

OPERATION UPDATE


West Africa | Ebola Virus Disease (EVD) Outbreak

Appeal №: MDREBOLA21	Operations Update n° 2 Date of issue: 07 May 2021	Timeframe covered by this update: Feb 2021 to 17 April 2021
	Operation start date: 17 February 2021	Operation timeframe: 12 months end date: 17 February 2022
Glide №: EP-2021-000016-GIN	IFRC Funding requirements: 8.5 million Swiss Francs (Guinea – CHF 3.304 million; Cote D´Ivoire CHF 785k, Liberia CHF 782k, and Sierra Leone – CHF 891k; Mali – CHF 377k, Guinee-Bissau CHF 275k and Senegal – CHF 384k; 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, ICRC, Danish, French, Canadian, Netherlands and British Red Cross Societies		
Other partner organizations actively involved in the operation: National Service for Humanitarian Action (SENAH), National Health Security Agency (ANSS), WFP, UNICEF, FAO, Catholic Relief Service (CRS), Plan International Guinea, UNDP, and WHO, Government of Guinea Bissau (MoH): Operational Committee for Health Emergencies (COES)		

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



Guinean Red Cross SDB/SWAB/Disinfection team ©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 Red Cross partners.
 - 01 April 2021:** WHO announced one new EVD confirmed case from the village of Kpagalaye. Shortly after being tested the case ran away and his location remains unknown.
 - 06 April 2021:** The harmonized Red Cross EVD response plan for Guinea is officially submitted to the National Health Authorities.

Situation overview

The first confirmed case of EVD was reported in Guinea on 14 February 2021, with initial probable cases dating back to at least January 2021. However, genomic sequencing conducted by WHO¹ indicate that the resurgence in Guinea is linked to bodily fluids of survivors. Preliminary findings indicate first that the virus in the current epidemic is the same responsible for the 2014-16 epidemic; and second, that it was transmitted from one human to another (and not from an animal source). As of 13 April 2021, the epidemiological situation is as follows:

- Two new confirmed cases reported in Kpagalaye village, Soulouta sub-prefecture.
 - A 22-year-old male (M22) was confirmed on April 1, his whereabouts remain unknown.
 - A 40-year-old female (aunt of F40) was confirmed on April 3 and was admitted at N'zerekeore CTEpi
- 2 new probable cases (deaths on 24, 25 March) from the same family as M22 and F40 in Kpagalaye.
 - To date, no epidemiological link has been established between these probable cases and the confirmed cases in Gouecke, where the last case was confirmed before the recent cluster; the community resistance in Kpagalaye during the month of April has made further investigations difficult.
- 258/293 (88%) contacts are being followed-up.

Cumulatively since the beginning of the outbreak

- 23 EVD cases reported (16 confirmed and 7 probable).
- 8 cured cases reported.
- 12 deaths reported: Case Fatality Rate of 52% (12)
- A total of 7,619 people vaccinated.

¹ World Health Organization. 2021. *Genome sequencing in Ebola response*. WHO Africa. Available at: <https://www.afro.who.int/news/genome-sequencing-ebola-response>

Summary of Red Cross Red Crescent response to date

Overview of Host National Societies

Guinea

The Red Cross Society of Guinea (RCSG) is still very active and fully involved in the response operation. In coordination with the IFRC surge team a system of NS counterparts has been developed and put in place for the coordination and lead of each pillar but also for the support services (Finance, Logistics HR).

A team of 12 National Society staff has been deployed to Nzerekore to ensure this counterpart mechanism to ensure a strong coordination and benefits from the transfer of capacities with the IFRC surge delegates.

Some of the support has been relocated to Conakry (Finance, PMER). The GRCS director of health department is currently conducting a second field mission in Nzerekore to monitor the coordination and support the transition and phase out of the IFRC surge team.

To improve the role and responsibilities of each NS staff deployed in Nzerekore, terms of references for each of them are being developed in alignment with the ToRs of the IFRC surge team.

The Guinea Red Cross Society (GRCS) 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:

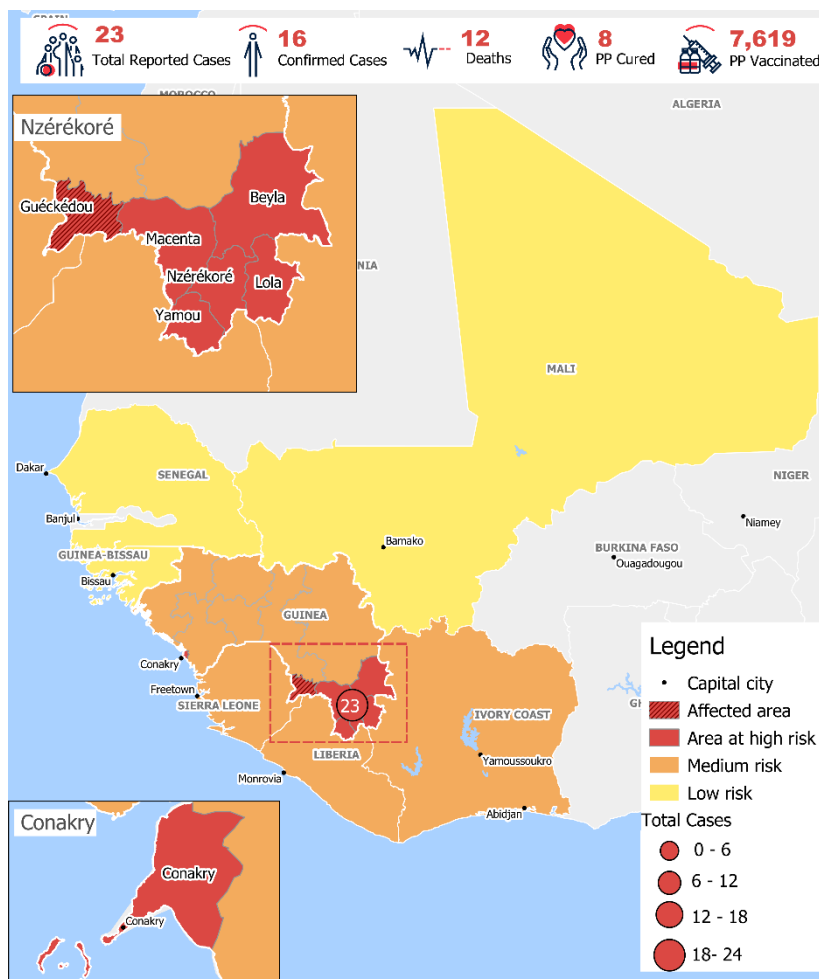
- Management of SDB:
- Household and public disinfection
- Health promotion and Risk Communication and Community Engagement (RCCE) in affected and at-risk communities
- Psychosocial support (PSS) for infected and affected people
- Community-based surveillance (CBS)
- Water, Sanitation, and hygiene (WASH).

It is important to note that MoH also tasked the Guinean Red Cross to ensure the transportation of suspect and confirmed cases to the ETC. However due to a lack of capacity (volunteers trained for this specific activity) and resources (equipped ambulance) the Red Cross announced that they could not ensure this activity anymore. ANSS acknowledged this information and now support will be provided by WHO and other partners.

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.
 - French Red Cross is coordinating very well with the GRC and IFRC in the scope of the EVD response. They are providing lead and support for the IPC and PSS pillars and are embedded with the operation team in Nzerekore. They are participating in internal coordination meeting and in the different sub-coordination meeting with GRC and IFRC.
 - A Project Grant Agreement has been drafted and shared (currently being reviewed/approved by French Red Cross) regarding the payment of the isolation tents to be setup next to the ETC in Nzerekore.
- **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. All the coordination mechanisms are now in place both at Nzerekore and Conakry levels. The Red Cross of Guinea with the support of IFRC is represented in each sub-coordination meeting (per pillar), in the daily strategic meeting and the daily sitrep coordination meeting. GRC is also participating in the weekly coordination meeting hosted by ANSS in Conakry.

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 project cooperation agreement with the GRC (yet to be signed) that they are looking to reactivate to WASH activities in schools linked to Ebola. In addition, RCCE coordination is supported by the RCCE Collective Service regional hub in Nairobi, is co-led by IFRC, UNICEF and WHO.</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> <p>OCHA deployed to N'zérékoré shortly after the official announcement of the outbreak to support coordination efforts, and advocacy to adopt the standard pillar formations for Ebola response. They left and stopped their coordination support on 26 March.</p> <p>MSF did not have presence in N'zérékoré prior to 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, vaccination campaign</p> <p>MSF: Support the prepositioning of IPC and WASH materials</p> <p>WVI, WHO, GIZ, Red Cross: Support with EVD simulation exercise</p> <p>CDC, WHO, Red Cross: Technical support on surveillance and laboratory diagnosis</p> <p>Red Cross, CARE : community engagement, and safe and Dignified Burial (SDB)</p>
Côte d'Ivoire	<p>Public Health Emergency Operations Committee (COUSP) in 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, RCCE</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: Health structures support and case management support</p> <p>CDC: Technical support on surveillance, laboratory diagnosis and vaccination</p> <p>UNICEF: technical support in WASH and IPC in health structures; water management for health posts; nutrition</p> <p>USAID: Health material procurement for health structures; prevention activities</p> <p>ALIMA: Case management, ETC setup and management inside health structures</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.

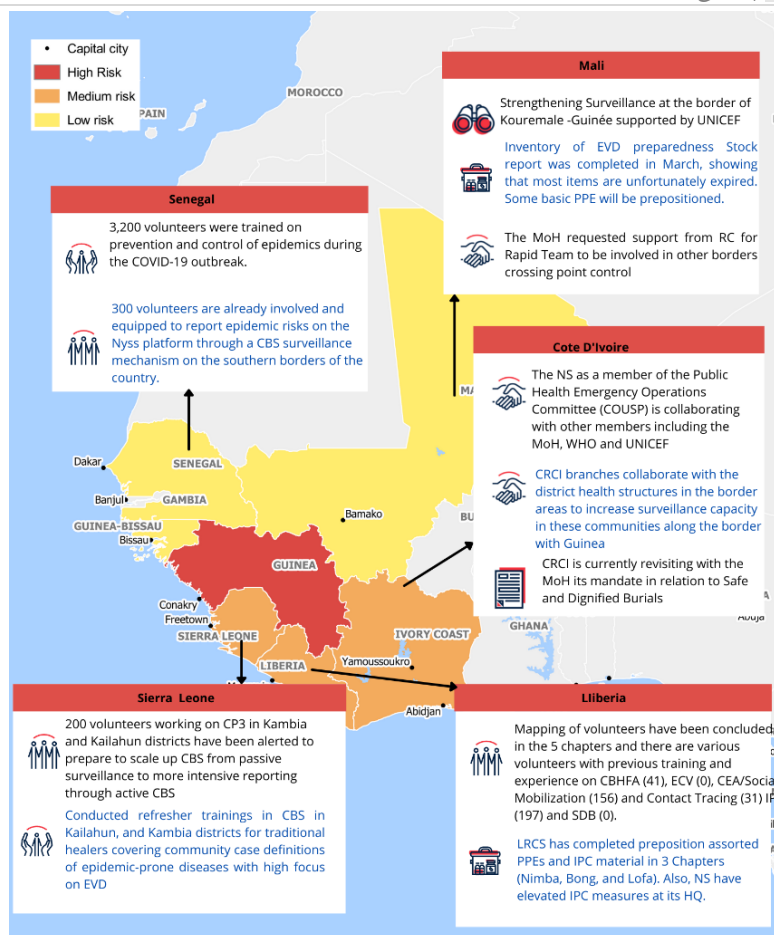
The Red Cross and Red Crescent movement will focus on building the operational capacity of the National Societies. The IFRC through the Sahel and West Africa delegations will directly support field team training activities, monitoring field activities, and reporting strategies. Both delegations will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

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. To date, the National Society completed the following activities:

- Mapping of volunteers have been concluded in the 5 chapters and there are various volunteers with previous training and experience on CBHFA (41), ECV (0), CEA/Social Mobilization (156) and Contact Tracing (31) IPC (197) and SDB (0). The preparedness trainings will support the gaps and further strengthen the existing volunteers with experience.
- LRCS has completed preposition assorted PPEs and IPC material in 3 Chapters (Nimba, Bong, and Lofa). Also, NS have elevated IPC measures at its HQ.
- To-date, training plan with the Government, National Public Health Institute has been concluded; NS SDB volunteers are already identified in the 5 locations + Monrovia; training materials (software) jointly reviewed and confirmed with the NPHIL. The hardware training materials (PPEs, burial kits for training) are not available at the NS, hence the NPHIL has confirmed provision
- NS has been working with the Ministry of Health through its RCCE Pillar to get the approved messages for dissemination and awareness raising in targeted communities, and schools in the counties along the borders. For better coordination and collaboration, the RCCE team at the MOH has designated one of the staffers to the NS as a direct contact for support in term of messaging, training, Community Engagement and awareness raising as well as field monitoring and evaluation. Based on the previous meeting with the Head of the RCCE Team all EVD related materials will be delivered to the NS for reproduction, printing and promotion through community engagement and radio broadcast (Jingles and live discussion. NS are also now mapping out community radio also the borders for weekly radio discussion and broadcast of jingles.



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. To date the National Society delivered the following activities:

- The NS as a member of the Public Health Emergency Operations Committee (COUSP) is collaborating with other members including the MoH, WHO and UNICEF to update the National Ebola Response Plan and the prevention and awareness messages to be carried out in communities at high risk.
- CRCI also monitors all epidemiological related cases in Covid-19 in the country. It is an integrated disease surveillance and response body. For Ebola, apart from the national plan, EOC, and treatment centre reactivated, the body liaises through the supervisory ministry with Guinea to receive updates on the evolution of Ebola in Guinea which are shared with partners to guide potential action.

- CRCI branches collaborate with the district health structures in the border areas to increase surveillance capacity in these communities along the border with Guinea.
- The NS preparedness and response plan for EVD was adapted from the 2014-2016 EVD plan developed by the NS. The revised plan takes into consideration the current trend especially in the context of Covid-19. For instance, it ensures that Red Cross volunteers carrying out Covid-19 activities in the EVD target communities were able to also deliver some basic Ebola prevention messages in communities. The community communication messages are being adapted to the revised plan reflecting the current context and use of new tools provided by CEA.
- CRCI is currently revisiting with the MoH its mandate in relation to Safe and Dignified Burials
- Preparedness activities on EVD have started with a ToT 14 in Abidjan and Trainings of 72 volunteers in Man & Odienné

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).

The SLRCS team participated in meetings convened by the Government in coordination with the Emergency Operations Center (EOC) and partners. The SLRCS implemented the following activities:

- Conducted refresher trainings in CBS in Kailahun, and Kambia districts for traditional healers covering community case definitions of epidemic-prone diseases with high focus on EVD.
- 200 volunteers working on CP3 in Kambia and Kailahun districts have been alerted to prepare to scale up CBS from passive surveillance to more intensive reporting through active CBS. In addition, an alert was sent in the remaining four district branches (Kono, Koinadugu, Western Area and Pujehun) bordering Guinea and Liberia, where 100 volunteers are preparing effective social community engagement activities.
- NS mandate is to support the Government on SDB activities and have since then involved in SDB pillar meetings and engagements. The NS have supported the MoHS to orientate former SDB teams in some districts. NS have also mobilised former SDB trainers and wish to train one team per the 5-regions in the country moving forward.
- As an auxiliary to the government/public authorities and also member of the risk communication of the EOC, the SLRCS has the mandate to carry out RCCE during health emergencies and other forms of disasters such as the mudslide and floods that occurred in Freetown and its environs in 2017. As a preparedness plan for EVD, a refresher training was organised for managers and Field health officers on CEA, ECV, CBS, EVD for the 9 priority branches who will then replicate the trainings to 630 volunteers of which 225 (25 per branch) will be dedicated to carryout CEA activities on EVD. NS have also supported the EOC to organise district stakeholders meeting in 8 districts on EVD preparedness and COVAX roll out.

Guinea Bissau

Guinea-Bissau was recently included as a P2 countries; hence activities have not yet commenced. During the 2013-2016 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 Ebola virus. The CRGB participates in the meetings of the National Multisectoral Committee for the Management of Epidemics and Disasters. RCGB is expected to participate in SDB activities if needed as RCGB teams were trained in the 2013-2016 EVD epidemic. CEA is planned by RCGB and part of the coordinated preparedness in the country.

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.

The activities performed so far are as follows:

- Strengthening Surveillance at the border of Kouremale -Guinée supported by UNICEF

- The MoH requested support from RC for Rapid Team to be involved in other borders crossing point control (Tents, PPE, termoflash). Decision will depend on the branch capacity.
- Inventory of EVD preparedness Stock report was completed in March, showing that most items are unfortunately expired. Some basic PPE will be prepositioned.
- MRC participates to the weekly MoH epidemic coordination meeting where tasks and mandates are discussed and assigned depending on the situation. MoH requested MRC to support SDB activities if needed. MRC is also expected to do CEA through its volunteer network.

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 is supported by the mobilization of a team of 500 volunteers spread over the different regions identified for community mobilization activities. They are 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 is 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 participates 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 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.

With IFRC and PNS support, the National Society has managed to deliver the following activities:

- 3,200 volunteers were trained on prevention and control of epidemics during the COVID-19 outbreak.
- 300 volunteers are already involved and equipped to report epidemic risks on the Nyss platform through a CBS surveillance mechanism on the southern borders of the country.
- SRCS is working with the MoH and partners to define the preparedness plan and increasing surveillance capacity in border areas, while mobilizing its branches and volunteers to revamp awareness
- SRCS is mandated by the MoH to manage SDB in the country. A few were conducted related to COVID in 2020.
- 2 teams (total of 28 people) are trained and on standby.
- CEA refresher training is planned mid-April.

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:

After almost one month of no recorded confirmed cases, the identification of the 22-year-old male in Kpagalaye on April 1 stressed the importance of reinforced and sustained surveillance. Without it, there will remain a risk of re-emergence of cases through a reintroduction event or new emergence, and the possibility of a missed transmission chain. Equally important is to maintain community engagement activities. Community resistance to the humanitarian response has become particularly visible in Souluta sous-prefecture where access to humanitarian assistance was temporarily blocked off by communities. It is therefore essential to take concrete actions to understand knowledge and beliefs among the local population around the disease in general, and about the Red Cross activities specifically. Notably, about swabs and practices around death, in order to improve acceptance of SDB activities. Another important challenge is the stigmatisation that persists around Ebola survivors. Following the findings of the genome sequencing published in early March 2021, the need to pay attention to survivors without creating further stigmatisation must continue to be emphasized.

Unlike the 2014-16 outbreak, the availability of vaccines and new therapeutics provide more opportunities to contain the outbreak. However, the success of these interventions is closely linked to the early identification of cases; continuous community engagement; acceptance and successful implementation safe and dignified burials; decontamination activities; and support for survivors, their families and affected communities.

Operational support services

Human Resources

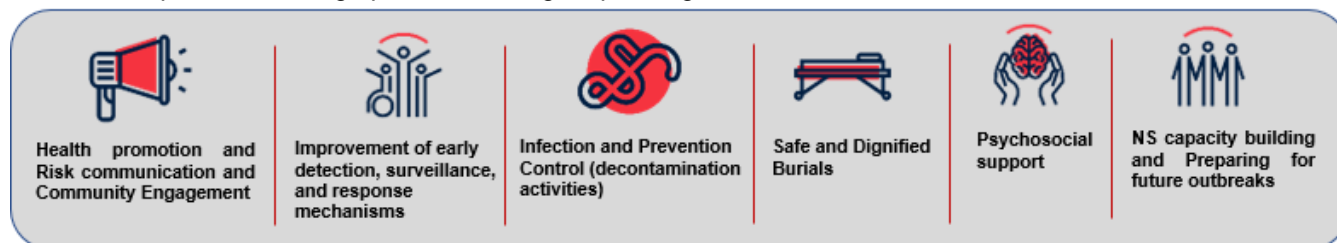
The National Society is currently supported by the IFRC Sahel Country Cluster Delegation with technical expertise as well as capacity building in management and support services the organisation structure is build based on a peer approach strategy.



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. At this stage, we are shortening to mid-term recruitment up to 4 months due to current situation and budget.

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 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. . At this stage, Surge Support is starting to exit steps by steps until end of May. Short gaps after Ops Manager and Health Co. Surge exit are covered by the visit of Sahel Cluster DM and Health Manager. As an overall, The Surge deployments has been successful from the beginning of the operation. Each role has been fulfilled with no gaps.

Surge Exit strategy is communicated in advance to HR NS to adapt and reflect on the NS HR structure.

IFRC International Staff Recruitment

Ongoing recruitment - Key roles priorities:

- Operation Manager – based in N'Zérékoré – 6 months advertised - – candidate selected – recruiting for 4 months initially – potential extension up to 2 months
- Finance and Admin Delegate – based in Conakry – 6 months advertised – applications closed – in discussion to recruit 3 months duration contract
- Health Delegate - based in N'Zérékoré – 6 months advertised – applications closed – in discussion to recruit 3 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. The aim is to establish a strong collaboration between the HR focal point of National Society and the IFRC HR in emergencies coordinator in order to align our strategy on Surge/HR structure. HR will continue to monitor and adapt the HR plan based on the different scenarios that the operation could face.

Communication

Communications surge delegate has produced additional communications materials on Red Cross activities, including photos and footage of the mobile radio, an interview with an Ebola survivor and photos of the isolation unit for COVID-19 patients outside the Ebola treatment center. A video on how swabbing for Ebola testing works is being produced to be used for community engagement as well as external communications. They have been shared with the National Society and uploaded to ShaRED for use by the entire Red Cross Red Crescent Movement. Key messages and figures are updated weekly.



A website has been created for the National Society: <https://croix-rouge-guineenne.org/>

The head of communications for the National Society has been trained to keep the website up to date. The communications capacity of the National Society in terms of content creation and social media strategy is being enhanced.

A briefing for EU member states on the EVD responses in Guinea and DRC is being organized for 16 April.

Logistics

The National Society in close collaboration with IFRC, has proceeded to acquire a large part of the local procurement in accordance with the IFRC's standard procurement procedures. All the purchases that remain to be made are compiled in a table vs. the purchases already made in the DREF budget in order to establish a global procurement plan and to proceed with the acquisitions. The international order of kits is being delivered and the customs clearance process has already been initiated in order to take action as soon as the kits arrive at the airport and to avoid paying storage penalties.



A strategy is being developed to secure the warehouse and stocks - for a better management and to dispose expired and spoiled stocks.

WFP warehouses in Conakry will be used for 1 to 2 months to store some of the kits sent from Goma

Information Management

A surge delegate was deployed and arrived in N'zérékoré on 21 March. The delegate has been actively supporting on the building of local IM capacity, including the National Society IM focal point, the local French Red Cross delegation data officer, and data volunteers in N'zerekore. Together with all Movement actors, we are actively working to ensure the homogeneous reporting and analysis of the activities of the Red Cross Movement using one data collection mechanism.

The surge IM has been actively involved in the building of collaborative data governance for the National Society in collaboration with the national IT, PMER, and IM focal points for the Guinean Red Cross.

The delegate has been building and actively adapting the swabs and SDB data collection, which involves coordinating with WHO, CDC and the ANSS to ensure homogeneous alerts and response data for the coordination. IM has also been working closely with CEA delegates to set up of the CEA feedback mechanism and follow up of the other pillars.



PMER

The surge PMER mission ended end of March. Support was provided 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. This tracking monitoring and PMER support is now done remotely by PMER officer based in Sahel IFRC Country Cluster Delegation.



Finance and Administration

Finance and Administrative activities:

- The IFRC Status Agreement with the Government of Guinea has been received.
- 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.

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

Guinea

The security delegate ended his mission on 16 April. Security assessment has been completed and all documents (security plan, medevac plan, welcome pack, delegates briefing, security of IFRC residences) have been completed, submitted and approved.

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, all BCP documents for Guinea have been completed and submitted to the CCD in Dakar and Regional office.

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.

Risk management mission in Guinea:

Tuesday April 6th: Meeting with RC Nzerekore branch to explain the objectives of the risk management mission, meeting with SDB volunteers, visit of stocks.

Wednesday April 7th: Discussions with the IFRC teams in order to understand the coordination with their CRG counterparts in terms of budget, planification and control measures in place. Also, to identify the potential risks in the management of the operation.

Thursday April 8th: Meeting with the members of the CRG and the local committee in order to set up an efficient functioning of resource management based on gaps and missing SOPs identified in terms of logistics, finance and HR procedures.

The CRG is committed to share the following monitoring tools with the IFRC Guinea team and Dakar IFRC cluster delegation:

- inventory tracking tool (developed and in place).
- budget monitoring tool (being developed).
- volunteer management monitoring tool (being developed).

In addition, it was requested to set up a weekly Finance, Logistics, HR, Operation CRG / IFRC meeting in order to communicate, plan and report on activities in a collaborative and transparent way.

The risk register has been updated and completed taking into consideration the key findings of this mission. The risk register was submitted to Nairobi RO and we are waiting for their feedback/questions.

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.

Priority 1 and 2 Countries

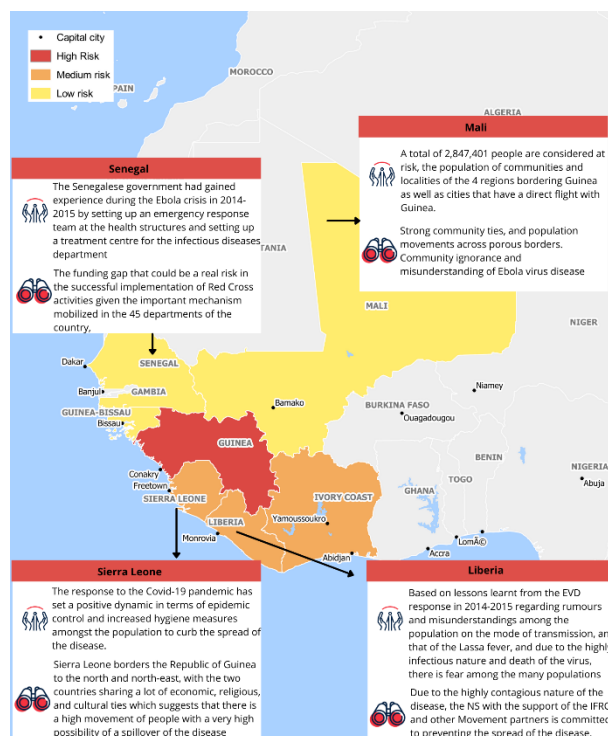
Liberia

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
<p>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.</p>
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.
<p>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.</p> <p>A second allocation will be required to scale-up the operation and provide the response measures mentioned above.</p>
Scenario Funding: An additional 622,000 CHF
Scenario 3 : More than five cases and community transmission detected in rural / urban communities
<p>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.</p>
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

Sierra Leone

Needs analysis

The response to the Covid-19 pandemic has set a positive dynamic in terms of epidemic control and increased hygiene measures amongst the population to curb the spread of the disease. However, this should not be considered sufficient to prevent a 2014 scenario with the EVD outbreak spreading in the region. In that remote area, isolation of the population and behaviours guided by fear of stigma and social impacts of the last Ebola outbreak remain an issue. In this context, the next year will be crucial and must be spent building robust awareness-raising on EVD preventive messages, protection, and control actions to avoid recording a case, or when there is a case avoid the spread of the outbreak.

It is important to note, the last Ebola surge in the country ended some seven years ago, and there is a need to engage communities especially those identified as prone due to their proximity to Guinea and crossing points, engaging those communities about the disease regarding the mode of transmission and prevention measures is crucial; moreover, the Government currently don't have adequate infrastructure such as isolation and equipped treatment centers to response to Ebola cases in the event of an outbreak.

To complement governments' preparedness efforts to prevent an outbreak of Ebola, SLRCS has identified the need for communication and awareness-raising to prevent EVD especially in border towns and the nation.

Operation Risk Assessment

Sierra Leone borders the Republic of Guinea to the north and north-east, with the two countries sharing a lot of economic, religious, and cultural ties which suggests that there is a high movement of people with a very high possibility of a spillover of the disease. It could be recalled that the 2014-16 Ebola outbreak in Sierra Leone also started in that same region of Guinea which eventually spilled over into Sierra Leone. In that remote area, isolation of population and behaviours guided by fear of stigma and social impacts of the last Ebola outbreak remain an issue and community burials are both standard practice and a high risk for rapid transmission of the virus

In preparing for an outbreak, it is crucial to take into consideration the lack of accurate and standardized health promotion and behavioral change messages, which is always a gap that will lead to the proliferation of fake news, fuelling panic and confusion among large sections of the population. This will undermine confidence in government preparedness effort and the entire response system at national, district, and community levels when there is an outbreak. To complement governments' preparedness efforts to prevent an outbreak of Ebola, SLRCS has identified the need for communication and awareness-raising to prevent EVD especially in border towns and the nation.

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.

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 Ebola
- Promote risk communication and community engagement (RCCE) and Epidemic Prevention awareness of Ebola infection
- Strengthen the capacity of 100 safe and dignified burial volunteers (SDB)
- Strengthen the capacity of 40 volunteers in 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), RCCE, 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.
- **Risk Communication and Community Engagement (RCCE):**
With the National Centre for Information, Education and Communication for Health (CНИЕCS), 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.

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.

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 at 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 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 - GUINEA

	<p>Health</p> <p>People Reached: 72,754</p> <p>Male:</p> <p>Female:</p>	
Outcome 1: The immediate risks to the health of affected populations are reduced		
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators	Target	Actual
# of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak	263456	72754
Outcome 4: Transmission of diseases of epidemic potential is reduced		
eHealth Output 4.1: Community-based disease control and health promotion is provided to the target population		
# of complaints, feedback and rumors received,	N/A	585
# of volunteers trained in RCCE/ECV//CSB combined training	219	25
# of people reached with community-based epidemic prevention and control activities	263456	72754
# of people reached with community engagement activities		
% of people who are knowledgeable about recommended practices	90%	ND
# of radio programs conducted with communities (micro-trottoir, interviews, magazines, debates, round-table and interactive emissions)	18000	3164
# radio programs conducted on SDB	1800	310
# of system/protocols in place to collect, analyze, verify and respond to community feedback received	1	1
% of feedback addressed	100%	ND

Health Output 4.3: National Society volunteers support safe and dignified burials to limit the spread of disease		
# of functional and equipped SDB teams	7	5
# of functional and equipped operational base	1	0
# of Volunteers trained in swabs and SDB	56	40
# of SDBs	N/A	16
% of SDB alerts completed successfully	100%	100%
# of community and hospital deaths swabbed	N/A	151
# people trained on body washing	100	0
% of SDB volunteers trained on CEA	100%	71%
Health Output 4.4: Transmission is limited through early identification and reporting of suspected cases using community-based surveillance		
# volunteers trained in Community Based Surveillance	219	Activities have not yet started
% of trained volunteers active in CBS activities	100%	Activities have not yet started
% of CBS alerts which were investigated/ reacted to (<i>in under 24 hours</i>)	90%	Activities have not yet started
Progress towards Outcome		
<p>49 volunteers have been mobilised for this response and have conducted social mobilization (door to door sensitization) and Ebola risk communication N'Zérékoré, Gouéké and Soulouta reaching a total of 72,754 people (35,031 men and 34,986 women) in 5,601 households. We have also been maintaining activities 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"> ○ 40 SDB volunteers have been briefed on Risk Communication and Community Engagement. ○ 25 volunteers from N'Zérékoré (15) and Goueke(10) ave been trained as trainers in risk communication and community engagement and epidemic control for volunteers; ○ 15 volunteers have been involved in risk communication and epidemic control activity in N'Zérékoré (in commercial health zone) ○ 24 additional volunteers have been briefed on communication techniques and EVD. ○ 2 volunteers have received a briefing and will be supporting in reporting on community feedback. ○ 585 community feedback have been collected and recorded in the data base. ○ One community feedback analysis has been produced and shared with RCCE working group. ○ The radio mobile station is broadcasting sensitization programme the affected area of Goueke and surrounding villages. <p>The following activities have been planned:</p> <ul style="list-style-type: none"> ○ Conduct a combined training of 219 volunteers on RCCE/ECV/CBS ; ○ Continuing sensitization activities in Nzérékoré, Goueké and Soulouta and deployment of volunteer in Samoé, Bounouma, Kobela, Koropara, Yalenzou and Koule sub prefecture ○ Doing regular feedback analysis and advocating for establishment of community feedback working group to share the feedback findings, discuss the recommendations and follow up the decided actions. <p>Community Based Surveillance</p> <ul style="list-style-type: none"> ○ Arrival of ERU IM and Team Leader. Both of them received an initial briefing from the CP3 team in country and will maintain regular communication with them throughout the implementation of the CBS system. ○ As per ANSS directive, surveillance and RCCE activities need to be coordinated; this translates into community mobilisers involved in RCCE now being planned for community-based surveillance as well. However, as ECV is a prerequisite for CBS, a combined training will be realized on RCCE / ECV / CBS for 5 days. ○ In collaboration with partners part of the RCCE working group (UN agencies, Red Cross and NGOs) a mapping of social mobilisers across N'zerekore prefecture was elaborated, according to which GRC will intervene in Nzerekore centre and 8 sous-prefectures. Volunteers will be identified in these areas according to specific selection criteria, which will be communicated to Red Cross committees. Priority will be given to Soulouta, 		

Koule and Samoe in the Nzerekore prefecture. Lola prefecture will also be targeted given the regular transit of people and therefore potential spread of the disease.

- As there was a gap in terms of training materials within the coordination, the materials that were elaborated with the support of Nairobi CP3 team were shared with actors doing CBS. At the time of reporting, coordination of CBS component is still weak and there is no clear directive on: alerts flow, community case definition and a collection tool.

Safe and Dignified Burials (SDB)

An additional two teams were trained (cumulative of 5 teams trained), adding up to 40 volunteers. Since the beginning of the outbreak and as of April 13th, 16 SDBs have been conducted; of these:

- 71% of deaths alerts (excluding those notified to the alerts cell when the body was already buried) resulted in a swab successfully taken.
- 100% of the positive confirmed deaths that the Red Cross was alerted for resulted in a successful SDB.

A major achievement during this period was the agreement with the laboratory in Nzerekore to directly share the results of swabs with the Red Cross. This allows teams to make an informed decision on whether to proceed or not to an SDB (due to a lack of a clear protocol from the MoH on whether to implement systematic SDBs or not).

Teams that collect swabs at the community level now include 3 people: 1 PSS + 1 for swab + 1 IPC. PSS volunteers support grieving families as they wait for swabs being analysed and this help ensuring that the body remains secured. The challenge faced with this set-up is that it can take up to 24 hours to obtain swab results.

An important challenge has been to obtain the necessary permits to set up the operational bases for SDB teams in Gouecke. As such, a temporary solution was found with the NGO Alima to disinfect vehicles at the CTEpi in Nzerekore after every swabs or burial in the community.

Swab EVD Testing

The Red Cross has been and continues to be the only actor taking swab samples in the Ebola response in Nzerekore prefecture. Since the beginning of the outbreak, we have received 184 alerts of deaths; of them, 150 bodies were swabbed (tested negative). Up until the 17th of April at least 34 alerts were not swabbed. Of note, is that the large majority of alerts of deaths for which a swab is successfully taken, take place at the regional hospital, while very few are taken in the community. The reasons for unsuccessful swabs in the community include community resistance to swab and/or to the arrival of the Red Cross (20); alerts of deaths that were already buried before the alert cell was called (9); and 'other' reasons (5). In order to better understand the community resistance, the Red Cross as a member of the Analysis Cell co-lead by ANSS and UNICEF, has requested the support from the cell to conduct a socio-anthropological study around local perceptions and understandings of swabbing, and to obtain recommendations from the community on how the Red Cross could better adapt its strategy and increase the acceptance of its activities.

Outcome 6: The psychosocial impacts of the emergency are lessened

Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff

# of volunteers trained in PSS	130	48
# of RC volunteers/staff benefitting from PSS services	500	150
# of people who received PSS services in the community	ND	571
# of kits procured and distributed for volunteers (Condolences kit., rice, sugar, oil, soap)	3000	0
Progress towards Outcome		

After lengthy negotiations, the Red Cross obtained the validation to start a survey to assess PSS needs among contacts. 504 people registered as contacts were contacted by telephone for a needs assessment on: availability of food, vaccinations; availability of employment, grief, stigmatization and isolation. Out of them, 239 responded to the call, of which 90 stated a need for household visits by psychosocial support volunteers. The main needs they described included: stigmatization; isolation; fear; refusal from people to eat and buy foods they prepare; and the loss of livelihoods. Household visits started on the second week of April.



Water, sanitation and hygiene

People targeted: 263,457

Male: 131,728

Female: 131,728

WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population.

Indicators	Target	Actual
# of volunteers briefed decontamination and basic IPC	70	40
# of buildings decontaminated by GRC	N/A	43
% of requested decontaminations carried out	100%	100%
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.

Decontamination activities had early on in the response been implemented upon general requests and not necessarily following specific criteria (e.g., UNICEF's office, upon requests that lacked a linkage to the passage of a confirmed/suspect/probable case). This has now been corrected to ensure that teams respond to calls on spaces where there have been confirmed/probably cases only.



Protection, Gender and Inclusion

People targeted: 263,456

Male: 131,728

Female: 131,728

Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators	Target	Actual
# of volunteers trained on the respect of gender and others diversity factors and the minimum Standard commitment.	500	0
% volunteers mobilized who signed the Code of Conduct	100%	100%
% volunteers engaged in the action are aware of child protection policy/guideline	100%	100%
% of the volunteers are screened on child protection policy/guidelines.	100%	0
Progress towards Outcome		

The PGI component is embedded into each Area of Focus (AOF) and related costs are included in the Sahel Country Cluster Delegation Budget.



Disaster Risk Reduction

	People targeted²: Male: Female:	
Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster		
Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.		
Indicators	Target	Actual
<i># of cross-border meetings done between the branches</i>	N/A	1
<i># of cross-border alert systems developed</i>	N/A	In progress
Progress towards Outcome		
A cross-border meeting has been held with Nzerekore branch and the 7 sub-branches of the prefecture. Focus was on mapping of the branches, establishing the contact list and what EVD response capacities (HR and stocks) available. The contact list was shared with the CCD in Dakar and integrated with the sub-regional contact list (neighbouring countries) to set up an alert system (pending).		

Strategies for Implementation		
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	Target	Actual
<i># volunteers insured</i>	500	400
<i>% volunteers engaged in the action properly trained</i>	100%	40% (48 PSS+ 25 ECV/RCCE +40 SDB + 40 IPC = 153, 153/500=30%)
<i>% volunteers engaged in the action properly equipped</i>	100%	30%
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
<i># Branch functioning</i>	1	1
<i># Guest House functional and equipped</i>	2	2
<i># warehouse secured</i>	1	0
<i># NS website created</i>	1	1
<i># missions realized by the NS Governing Board</i>	2	0
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
<i># start-up mission realised</i>	1	1
<i># Organigramme for the operation designed</i>	1	1
<i># Rapid Response personnel mobilized</i>	10	12 (+7 drivers deployed)
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
<i># session on IFRC tools (DREF and EA organized)</i>	1	1
<i># of operational decisions made on feedbacks</i>	N/A	1
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
<i># vehicles purchased (from IFRC)</i>	2	2
<i># standardize document for procurement procedures realized</i>	1	1
<i># humanitarian flights utilized</i>	12	21
Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced		

² Reference to the guidance on counting people targeted guidance

# Lesson learnt workshop realized	1	Not conducted yet
Progress towards Outcome		
<p>Volunteer's training and equipment is progressing along with planning of new training to start by end of April, especially Community Based Surveillance with more around 200 volunteers to be trained.</p> <p>The comite of Nzerekore is functioning but need some refurbishment to increase the space and working capacity. The rehabilitation of 4 rooms into office has been identified and quotes for work completed. Rehabilitation work should start by end of April.</p> <p>The warehouse mission has not taken place yet, work to increase security will take place in May.</p> <p>Website created for GRC and online, training of staff for maintenance and upload content in progress.</p> <p>https://croix-rouge-guineenne.org/</p> <p>The community feedback mechanism is now in place and we have already more than 500 entries. Analysis of the feedback is in progress with the collaboration of CDC. Once a good level of analysis will be available, key messages and operation strategy will be refined accordingly.</p> <p><i>1 PSS as part of swab</i></p>		
Outcome S2.2: The complementarity and strengths of the Movement are enhanced		
Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
# NS EVD Plan of action drafted	1	1
Progress towards Outcome		
<p>An Harmonized plan of action presenting the GRC EVD response with support of the French Red Cross and Federation has been developed. This plan present the strategy and list of activities per pillar of the response (SDB and Health, IPC, CEA, PSS) with the number of staff and volunteers involved and the budget forecasted for each pillar. This plan was officially presented to the National Health Authority (ANSS) representatives on 1 April who made some comments on the presentation and wording used for more clarity. The plan was then reviewed, finalized and officially submitted and approved by ANSS on 7 April.</p>		
Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.		
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
# documentary on NS EVD response realized	1	0
# communication mission conducted	1	1
Progress towards Outcome		
<p>1 Rapid Response Personnel for comms has been deployed for 2 month and her mission is ending on 23 April. A second communications Rapid Personnel to be deployed in Conakry from 21 April for a duration of 1 month. This second rotation will be covered by an Audiovisual specialist and photographer who will realize the documentary on NS EVD response.</p>		
Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability		
Output S4.1.2: IFRC staff shows good level of engagement and performance		
# HR in emergency Rapid Response deployed	1	14
Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders		
# Finance and admin Rapid Response deployed	1	1
# Finance and Risk Management mission conducted	1	1
Output S4.1.4: Staff security is prioritised in all IFRC activities		
# Security mission conducted	1	1
Progress towards Outcome		
<p>In total 14 Rapid Response Personnel were deployed, and surge support will continue until May 2021 with potential request for extension (e.g., ERU CBS). By then the long-term position will be in place (Ops manager, FAD, Health Co) to support the NS and the response until the end of this Emergency Appeal.</p> <p>The security mission was conducted and ended, all security documents have been deveopped, revised and approved. All RR personnel have been briefed.</p>		

The Finance and Risk mission was conducted in Conakry and Nzerekore from 5 to 9 April and allowed the identification of gaps in terms of operation support management. A series of recommendations and tools to put in place for mitigation and control were shared to the NS. These tools have now been put in place (Logistics) or are still under development (HR, FAD).

Priority 1 and 2 Countries

P1 - Sierra Leone

Health		
People targeted: 1,494,571		
Male: 717,393		
Female: 777,178		
Health Outcome1: 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	Target	Actual
# of volunteer trained in ECV/RCCE (Target: 630)	630	210
# volunteers carrying out RCCE activities in high-risk and border areas	225	75
# SDBs possible with available equipment	80	80
# SDB teams that can be activated with available equipment (target: 9)	9	9
# SDB readiness score	N/A	0.4
# SDBs of suspect cases successfully completed	N/A	0
# SDB alerts received	N/A	0
# of drills/exercises conducted by SDB teams# of PSS Call Centers (Target: 2)	2	1
# people reached with RCCE related to EVD in high-risk and border areas	1,494,571	4,600
# of feedback mechanisms set up (Target: 3)	3	3
# volunteers supporting screening and/or active case finding	45	0
# people screened	N/A	0
Progress towards outcomes		
630 volunteers were activated for training (70 per branch for the 9 priority branches) out of which 210 have been trained in ECV and RCCE. Out of the 630 volunteers, 225 will be involved in RCCE, CBS including 45 for screening at POEs out of which 75 have already started. SLRCS has 4 starter kits that will be used for 80 burials. SDB teams in all 9 branches has been activated and awaiting comprehensive training. 4,600 people has been reached so far.		

P1 - Liberia

Health		
People targeted: 1,279,934		
Male: 767,961		
Female: 511,973		
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	Target	Actual
<i># of people sensitized on EVD</i>	1,279,934	10,840
<i># of volunteer trained in ECV/RCCE (Target: 300)</i>	300	25
<i># volunteers carrying out RCCE activities in high-risk and border areas</i>	300	83
<i># of SDBs possible with available equipment</i>	500	0
<i># of SDB teams that can be activated with available equipment</i>	6	1
<i>SBD Readiness Score</i>	2	1.8
<i># of drills/exercises conducted by SDB teams</i>	10	0
<i># of PSS call centres</i>	6	1
<i># of people reached with RCCE related to EVD in high risk and border areas</i>	1,279,934	4,800
<i># of feedback mechanisms set up</i>	1	0
<i># of PoEs reached with awareness and IPC messages</i>	15	0
<i># of volunteers identified for rapid contact tracing activation</i>	300	0
<i># trainers trained in contact tracing within the MoH system</i>	ND	0
<i># of CBS volunteers trained and reporting on health risks related to VHF</i>	50	0
<i>% of trained volunteers active in CBS activities</i>	100	0
<i>% of CBS alerts responded to within 24hs</i>	90	0
Progress towards Outcome		
<p>Following the just ended Epidemic Control for Volunteer (ECV) training, the volunteers are fully engaged with EVD awareness in the high-risk counties (Bong, Nimba, Lofa, Gbarpolu, and Grand Cape Mount), especially at unofficial border crossing points.</p> <p>Government, there remains a huge gap in enhancing cross-border collaboration, border Ports of Entry IPC and risk communication. Some of the Counties had developed an EVD preparedness plan and are asking partners to support these plans with IPC materials and other form of support; however, the LNRCS has plan in plan to support the MOH and the County health Team.</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; therefore, the LNRCS continue to use 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 May as seen below:</p> <ul style="list-style-type: none"> • Cascade the ECV training to 300 volunteers with the 5 high-risk locations (Bong, Lofa, Nimba, Gbarpolu, and Grand Cape Mount) • Community Awareness (inclusive PSS support+ hygiene promotion etc) - House to House (Community awareness activities are ongoing following the ECV Training. • Conduct Safe and Dignified Burial (SDB) Training for volunteers in high-risk locations and establish them into a full SDB response teams 		

Note: The EVD awareness had been integrated with the ongoing community awareness on COVID-19 using the previous COVID-19 awareness volunteers and the trained ECV volunteers

P1 - Cote d'Ivoire

Health Outcome 1: The immediate risks to the health of affected populations are reduced		
People targeted: 261,377 Male: 128,074 Female: 133,303		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	Target	Actual
<i># of people sensitized on EVD</i>	261,377	5,924
<i># of volunteer trained in ECV/RCCE</i>	152	72
<i># volunteers carrying out RCCE activities in high-risk and border areas</i>	152	84
<i># of SDBs possible with available equipment</i>	500	0
<i># of SDB teams that can be activated with available equipment</i>	6	0
<i>SDB Readiness Score</i>	3	1.1
<i># of volunteer trained in ECV/RCCE (Target: 300)</i>	152	72
<i>% of SDBs suspect cases successfully completed</i>	90%	0%
<i># of SDB alerts received</i>	N/A	0
<i># of drills/exercises conducted by SDB teams</i>	6	0
<i># of feedback mechanisms set up</i>	3	3
<i># of volunteers supporting screening or active case finding</i>	152	72
<i># of people screened at entry points</i>	N/A	N/A
<i># KAP Survey</i>	1	1
Progress towards Outcome		
<p>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 marketplace.</p> <p>The Danané local branch also carried out six jingles in community radio reaching approximately 4,114 persons (excluding the 200 persons reached in the marketplace) in Danané and its environs. With the door-to-door sensitization activities and mass sensitization that scaled up after the volunteers' training, the NS has reached an additional 973 persons (through door-to-door sensitization) and 637 persons (through mass sensitization) in Danané and its environs.</p> <p>Sensitization activities have also commenced in Sipilou through the volunteers who are carrying out Covid-19 related awareness activities.</p> <p>The NS through the Danané local branch has set up three early warning posts in villages (Danipleu, Yappleu and Gbinta) bordering Guinea.</p> <p>The six local branches are carrying out an inventory of their prepositioned stock and needs of items that could be deployed in the operation.</p> <p>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.</p> <p>Challenges:</p> <ul style="list-style-type: none"> - 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. 		

P2- Mali

Health		
People targeted: 1,398,768		
Male:		
Female:		
Health Outcome1: 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	Target	Actual
# of trained volunteers in ECV, RCCE	160	2
# of methods established to collect and respond to community feedback and complaints # volunteers supporting screening and/or active case finding	3	0
# people screened	NA	0
# of operational decisions made based on community feedback	80%	0
# of people reached with community-based epidemic prevention and control activities.	1,300,000	0
# of radios involved in RCCE campaigns	4	0
# SDBs possible with available equipment	8	0
# SDB teams that can be activated with available equipment	8	0
# SDB rapid activation plan developed and validated with MOH	1	0
# SDB focal points/coordinators identified	4	0
# SDB trainers identified	8	0
# households reached with key messages to promote personal and community hygiene	200,000	0
# of volunteers trained in Infection Prevention and Control (IPC)	60	0
# volunteers supporting screening and/or RCCE at points of entry	40	0
# of volunteers insured	429	400
# reviews done on NS epidemic contingency/preparedness	1	0
Progress towards outcomes		
An integrated ECV/RCCE ToT planned on Apr 19-22. Cascade of trainings to 4 regions planned the following weeks. The CRM is working with a DREF loan. The funding level (19%) does not currently allow the NS to fully implement all the activities of the EPoA. DREF transfer received Apr 12.		

P2- Senegal

Health		
People targeted: 152,905		
Male:		
Female:		
Health Outcome1: 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	Target	Actual
# existing CBS volunteers trained and reporting on health risks related to VHF	100	0
% of trained volunteers active in CBS activities	100%	0
% of CBS alerts responded to within 24 hours	90%	0

# SDBs possible with available equipment	2	0
# SDB teams that can be activated with available equipment	2	2 (no equipment)
# SDB rapid activation plan developed and validated with MOH	1	1
# SDB focal points/coordinators identified	1	0
# SDB trainers identified	4	0
# households reached with key messages to promote personal and community hygiene	30,000	0
# of volunteers trained in Infection Prevention and Control (IPC)	100	0
# volunteers supporting screening and/or RCCE at points of entry	500	0
# of volunteers insured	550	500
# reviews done on NS epidemic contingency/preparedness	1	0
Progress towards outcomes		
An integrated ECV/RCCE ToT planned on Apr 19-22. Cascade of trainings to 5 regions planned the following weeks. The CRS is working with a DREF loan. The funding level (19%) does not currently allow the NS to fully implement all the activities of the EPoA. DREF transfer received Apr 8.		

P2 - Guinea Bissau

Health People targeted: 152,905 Male: Female:		
Health Outcome1: 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	Target	Actual
# of volunteers trained on RCCE + ECV + PGI	100	2
# of radio shows and interactive shows on EVD conducted	4	0
# of people reached with community-based disease prevention and health promotion programming	152,905	0
# SDBs possible with available equipment	5	0
# SDB teams that can be activated with available equipment	5	0
# SDB rapid activation plan developed and validated with MOH	1	0
# SDB focal points/coordinators identified	5	0
# SDB trainers identified	2	0
# of PSS training sessions and activation protocol defined	2	0
# of volunteers trained in Infection Prevention and Control (IPC)	20	0
# volunteers supporting screening and/or RCCE at points of entry	100	0
# households reached with key messages to promote personal and community hygiene	25,000	0
# of volunteers insured	208	40
# reviews done on NS epidemic contingency/preparedness	1	0
Progress towards outcomes		
An integrated ECV/RCCE ToT planned on Apr 19-22. Cascade of trainings to 2 regions planned the following weeks. The CRGB is working with very limited funding. 20,000CHF will be allocated mid-April for the operation. The funding level (19%) does not currently allow the NS to fully implement all the activities of the EPoA.		

C. Financial Report

The overall funding requirement for the Appeal is CHF 8.5 Million. The overall funding coverage CHF 1,714, 231 which represents 20% funding. **The appeal has a funding gap of CHF 6,785,769.**

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Reference documents



Click here for:

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