| Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population | | |
| Indicators | Actual | Target |
| # of people sensitized on EVD | TBD | 1,494.571 |
| # of volunteers trained on CEA | TBD | 582 |
| # of radio shows and interactive shows on EVD conducted | TBD | 48 |
| Health Output 1.4: Epidemic prevention and control measures carried out. | | |
| Indicators | Actual | Target |
| # of people trained in SDB (volunteers and local CHWs) | TBD | 48 |
| # of communal teams for SDB established and trained | TBD | 8 |
| # of SDB replenishment kits procured | TBD | 8 |
| # of handwashing stations procured and pre-positioned at Branch level | TBD | 32 |
| Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform | | |
| Output S1.1.4: National Societies have effective and motivated volunteers who are protected | | |
| Indicators | Actual | Target |
| # of volunteers insured | TBD | 630 |
| Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened | | |
| Indicators | Actual | Target |
| # reviews done on NS epidemic contingency/preparedness | TBD | 2 |
| Outcome S2.1: Effective and coordinated international disaster response is ensured | | |
| Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained | | |
| Indicators | Actual | Target |
| # of missions conducted by IFRC staff | TBD | 1 |

Liberia

| Health Outcome 1: The immediate risks to the health of affected populations are reduced | | |
|---|--------|-----------|
| Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population | | |
| Indicators | Actual | Target |
| <i># of people sensitized on EVD</i> | TBD | 1,279,934 |
| <i># of households reached through door-to-door sessions</i> | TBD | 250,000 |
| <i># of community leaders trained on EVD</i> | TBD | 60 |
| <i># of cultural shows disseminating EVD messages</i> | TBD | 6 |
| <i># of roadshows disseminating EVD messages</i> | TBD | 10 |
| <i># of awareness sessions carried out in schools</i> | TBD | 75 |
| <i># of volunteers refreshed on CEA</i> | 30 | 300 |
| <i># of volunteers trained on CEA</i> | TBD | 300 |
| Health Output 1.4: Epidemic prevention and control measures carried out. | | |
| Indicators | Actual | Target |
| <i># of drills carried out by SDB teams</i> | TBD | 10 |
| <i># of people trained in SDB (volunteers and local CHWs)</i> | TBD | 90 |
| <i># of communal teams for SDB established and trained</i> | TBD | 6 |
| <i># of volunteers trained in Infection Prevention and Control (IPC)</i> | TBD | 300 |
| <i># of SDB refresher trainings carried out</i> | TBD | 3 |
| <i># of SDB replenishment kits procured</i> | TBD | 6 |
| <i># of SDB starter kits procured</i> | TBD | 30 |
| Health Output 1.5: Psychosocial support provided to the target population | | |
| Indicators | Actual | Target |
| <i># of staff and volunteers trained in PSS</i> | TBD | 300 |
| Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform | | |
| Output S1.1.4: National Societies have effective and motivated volunteers who are protected | | |
| Indicators | Actual | Target |
| <i># of volunteers insured</i> | TBD | 300 |
| Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened | | |
| Indicators | Actual | Target |
| <i># reviews done on NS epidemic contingency/preparedness</i> | TBD | 2 |
| Progress towards Outcome | | |
| <p>Following on-going assessments already conducted and counting on updates by the Government, there remains a huge gap in enhancing cross-border collaboration, border Ports of Entry IPC and risk communication. An assessment done by one Chapter (Bong) shows that at some informal border entry points, there is a rare presence of health workers and security due to the remoteness and bad road challenges. Liberia maintains a porous border connection with Guinea.</p> <p>The population in the areas of priority, though with experience on Ebola, are still carrying misinformation, myths, rumours and negative impression about the virus. The need to intensify community engagement remains strong. The volunteers are using past materials (IEC/BCC) for community engagement to promote proper feedback.</p> <p>The NS' plan requires a set of activities to be carried out in March as seen below:</p> <ul style="list-style-type: none"> • Integrated ECV, RCCE, WASH, IPC, PSS, CBS TOT of volunteers (training planned for the week of 29th March) | | |

- Community Awareness (inclusive PSS support+ hygiene promotion etc) - House to House (Community awareness activities will intensify following the cascading training with the 300 volunteers. This training will be conducted by the ToTs in early April)

Note: community awareness is already on-going using volunteers engaged with COVID-19 awareness. The volunteers will need additional integrated training for EVD context risk communication.

Cote d'Ivoire

| Health Outcome 1: The immediate risks to the health of affected populations are reduced | | |
|---|--------|---------|
| Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population | | |
| Indicators | Actual | Target |
| <i># of people sensitized on EVD</i> | 4,314 | 261,277 |
| <i># of households reached through door-to-door sessions</i> | TBD | 52,275 |
| <i># of cultural shows disseminating EVD messages</i> | TBD | 6 |
| <i># of awareness sessions carried out in schools</i> | TBD | 40 |
| <i># of volunteers refreshed on CEA</i> | TBD | 92 |
| <i># of volunteers trained on CEA</i> | TBD | 60 |
| <i># of radio shows and interactive shows on EVD conducted</i> | TBD | 144 |
| Health Output 1.4: Epidemic prevention and control measures carried out. | | |
| Indicators | Actual | Target |
| <i># of drills carried out by SDB teams</i> | TBD | 6 |
| <i># of people trained in SDB (volunteers and local CHWs)</i> | TBD | 36 |
| <i># of communal teams for SDB established and trained</i> | TBD | 6 |
| <i># of volunteers trained in Infection Prevention and Control (IPC)</i> | TBD | 152 |
| <i># of SDB starter kits procured</i> | TBD | 10 |
| <i># of SDB training kits procured</i> | TBD | 3 |
| <i># of handwashing stations procured and pre-positioned at Branch level</i> | TBD | 100 |
| Health Output 1.5: Psychosocial support provided to the target population | | |
| Indicators | Actual | Target |
| <i># of staff and volunteers trained in PSS</i> | TBD | 164 |
| <i># of PSS sessions provided</i> | TBD | 96 |
| Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform | | |
| Output S1.1.4: National Societies have effective and motivated volunteers who are protected | | |
| Indicators | Actual | Target |
| <i># of volunteers insured</i> | TBD | 152 |
| <i># of security trained staff and volunteers</i> | TBD | 164 |
| Output S1.1.7: NS capacity to support community-based epidemic risk reduction, response and preparedness is strengthened | | |
| Indicators | Actual | Target |
| <i># reviews done on NS epidemic contingency/preparedness</i> | TBD | 2 |
| Progress towards Outcome | | |

The Red Cross volunteers who are carrying out Covid-19 sensitization activities in the EVD operation targeted communities have also been sensitizing community members on preventive measures against Ebola. In Danané, the Red Cross messages reached a total of 200 persons in a market place.

The Danané local branch also carried out six jingles in community radio reaching approximately 4,114 persons (excluding the 200 persons reached in the market place) in Danané and its environs.

Sensitization activities have also commenced in Sipilou through the volunteers who are carrying out Covid-19 related awareness activities.

The NS through the Danané local branch has set up three early warning posts in villages (Danipleu, Yappleu and Gbinta) bordering Guinea.

The six local branches are carrying out an inventory of their prepositioned stock and needs of items that could be deployed in the operation.

The local branches are in the process of establishing contact with the Guinea Red Cross local branches at the border areas for effective cross-border coordination and exchange of information.

Challenges:

- Operational vehicles are old and not enough in the NS
- The national plan of action was released late by the MoH. This action delayed the rollout of activities by the NS as its activities must align with the national plan

C. Financial Report

The overall funding requirement for the Appeal is CHF 8.5 Million. The overall funding coverage is CHF 1,571,387 which represents 18% funding. **The appeal has a funding gap of CHF 6,928,613.**

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

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

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Reference documents



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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 Humanitarian 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.