

## OPERATION UPDATE


### West Africa | Ebola Virus Disease (EVD) Outbreak

<b>Appeal №:</b> <b>MDREBOLA21</b>	<b>Operations Update n° 3</b> <b>Date of issue: 11 Aug 2021</b>	<b>Timeframe covered by this update:</b> <b>Feb 2021 to June 30, 2021</b>
	<b>Operation start date: 17 February 2021</b>	<b>Operation timeframe: 12 months</b> <b>end date: 17 February 2022</b>
<b>Glide №:</b> <a href="#">EP-2021-000016-GIN</a>	<b>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)</b>	<b>If Emergency Appeal/ DREF amount initially allocated: CHF 990,210</b>
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> IFRC, ICRC, Danish, French, Canadian, Netherlands and British Red Cross Societies.		
<b>Other partner organizations actively involved in the operation:</b> National Service for Humanitarian Action (SENAH), National Health Security Agency (ANSS), WFP, UNICEF, FAO, OIM, Catholic Relief Service (CRS), Plan International Guinea, Terre des Hommes (TFH), GIZ, ALIMA, CDC, AFENET, IDSS, 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 Gouéké 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 (M22) 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.
  - 8 May 2021:** WHO announced the beginning of the 42-day countdown following.
  - 19 June 2021:** The Government of Guinea officially declared the end of the Ebola outbreak within the country. Governmental authorities and humanitarian partners moved from a response modality to a preparedness modality of intervention, focused on surveillance.

## 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 WHO<sup>1</sup> 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).

Between 14 February and 01 April:

- 23 total cases including 16 confirmed and 7 probables were recorded.
- 11 people were reported to the CT-EPI, of whom 10 treated and recovered and one person (M22) who ran away with no medical treatment.
- 12 people died with a Case Fatality Rate of 52%
- 10,612 people got vaccinated.

The last confirmed case was discharged and left the CT-Epi on 23rd April. However, the 42-day countdown did not start that day, but on 08 May. This because since the whereabouts of the M22 case identified on 1st April were still unknown, it was not possible to state that there was no longer a chain of transmission within the communities. It was therefore decided by Authorities, under WHO and Humanitarian partners recommendation, to add 40 days to the date M22 was last seen to start the official countdown. As such, with no new case within the 42 days, on 19th June WHO and the Government of Guinea declared the end of the EVD outbreak in the country. As per consequence, Governmental authorities and humanitarian partners moved from a response modality to a preparedness modality of intervention, focused on surveillance. In line with it, the scope and size of the West Africa EVD operation will be revised.

In parallel with the EVD outbreak, on 17th May, Guinean national authorities declared officially an outbreak of Lassa Fever in Yomou prefecture near Nzérékoré following a death of a man both Lassa Fever and Covid-19 in a CT-EPI. The outbreak was subsequently declared over with no new case recorded.

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

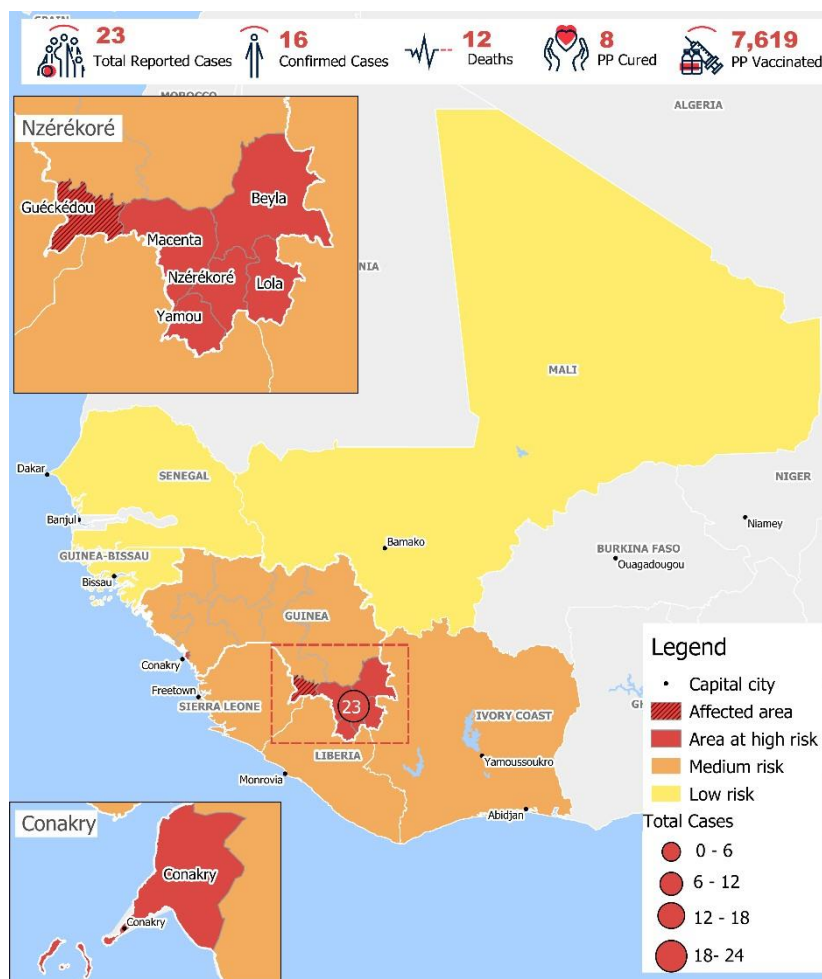
## Summary of Red Cross Red Crescent response to date

### 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, a peer system was set up to between IFRC Rapid Response personnel and NS personnel for each pillar of intervention as well as for Finance, Logistic and HR services. Objective of the peer system was to accompany NS personnel within a period up to 3 months in the implementation and coordination of activities, to handover them all at the end of this period. As such, at the date of reporting, the NS is in charge of all activities, with no longer IFRC Rapid Response personnel deployed neither in Nzérékoré nor in Conakry.

In addition to services requested by the Government of Guinea to the NS in the aftermath of the EVD declaration, such as Safe and Dignified Body (SDB) management, Infection, Prevention and Control (IPC), Health Promotion and Risk Communication and Community Engagement (RCCE) in affected and at Risk Communities, Psychosocial support (PSS) for infected and affected people, within the reporting period the Ministry of Health (MoH) also tasked the NS to ensure transportation of suspected and confirmed cases to ETC. However, due to the lack of capacities in terms of volunteers trained in this activity and logistic resources, such as ambulanced, the Guinea Red Cross declined the task, preferring keep focussing on activities on which it demonstrated its added valued between the 2014-2016 EVD outbreak.



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

A strong Red Cross Red Crescent Movement coordination dynamic continued throughout the reporting period with:

- Coordination meetings focused on complementarities and gaps vis-à-vis to the ongoing response and in line with the epidemiological situation.
- Development of a joint EVD Response Plan of Action, including resources already available, in order to make effective use of them and increase capacity in the affected and at-risk areas.

Within the reporting timeframe, the Red Cross Red Crescent Movement partners have provided the following 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 Coordinator of Sahel Delegation) were 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.

Weekly Joint Task Force (JTF) calls set up at the beginning of the operations, became bi-weekly in line with the epidemiological situation, alternated by Ops call with the participation of a restrain number of staff at country, regional and secretariat levels to discuss about main challenges in the implementation of the operations, as well as strategic and technical directions.

- **French Red Cross:** FRC has been supporting the Guinea RC since the previous EVD outbreak in 2014. In particular, within the framework of the 2021 EVD operation, in Nzérékore, the FRC has:
  - trained 30 volunteers in PSS, of whom 22 deployed in the field, among which one as Mental Health and Psychosocial Support (MHPSS) supervisor.
  - trained 20 volunteers in SDB;
  - Briefed and deployed 30 volunteers on IPC;

These activities were conducted in coordination with the NS and the IFRC, in the implementation of a joint Red Cross Red Crescent Movement joint operation.

- **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 Danish Red Cross is currently phasing out from Guinea.
- **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 NS, the ICRC implements the Restoration of Family Links (RFL) programme for the 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 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><b>ANSS</b> – National Agency for Health Security – coordinates Ebola response.</p> <p><b>WHO</b> – technical support to coordination, as well as case management and surveillance pillars of the response.</p> <p><b>UNICEF</b> 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><b>ALIMA</b> active in case management and is running the Ebola Treatment centre in N'zérékoré. They are also supporting laboratory technicians for testing</p>

	<p><b>WFP</b> 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><b>OCHA</b> 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><b>MSF</b> did not have presence in N'zérékoré prior to the outbreak. As such, although the organization was among the first ones intervening in the affected area, it was forced to interrupt all activities by the Guinean authorities due to the lack of necessary authorizations.</p> <p><b>IOM</b> is supporting ongoing mapping, as well as surveillance at points of entry and contact tracing activities.</p>
Sierra Leone	<p><b>MoHS:</b> Coordination and Management</p> <p><b>WHO:</b> Technical support on coordination, surveillance, and case management, vaccination campaign</p> <p><b>MSF:</b> Support the prepositioning of IPC and WASH materials</p> <p><b>WVI, WHO, GIZ, Red Cross:</b> Support with EVD simulation exercise</p> <p><b>CDC, WHO, Red Cross:</b> Technical support on surveillance and laboratory diagnosis</p> <p><b>Red Cross, CARE :</b> community engagement, and safe and Dignified Burial (SDB)</p>
Côte d'Ivoire	<p><b>Public Health Emergency Operations Committee (COUSP)</b> in collaboration with other members including the <b>MoH, WHO and UNICEF</b> are in charge of the National Ebola Response Plan</p>
Liberia	<p><b>MoH:</b> Coordination,</p> <p><b>NPHIL:</b> Field preparedness and Response coordination and providing SDB training</p> <p><b>WHO:</b> Technical support on coordination, surveillance, case management, RCCE</p> <p><b>UNICEF:</b> Support the National WASH Commission on IPC and WASH</p> <p><b>MSF:</b> Supposed to support the government in Case management</p> <p><b>CDC:</b> Technical support on surveillance and laboratory diagnosis</p> <p><b>Ministry of Internal Affairs:</b> community engagement, and safe and Dignified Burial (SDB)</p> <p><b>General Service Agency (SGA):</b> Responsible for Government Logistic</p>
Senegal	<p><b>WHO:</b> Coordination</p> <p><b>OOAS:</b> Health structures support and case management support</p> <p><b>CDC:</b> Technical support on surveillance, laboratory diagnosis and vaccination</p> <p><b>UNICEF:</b> technical support in WASH and IPC in health structures; water management for health posts; nutrition</p> <p><b>USAID:</b> Health material procurement for health structures; prevention activities</p> <p><b>ALIMA:</b> Case management, ETC setup and management inside health structures</p>
Mali	<p><b>Ministry of Health:</b> through the National Institute of Public Health (INSP)</p> <p><b>Directorate General of Health and Public Hygiene (DGS-HP)</b> and the Health Districts</p>
Guinea Bissau	<p><b>Government of Guinea Bissau (MoH):</b> Operational Committee for Health Emergencies (COES)</p>

## Priority 1 and 2 Countries

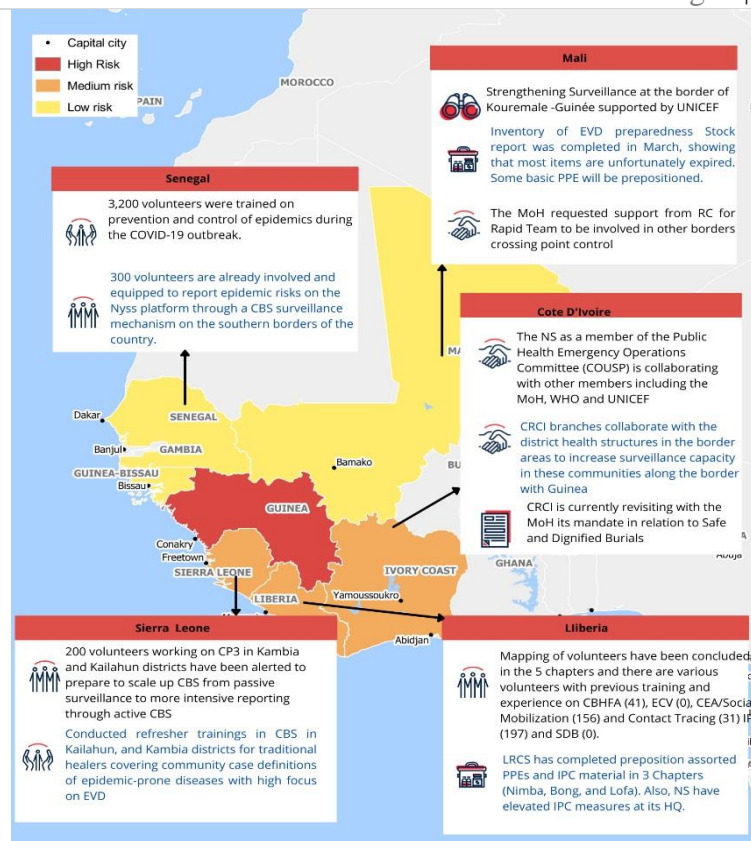
The Emergency Plans of Actions of the various countries bordering Guinea are jointly represented in the Ebola Regional Appeal in West Africa. The actions are coordinated by the Sahel Cluster and West Cluster delegations, with the support of regional team. Weekly meetings are held to exchange on epidemiological situation, implementation progresses, mains challenges and operational and strategic directions.

### 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 with previous experience in CBHFA (41), PSS (161), ECV (300), CEA/Social Mobilization (156), Contact Tracing (31), IPC (197) and SDB (66).
- Prepositioning of assorted Personal Protective Equipment (PPEs) and IPC material in 3 areas of intervention (Nimba, Bong, and Lofa) Counties.
- Increase of IPC measures at its HQ and respective implementing 5 chapters.
- Realization of 5-day standard SDB training in Sanniquellie & Bopolu town, in collaboration with National Public Health Institute and with the participation of County Health Team/CHT and Red Cross volunteers from 5 priority counties and Montserrado, with a total number of 66 participants.
- Collaboration with the Ministry of Health for conceiving and disseminating RCCE messages to raise awareness among targeted communities, as well as schools in the counties along the borders with Guinea.



For better coordination and collaboration, the RCCE team at the MOH designated one of its staff to the NS as a direct contact for supporting in term of messaging, training, Community Engagement and awareness raising as well as field monitoring and evaluation. EVD communication related materials, were delivered to the NS for reproduction, printing and dissemination through community engagement sessions and radio broadcast (Jingles and live discussion). The NS already mapping out community radio also the borders for weekly radio discussions and broadcast of jingles

### Cote d'Ivoire

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

The 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.

To date the National Society conducted the following activities:

- Revision of the NS 2014-2016 EVD Plan of Action.
- Dissemination of EVD messages, leveraging on/coupling them with ongoing COVID-19 activities.
- Realization of EVD preparedness activities, which started with a ToT 14 in Abidjan and trainings of 72 volunteers in Man & Odienné
- Monitoring of epidemiological situation in country related to EVD as well as to COVID19, with an integrated disease surveillance approach, ensuring linkages with Guinea counterparts.
- Collaboration between CRCI branches and district health structures in the border areas to increase surveillance capacity, including at community level.
- As member of the Public Health Emergency Operations Committee (COUSP), in collaboration with other members including MoH, WHO and UNICEF, update of the National Ebola Response Plan.
- As member of the Sub-committee on Risk Communication and Community Engagement (RCCE) review of prevention and awareness messages to be carried out in communities at high risk.
- CRCI is currently revisiting with the MoH its mandate in relation to Safe and Dignified Burials

### Sierra Leone

Following the end of EVD declaration 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 to brief health partners about the situation and further encourage to continue implementing surveillance activities though at a low scale. The Ministry applauded all partners for their support and coordination in ensuring that actions were taken to prevent the spill over of the virus from Guinea as it occurred in 2014.

At the date of the reporting, the Government of Sierra Leone (GoSL) Health Emergency Response System is still active to level II with enhanced surveillance, active case finding, and robust community engagement, while continuing monitoring the epidemiological situation in Guinea.

The SLRCS implemented the following activities:

- Participation in meetings convened by the Government in coordination with the Emergency Operations Center (EOC) and partners.
- Realization of consultative meetings with Members of the National Disaster Response Team to discuss the evolving situation EVD resurgence in Guinea. The aim of the meeting was to monitor the trend of EVD response activity in neighbouring Guinea, the role of National Society volunteers in the preparedness phase and the perception of the community and stake holders and challenges. To identify needs and ensure they are incorporated into the the EVD response plan.
- Train one SLRCS Safe Dignified Burial team (SDB) comprising ten (10) volunteers including 2 drivers held in one of Sierra Leone–Guinea Boarder Districts (Kono) from the 28th of May to 1<sup>st</sup> June 2021. The 5-day training aimed at preparing volunteers to handle any case of death from EVD. The location for the training was selected due to its bordering position with the affected area in Guinea. The training was conducted in collaboration with MoHS and WHO, including the revision and update of training materials.
- Dissemination of awareness raising messages by volunteers in designated communities on EVD prevention and control. Emphasis was put on the definition, signs and symptoms of EVD and on preventive measures. A total of 75,315 (F,38,411 M, 36,904) were reached through community engagement activities by volunteers.

## Guinea Bissau

The EVD Plan of Action developed for the 2013- 2016 EVD epidemic outbreak was updated by the NS to reflect acquired capacities and the new context on intervention. Throughout the reporting period the NS took part in meetings organized by the National Multisectoral Committee for the Management of Epidemics and Disasters. On the base of distribution of tasks between partners, the RCGB is expected to participate in SDB activities, through the deployment of SDB teams trained between 2013 and 2016. To date the NS took part in a joint ToT on ECV+RCCE training and deployed its volunteers in the field to conduct awareness raise among communities in bordering areas. In the framework of the EVD response operation, the NS will continue conducting activities until 31<sup>st</sup> July.

## Mali

The NS Action Plan was developed based on the priorities of the Ministry of Health. The document was informed by the 2014 EVD Action Plan and guidelines from the NS Epidemic Contingency Plan.

Since the beginning of this epidemic in Guinea, the Mali Red Cross maintained constant dialogue with Movement partners both in country (Belgium, Canadian, Danish, Spanish, French, Luxembourg, Dutch Rec Cross and the ICRC) and those based at sub-regional level (IFRC / Sahel Country Cluster Delegation) in order to join preparedness efforts to satisfy expectations of Government and partners. As example, MoH requested to the NS to support on SDB activities if needed and conduct CEA actions through its volunteers' network.

During the reporting period, the NS undertook the following actions:

- Participation in weekly MoH epidemic coordination meeting where tasks and mandates are discussed and assigned to partners.
- Realization of an EVD preparedness stock inventory which, which left the NS with some basic PPE only, whereas the big majority of other materials expired.
- Realization of awareness raising in communities bordering Guinea.
- Realization of border control activities on main border crossing points with Guinea, for which the NS was asked to scale up its intervention by the Government.
- Surveillance conducted both within the framework of the current operation and under UNICEF funds.

Due to the political and security situation in country, with a new coup d'état occurred in May, delays were recorded in the implementation of the Plan of Action by the NS. As such and according to the evolved epidemiological situation, all activities will be completed by the end of July rather than June 2021.

## Senegal

The action of the National Society integrated the response plan launched by the Ministry of Health and Social Action to bridge the gap in the mobilization of material and human resources. It allowed to share with partners the Red Cross approach on surveillance and community mobilization, as well as in 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 are 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.

Within the reporting period the National Society managed to deliver the following activities:

- Collaboration with MoH and partners to define the preparedness plan.
- Increase surveillance capacity in border areas.
- Awareness by volunteers in selected areas of intervention
- Training of 2 teams (total of 28 people) and on standby on SDB, which role was assigned to the MoH by the NS.
- Refresher training on CEA.

In the implementation of activities, the NS leveraged on its 3,200 volunteers already trained on prevention and control of epidemics during the COVID-19 outbreak and 300 volunteers already involved and equipped to report epidemic risks on the Nyss platform through a CBS surveillance mechanism on the southern borders of the country.

## 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:



Although the declaration of the end of the EVD outbreak on 19<sup>th</sup> June, the loss of contacts, such as the 22-year-old male in Kpagalaye on 01 April, stressed the importance of reinforced and sustained surveillance, as well as on CEA activities. On this last point, although efforts deployed in the field, throughout the entire reporting period it was registered community resistance to humanitarian response. This became particularly visible in Soulouta sub-prefecture where access to humanitarian assistance was temporarily hindered by communities. For the Red Cross Movement, this meant an increased difficulty of carrying out swabbing and SDB activities, as bodies are either already buried before the arrival of swabbing teams or their access is not authorized by families. As such, it became more and more important to take concrete actions to deeper knowledges and beliefs among the local population around the disease in general, as well as about Red Cross activities in order to improve their acceptance. Another important challenge faced is the stigmatisation around Ebola survivors, which has to be put at the centre of attention while communicating with populations.

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 supported by the IFRC Sahel Country Cluster Delegation with technical expertise as well as capacity building in management and support services.

Based on lessons learnt from 2014-2016 operation, a peer system was set up at the beginning at the current EVD operation between IFRC Rapid Response personnel and NS personnel, covering each pillar of intervention as well as Finance, Logistic and HR services. Objective of the peer system was to accompany NS personnel within a period up to 3 months in the implementation and coordination of activities, to handover them all at the end of this period. As such, at the date of reporting, the NS oversees all activities, with no longer IFRC Rapid Response personnel deployed neither in Nzérékoré nor in Conakry. HR support both from the NS and IFRC was key to evaluate step by step the functioning of the peer modality and ways for improving it.

According to the HR long term strategy developed together with the NS, in order to continue accompanying the NS, a team composed by 3 delegates was put in place and composed by:

- 1 Operation Manager to be based in N'Zérékoré, for an initial period of 4 months;
- 1 Health Delegate to be based in N'Zérékoré, for an initial period of 3 months;
- 1 Finance and Admin Delegate, to be based in Conakry, for an initial period of 4 months.

At the date of reporting only the Ops Manager is in place. Due to complex political situation, the Finance / Admin and Public Health delegates, although recruited, have not received their visa yet. The IFRC Sahel Cluster Delegation follows up on the situation, taking all required actions together with the NS. Nevertheless, from an operational point of view, this situation makes challenging the provision of timely support to the NS as planned. Discussions are ongoing on alternative modalities of support, such as the identification of national profiles, including within the NS to whom transfer knowledges and ensure sustainability of the action.

#### **Communication**

Communications materials was mainly created during the deployment of 2 Rapid Response and included photos and footage of Red Cross activities as well as interviews with Ebola survivor and personnel at the isolation unit for COVID-19 patients outside the Ebola treatment center. A video on how swabbing for Ebola testing works was produced to be used for community engagement as well as external communications. All materials were shared with the National Society and uploaded into the newly created National Society website <https://croix-rouge-guineenne.org/>, as well as uploaded into ShaRED for use by the entire Red Cross Red Crescent Movement.

Key messages and figures have been updated weekly and shared widely, including those for the end of EVD outbreak.

## Logistics

The majority of local procurements were finalised by the time of the Rapid Response deployment. For remaining and international procurement, a recap table of purchases already made in the DREF budget was created in order to establish and follow-up the procurement plan. SBD kits arrived in Conakry in mid-May and were stocked at the NS HQ, while waiting for the finalization of the NS warehouse refurbishment, for which discussions are ongoing for the support of the Japanese government to the NS.



## Information Management

With the support of the Rapid Response delegate, IM capacities were built, including the NS's IM focal point, the local French Red Cross delegation data officer and data volunteers in N'zerekore.

In order to report jointly on Movement actions, homogeneous reporting and analysis of activities through the use of one data collection mechanism was developed and promoted. The involvement of PMER colleagues was essential for this activity.

The Swabs and SDB data collection systems set up, which involves coordinating with WHO, CDC and the ANSS to ensure homogeneous alerts and response data for the coordination, continue to be the main tool to inform on the operation. This, along with the CEA feedback mechanism reporting system set up in collaboration with CEA colleagues. Although progresses in the pillar, the complexity of the data management and the amount of data collected, require continue support especially for collecting and analysing CBS data. As such, external support was sought to continue working in remote at least for a month following the launching of CBS activities.

## PMER

Following the PMER Rapid Response mission, a regular monitoring system was established to track on implementation of activities. 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:

Besides day-to-day support to the NS, the following activities were implemented during the reporting period:

- Reactivation of the IFRC Status Agreement with the Government of Guinea.
- Establishment of a fleet with phone lines and the internet for team members and staff on mission.
- Identification and equipment of two residences for the accommodation of the staff in N'Zérékoré;
- Organization of transportation via humanitarian flights both from IFRC and NS personnel.

At the date of reporting, due to the decrease of IFRC personnel in the field, the fleet for phone lines was interrupted, as well as the contract for one of the two Guest Houses.

### Fraud and Corruption Prevention activity

A training on fraud and corruption detection and mitigations measures was organized on 12 March at the NS HQ for Finance, Procurement, Logistics, Fleet, Warehousing, HR, Communication and IT personnel. The same training will be delivered in N'zérékoré for field team members.

The Risk Management register, main tool for identifying potential risks and manage them within the operation, was completed and it is regularly updated according to the evolving operational situation.

### The "No Regret" approach policy

From the first month of EVD operation in Guinea, and in line with the IFRC Risk Management framework, procedures have been put in place and documented.

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

### Guinea

Security documents and regulations were completed and approved through a training to staff at the time of the Rapid Response deployment. Their dissemination was ensured through the realization of a training to all personnel deployed. A training for drivers and SDB staff was also done to mitigate major risk factors which 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 was 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 were submitted and approved by the Regional office which maintains 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. The support of a Staff Health Rapid Response was key in the development of these measures.

#### **Risk management mission in Guinea:**

A risk management mission from the Service Support Coordinator from the Sahel Cluster Delegation was conducted at the beginning of April with the aim of identifying potential risks in the management of the operation and consequently set up systems for an efficient functioning of resource management based on gaps and missing SOPs identified in terms of logistics, finance and HR procedures.

The following monitoring tools were developed between the IFRC Guinea team and Dakar IFRC cluster delegation:

- Inventory tracking tool
- Budget monitoring tool
- Volunteer management monitoring tool

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. Findings of the mission were included into the risk register.

As for the Volunteers monitoring tool, at the time of the reporting the NS is testing the Volunteers Management system developed by the IFRC and test in the Mozambique operation. On the base of the existing volunteers database system, the system aims at improving volunteers' deployment, their career pathways as well as their compensation for deployments. Following the testing, the NS will decide to proceed or not to the roll out phase.

#### **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**

At the date of reporting all countries are in the Scenario 1 with no confirmed case. As such, the Plan of Action is being implemented with no modifications. In line with the declaration of the end of the EDV outbreak in Guinea, scenarios for P1 and P2 countries will be redefined in accordance with the changing level of risks.


Please find the link to access [Operations Update 2](#).

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

Please refer to [Operations Update 2](#).

## DETAILED OPERATIONAL PLAN

### STRATEGIC AREAS OF FOCUS - GUINEA

	<b>Health</b> <b>People Reached: 72,754</b> Male: 36,377 Female: 36,377	
<b>Outcome 1: The immediate risks to the health of affected populations are reduced</b>		
<b>Output 1.1: The health situation and immediate risks are assessed using agreed guidelines</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak	263,456	104,545
<b>Outcome 4: Transmission of diseases of epidemic potential is reduced</b>		
<b>eHealth Output 4.1: Community-based disease control and health promotion is provided to the target population</b>		
# of complaints, feedback and rumors received,	N/A	58 5
# of volunteers trained in RCCE/ECV//CSB combined training	219	50
# of people reached with community-based epidemic prevention and control activities	263,456	104,545
# 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	14,482
# radio programs conducted on SDB	1800	31 0
# of system/protocols in place to collect, analyze, verify and respond to community feedback received	1	1
% of feedback addressed	100%	ND
<b>Health Output 4.3: National Society volunteers support safe and dignified burials to limit the spread of disease</b>		
# of functional and equipped SDB teams	7	7
# of functional and equipped operational base	1	0
# of Volunteers trained in swabs and SDB	56	155
# of SDBs	N/A	14 <sup>1</sup>
% of SDB alerts completed successfully	100%	100%
# of community and hospital deaths swabbed	N/A	481
# people trained on body washing	100	80
% of SDB volunteers trained on CEA	100%	71%
<b>Health Output 4.4: Transmission is limited through early identification and reporting of suspected cases using community-based surveillance</b>		
# volunteers trained in Community Based Surveillance	219	Activities planned in July
% of trained volunteers active in CBS activities	100%	Activities planned in July
% of CBS alerts which were investigated/ reacted to (in under 24 hours)	90%	Activities planned in July

<sup>1</sup> Since the last report (Ops Update #2), 2 SDBs performed by RC Volunteers at the request of the authorities but not related to EBOLA (COVID) have been withdrawn.  
Public

## Progress towards Outcome

49 volunteers have been mobilised and have been conducted social mobilization (door to door sensitization) and Ebola risk communication in N'Zérékoré, Gouéké and Soulouta reaching a total of 10,4545 people (54,812 men and 49,733 women) in 7,212 households. In addition to that, 4 mobile caravans conducted activities for a period of 3 months in markets, gas stations, bus stations, stadium and other gathering places receiving positive feedbacks for the interactive way of communication.

The combined ECV / RCCE / CBS trainings of 190 volunteers suffered from some delays in its implementation due to a combination of external and internal factors, such as for the former the interdiction from authorities to undertake any training in the field until the harmonization of curricula and tools among partners and for the latter, the lack of in-house capacity for the CBS training. However, considering the importance of this training, the NS and IFRC found together alternative solutions for CBS and prepared a plan to train all 190 volunteers in the month of July ensuring their mobilization for the 90-day period of active surveillance.

Up to the reporting period the following activities were undertaken:

- 40 SDB volunteers briefed on Risk Communication and Community Engagement.
- 25 volunteers from N'Zérékoré (15) and Goueke(10) trained as trainers in risk communication and community engagement and epidemic control for volunteers;
- 15 volunteers involved in risk communication and epidemic control activity in N'Zérékoré (in commercial health zone)
- 24 additional volunteers briefed on communication techniques and EVD.
- 2 volunteers received a briefing and will be supporting in reporting on community feedback.
- 585 community feedback collected and recorded in the data base.
- One community feedback analysis produced and shared with RCCE working group.
- Realized for 2 months radio mobile station broadcast sensitizations in 8 sub prefectures and surrounding villages for two months (March and April).

The following activities have been planned for the remaining implementation period:

- Conduct a combined training of 190 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
- Conducting 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.

### Community Based Surveillance

- Only one ERU CBS rotation, including 1 Teal Leader and 1 IM, was realized for a period of 5 weeks. The second rotation, although planned, did not happen due to visa issues. An in-country solution was identified with the support of the CP3 project, allowing the implementation of the training necessary for the activation of the volunteers.
- 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 Samoé 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 CP3 team and 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)

104 volunteers were trained with the support of the IFRC and the French RC in the prefecture of Nzérékoré, Yomou and Beyla. Since the beginning of the outbreak, 19 SDBs have been conducted but only 14 was related to Ebola; 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 CREC + 1 for swab + 1 IPC. CREC volunteers support grieving families as they wait for swabs being analysed and this helps 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, the NS has received 687 alerts of deaths; of them, 478 bodies were swabbed and tested negative. Until June 20<sup>th</sup> at least 209 alerts were not swabbed. It is important to mention 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 includes:

- community resistance to swab and/or to the arrival of the Red Cross (58).
- alerts of deaths that were already buried before the alert cell was called (107).
- 'other' reasons (23).



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. As the analysis of this study did not comply with standards, IFRC withdrew from it and will conduct a separate analysis in the coming weeks.


### 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	133
# of RC volunteers/staff benefitting from PSS services	500	150
# of people who received PSS services in the community	ND	3,181
# of kits procured and distributed for volunteers (Condolences kit:, rice, sugar, oil, soap)	3000	0
<b>Progress towards Outcome</b>		

Upon green light from authorities, the NS obtained the validation to conduct a survey to assess PSS needs among contacts. As such, 504 people registered as contacts were contacted by telephone for a needs assessment on: availability of food, vaccinations, possibilities of employment, grief, stigmatization and isolation. Out of them, 239 responded to the call, of which 111 stated a need for household visits by psychosocial support volunteers. Stigmatization, isolation, fear, refusal from people to eat and buy foods they prepare were also highlighted with a consequence on their psychological wellbeing, as well as loss of livelihoods. Household visits started on the second week of April and continue to date.

	<p><b>Water, sanitation and hygiene</b>  <b>People targeted: 263,457</b>  Male: 131,728  Female: 131,728</p>	
<b>WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population.</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of volunteers briefed decontamination and basic IPC	70	46
# of buildings decontaminated by GRC	N/A	157
% of requested decontaminations carried out	100%	100%
<b>Progress towards Outcome</b>		
<p><b>WASH</b>  Disinfection activities are ongoing in collaboration with the Ministry of Health local authorities and administrative authorities. A total of 157 places have been disinfected, including houses, offices, and health centres.</p> <p>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.</p>		
	<p><b>Protection, Gender and Inclusion</b>  <b>People targeted: 263,456</b>  Male: 131,728  Female: 131,728</p>	
<b>Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.</b>		
<b>Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# 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
<b>Progress towards Outcome</b>		
The PGI component is embedded into each Area of Focus (AOF) and related costs are included in the Sahel Country Cluster Delegation Budget.		

	<b>Disaster Risk Reduction</b>		
	<b>People targeted<sup>2</sup>:</b> Male: Female:		
<b>Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster</b>			
<b>Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.</b>			
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>	
# of cross-border meetings done between the branches	N/A	1	
# of cross-border alert systems developed	N/A	In progress	
<b>Progress towards Outcome</b>			
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).			

<b>Strategies for Implementation</b>		
<b>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</b>		
<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# volunteers insured	500	500
# volunteers engaged in the action properly trained	100%	40% (48 PSS+ 25 ECV/RCCE +40 SDB + 40 IPC = 153, 153/500=30%)
# volunteers engaged in the action properly equipped	100%	80%
<b>Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place</b>		
# Branch functioning	1	1
# Guest House functional and equipped	2	2
# warehouse secured	1	0
# NS website created	1	1
# missions realized by the NS Governing Board	2	0
<b>Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>		
# start-up mission realised	1	1
# Organigramme for the operation designed	1	1
# Rapid Response personnel mobilized	10	12 (+7 drivers deployed)
<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</b>		
# session on IFRC tools (DREF and EA organized)	1	1
# of operational decisions made on feedbacks	N/A	1
<b>Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards</b>		
# vehicles purchased (from IFRC)	2	2

<sup>2</sup> Reference to the guidance on counting people targeted guidance Public

# standardize document for procurement procedures realized	1	1
# humanitarian flights utilized	12	21
<b>Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced</b>		

# Lesson learnt workshop realized	1	Not conducted yet
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#### Progress towards Outcome

In terms of NS capacity building the following activities were recorded during the reporting period:

- Volunteer's training and equipment is progressing along with the planning for new trainings, such as CBS in June-July;
- Rehabilitation of 4 rooms at the Nzérékoré NS branch office is ongoing to make it more functional, increasing space and working capacity;
- Creation of a website for GRC, including training of staff for its maintenance and upload of content was finalized <https://croix-rouge-guineenne.org/>
- Set up of a community feedback mechanism with 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.

#### 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
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#### Progress towards Outcome

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.

#### 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

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.

#### 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
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##### 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
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#### Progress towards Outcome

In total 14 Rapid Response Personnel were deployed, and Rapid Response continued until May 2021. Although the need to extend ERU CBS support, visa issues did not allowed it and obliged for alternative solutions. The long term HR plan is in place with 1 Ops manager, 1 Finance and Admin and 1 Health Coordinator delegates. However, at the time of reporting, due to visa issues only the Ops Man,aged is in the field, whereas solutions are taken for facilitating the issuing of visa for the other two delegates.

Following the security mission, all security documents have been developed, revised and ap-proved. All RR

personnel have been briefed.

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

<b>Health</b> <b>People targeted: 1,494,571</b> <b>Male: 717,393</b> <b>Female: 777,178</b>		
<b>Health Outcome1: The immediate risks to the health of affected populations are reduced</b>		
<b>Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population</b>		
Indicators	Target	Actual
# of volunteer trained in ECV/RCCE (Target: 630)	630	630
# volunteers carrying out RCCE activities in high-risk and border areas	225	225
# 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	0.7
# 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	75,315
# of feedback mechanisms set up (Target: 3)	3	3
# volunteers supporting screening and/or active case finding	45	0
# people screened	N/A	0
<b>Progress towards outcomes</b>		
<p>Within the reporting period the following activities were implemented by the NS:</p> <ul style="list-style-type: none"> <li>• Mobilization of 630 volunteers from 9 branches of intervention (70 volunteers/ branch), out of which: <ul style="list-style-type: none"> <li>- 225 trained in ECV and RCCE;</li> <li>- 225 involved in RCCE, CBS including 45 for screening atPOEs;</li> </ul> </li> <li>• Inventory of SDB kits (4 starter kits available) to be used for SDB refresher training as all 9 branches of intervention have already SDB teams;</li> <li>• Involvement of 75,315 people with Ebola prevention messages.</li> </ul>		

## P1 - Liberia

<b>Health</b> People targeted: 1,279,934 Male: 767,961 Female: 511,973		
<b>Health Outcome 1: The immediate risks to the health of affected populations are reduced</b>		
<b>Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population</b>		
Indicators	Target	Actual
# of people sensitized on EVD	1,279,934	10,840
# of volunteer trained in ECV/RCCE	300	25
# volunteers carrying out RCCE activities in high-risk and border areas	300	156
# of SDBs possible with available equipment	500	0
# of SDB teams that can be activated with available equipment	6	6
SDB Readiness Score	2	3.0
# of drills/exercises conducted by SDB teams	10	2
# of PSS call centres	6	1
# of people reached with RCCE related to EVD in high risk and border areas	1,279,934	10,840
# of feedback mechanisms set up	1	1
# of PoEs reached with awareness and IPC messages	15	6
# of volunteers identified for rapid contact tracing activation	300	31
# trainers trained in contact tracing within the MoH system	ND	0
# of CBS volunteers trained and reporting on health risks related to VHF	50	0
% of trained volunteers active in CBS activities	100	0
% of CBS alerts responded to within 24hs	90	0
<b>Progress towards Outcome</b>		
<p>Within the reporting period the following activities were implemented by the NS:</p> <ul style="list-style-type: none"> <li>• Mobilization of trained volunteers for EVD awareness in the high-risk counties (Bong, Nimba, Lofa, Gbarpolu, and Grand Cape Mount), especially at unofficial border crossing points;</li> <li>• Set up a feedback mechanism and other CEA mechanisms to dissolve misinformation, myths, rumours and negative impression about the virus which remain prevalent within communities.</li> <li>• The NS has trained 66 volunteers on SDB and established 6 stand-by SDB teams from 6 implementing counties which will be deployed in the case of worst EVD scenario</li> <li>• Mapping out radio stations have already been done which are supposed to broadcast EVD+COVID-19 radio programs to reach out the public in Liberian English and local languages.</li> </ul> <p>Although the efforts of the NS, important gaps remains in terms of cross-border collaboration, border controlling and risk communication in border crossing points. Some of the Counties developed an EVD preparedness plan and are asking partners to support these plans with IPC materials and other form of support.</p> <p>The following actions are planned for the remaining implementation period:</p> <ul style="list-style-type: none"> <li>• Conducting cascade training on ECV and CBS to 300 volunteers within the 6 high-risk locations (Bong, Lofa, Nimba, Gbarpolu, Grand Cape Mount and Montserrado)</li> <li>• Community Awareness, including prevision of PSS support, hygiene promotion through households visits and community sessions;</li> <li>• Set up and run 5 PSS call centres in 5 priority counties</li> </ul>		
<b>Challenges</b>		
<ul style="list-style-type: none"> <li>• The staff are overwhelmed</li> <li>• Delay in international procurement of SDB kits</li> <li>• Delay in PSS call centre bidding process</li> </ul>		

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		
<b>People targeted: 261,377</b>		
<b>Male: 128,074</b>		
<b>Female: 133,303</b>		
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators	Target	Actual
# of people sensitized on EVD	261,377	31,055
# of volunteer trained in ECV/RCCE	152	72
# volunteers carrying out RCCE activities in high-risk and border areas	152	84
# of SDBs possible with available equipment	500	0
# of SDB teams that can be activated with available equipment	6	0
SBD Readiness Score	3	2.1
# of volunteer trained in ECV/RCCE (Target: 300)	152	72
% of SDBs suspect cases successfully completed	90%	0%
# of SDB alerts received	N/A	0
# of drills/exercises conducted by SDB teams	6	0
# of feedback mechanisms set up	3	4
# of volunteers supporting screening or active case finding	152	72
# of people screened at entry points	N/A	N/A
# KAP Survey	1	1
Progress towards Outcome		
<p>Within the reporting period the following activities were implemented by the NS:</p> <ul style="list-style-type: none"> <li>• Collaboration with Ministry of health which provided fliers to the NS to enhance its sensitization activities within communities.</li> <li>• Sensitization activities on Ebola prevention measures in 40 communities in the 7 targeted regions reaching a total of 31,055 persons including persons with disabilities.</li> <li>• Reproduction of 300 copies of messages on Ebola in Braille specifically targeting persons with virtual and hearing disabilities.</li> <li>• Reproduction of messages in local languages for community radio stations and mobile radio activities in communities along the border with Guinea.</li> <li>• Set up and run of feedback mechanisms such as registration form, hotline, community meetings and use of tablet for data and information collection, collecting more than 195 feedbacks;</li> <li>• Participation of 42 volunteers in SDB trainings organized by WHO in at risk areas;</li> <li>• Creation of linkages between COVID19 and EVD operations, with the dissemination of preventive messages against EVD such as in: <ul style="list-style-type: none"> <li>- Danané local Branch where six jingles were produced for community radios reaching approximately 4,114 persons (excluding the 200 persons reached in the marketplace) and door-to-door sensitization activities and mass sensitization were conducted, reaching an additional 973 persons (through door-to-door sensitization) and 637 persons (through mass sensitization);</li> <li>- Sipilou where awareness activities are undertaken by volunteers;</li> </ul> </li> <li>• Set up of three early warning posts in Danipleu, Yappleu and Gbinta, all bordering Guinea.</li> <li>• Realization of an inventory of prepositioned stock and identification of needs in the six targeted areas of intervention;</li> <li>• Maintenance of contacts between Cote d'Ivoire RC Local Branches and Guinea Red Cross local branches at the border areas for effective cross-border coordination and exchange of information.</li> </ul> <p>Besides continuing conducting awareness activities, the following actions are planned for the remaining implementation period:</p> <ul style="list-style-type: none"> <li>• train additional 80 community volunteers in 40 border communities to increase sensitization activities and get</li> </ul>		

messages closer to the communities.

- Organization of a meeting among NS program staff to analyse feedbacks and use them to improve service delivery to the population.

Main challenges faced by the NS are the follow:

- Commencement of the raining period which impacts on activities of the volunteers.
- Delay in the delivery of SDB kits which impacts on preparedness activities including training on SDB
- Lack of means of transportation with outdated vehicles
- 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**

<b>Health</b>		
<b>People targeted: 1,398,768</b>		
<b>Male: TBD</b>		
<b>Female: TBD</b>		
<b>Health Outcome1: The immediate risks to the health of affected populations are reduced</b>		
<b>Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of trained volunteers in ECV, RCCE	160	100
# of methods established to collect and respond to community feedback and complaints # volunteers supporting screening and/or active case finding	3	1
# 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	4
# SDBs possible with available equipment	8	8
# SDB teams that can be activated with available equipment	8	8
# SDB rapid activation plan developed and validated with MOH	1	0
# SDB focal points/coordinators identified	4	4
# SDB trainers identified	8	25
# households reached with key messages to promote personal and community hygiene	200,000	0
# of volunteers trained in Infection Prevention and Control (IPC)	60	100
# volunteers supporting screening and/or RCCE at points of entry	40	100
# of volunteers insured	429	400
# reviews done on NS epidemic contingency/preparedness	1	1
<b>Progress towards outcomes</b>		
<p>Within the reporting period the following activities were implemented by the NS:</p> <ul style="list-style-type: none"> <li>• Realization of a combined ECV-IPC-EDS ToT with the participation of 25 people from the 4 targeted regions (Bamako - Kayes - Koulikoro and Sikasso)</li> <li>• Realization of a cascade training on IPC-RCCE-SDB with the participation of 100 volunteers from the 4 targeted regions (Bamako/40 people, Kayes/20 people, Koulikoro/20 people and Sikasso/20 people. It is worth mentioning that the original plan targeted 80 volunteers, however thanks to savings, 20 additional volunteers participated in trainings.</li> <li>• Development of templates to collect and respond to community feedback and complaints. Although the Mali Red Cross was committed to use Kobo to collect the information, the lack of phones available at NS level undermine the realization of it, which continued to be done on a paper based way;</li> <li>• Development of a NS Contingency plan for epidemics, including EVD, containing risk analysis and analysis of NS capabilities to manage an SDB team.</li> <li>• Realization of RCCE activities both at community level and within the NS staff.</li> </ul> <p>The following activities have been planned for the remaining implementation period:</p> <ul style="list-style-type: none"> <li>• Realization of a workshop to update Ebola IEC Plan and materials in collaboration with MoH National Health Education and Communication Information Centre (CNIECS) with support of Breakthrough ACTION NGO;</li> <li>• Continuous awareness activities on community-based epidemic prevention and control;</li> <li>• Realization of a training on risk Communication and SDB for traditional leaders (20 persons) involved in the management of mortal remains (body bathers)</li> </ul>		

The long-lasting socio-political crisis which led to a coup d'état on 25 May 2021 caused important delays in the implementation of the Plan of Action. As such, the NS requested to extend up to end of July 2021 the implementation of its Plan of Action, versus the initial deadline set at end of June. The extra timeframe was accorded to the NS on the base of the confirmed pertinence of actions vis-à-vis to the changed epidemiological situation.

## P2- Senegal

**Health**  
**People targeted: 152,905**  
**Male: TBD**  
**Female: TBD**

**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	125
% of trained volunteers active in CBS activities	100%	100%
% 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	26,000
# of volunteers trained in Infection Prevention and Control (IPC)	100	125
# volunteers supporting screening and/or RCCE at points of entry	500	500
# of volunteers insured	550	500
# reviews done on NS epidemic contingency/preparedness	1	1

### Progress towards outcomes

Within the reporting period, the following activities were implemented by the NS:

- Training of 500 volunteers on ECV.
- Training of 125 volunteers on WASH /IPC from 29 May to 5 June 2021, including an orientation on SDB.
- Realization of household visits reaching a total of 26,000 households with EVD prevention key messages.
- Dissemination of information through 10 radio broadcasting on EVD key messages in the 5 targeted regions: Sédhiou, Kolda, Ziguinchor, Kédougou et Tambacounda (2 radio broadcast/region).
- Set up of handwashing systems in communities and health districts (at least 2 facilities / health districts);
- Realization of hygiene promotion activities in markets places, bus stations and other gathering places in the 5 targeted regions.
- Mapping and detecting crossing points bordering Guinea, together with community leaders.
- Set up of systems to detect and identify Ebola symptoms in 16 departments located in the 5 targeted regions.

Regarding SDB, it is worth precising that SDB activities have not been included in the revised Plan of Action.

Therefore, apart from an orientation on the topic, the Senegalese Red Cross Society did not really conduct any SDB related activity during the reporting timeframe.

Although the NS conducted activities as per Plan of Action, it was requested to extend the operation up to end of July versus the initial deadline set at end of June complete some of them such as the lesson learnt exercise. The extra timeframe was accorded to the NS on the base of the confirmed pertinence of actions vis-à-vis to the changed epidemiological situation.

## P2 - Guinea Bissau

<b>Health</b>		
People targeted: 152,905		
Male: TBD		
Female: TBD		
<b>Health Outcome1: The immediate risks to the health of affected populations are reduced</b>		
<b>Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population</b>		
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
<b>Progress towards outcomes</b>		
<p>Within the reporting period, the following activities were implemented by the NS:</p> <ul style="list-style-type: none"> <li>• Participation in a joint ECV-RCCE ToT between 19-22 April.</li> <li>• Realization of cascade trainings to volunteers.</li> <li>• Mobilization of volunteers in bordering areas.</li> </ul> <p>Due to financial issues, the transfer of funds to the NS was delayed and the NS started implementing activities only by the end of May 2021, getting quickly up to speed also due to the limited activities foreseen by the PoA.</p>		

## C. Financial Report

The overall funding requirement for the Appeal is CHF 8.5 Million. The overall funding coverage CHF 1,701,882 which represents 20% funding. **The appeal has a funding gap of CHF 6,798,118.**

## Contact information

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

### For Guinea Red Cross:

- Loncény Condé, Programme Coordinator / Acting Secretary General, Guinea Red Cross Society; phone: (+224) 628 68 22 70; email: [crg.coorprogram@gmail.com](mailto:crg.coorprogram@gmail.com)

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- Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR Unit Geneva; email: [nico-las.boyrie@ifrc.org](mailto:nico-las.boyrie@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org) phone: +254 110 843978

### For In-Kind donations and Mobilization table support:

- **Logistics Coordinator** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

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

- **IFRC Regional Office for Africa** Philip KAHUHO, PMER Manager, [Philip.kahuho@ifrc.org](mailto:Philip.kahuho@ifrc.org), Phone: +254 732 203 081

## Reference documents



Click here for:

- [Previous Appeals and updates](#)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/2-6	Operation	MDREBOLA21
Budget Timeframe	2021-2022	Budget	APPROVED

Prepared on 03 Aug 2021

All figures are in Swiss Francs (CHF)

### MDREBOLA21 - West Africa - Ebola Virus Disease outbreak

Operating Timeframe: 17 Feb 2021 to 17 Feb 2022; appeal launch date: 19 Feb 2021

## I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	3,755,000
AOF5 - Water, sanitation and hygiene	746,000
AOF6 - Protection, Gender & Inclusion	107,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	1,204,000
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	373,000
SFI4 - Ensure a strong IFRC	2,315,000
<b>Total Funding Requirements</b>	<b>8,500,000</b>
<b>Donor Response* as per 03 Aug 2021</b>	<b>1,701,882</b>
<b>Appeal Coverage</b>	<b>20.02%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	5,850	-5,850
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	876,077	682,733	193,344
AOF5 - Water, sanitation and hygiene	73,806	2,702	71,105
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	185,200	176,449	8,751
SFI2 - Effective international disaster management	622,467	246,104	376,364
SFI3 - Influence others as leading strategic partners	27,685	10,075	17,610
SFI4 - Ensure a strong IFRC	127,011	3,672	123,340
<b>Grand Total</b>	<b>1,912,247</b>	<b>1,127,583</b>	<b>784,664</b>

## III. Operating Movement & Closing Balance per 2021/06

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,972,912
Expenditure	-1,127,583
<b>Closing Balance</b>	<b>845,329</b>
Deferred Income	435,614
Funds Available	1,280,943

## IV. DREF Loan

* not included in Donor Response	Loan :	990,210	Reimbursed :	290,210	<b>Outstanding :</b>	<b>700,000</b>
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# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/2-6	Operation	MDREBOLA21
Budget Timeframe	2021-2022	Budget	APPROVED

Prepared on 03 Aug 2021

All figures are in Swiss Francs (CHF)

### MDREBOLA21 - West Africa - Ebola Virus Disease outbreak

Operating Timeframe: 17 Feb 2021 to 17 Feb 2022; appeal launch date: 19 Feb 2021

## V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
British Red Cross	125,773				125,773		
DREF Allocations				700,000	700,000		
European Commission - DG ECHO	221,486				221,486		
Japanese Red Cross Society	42,223				42,223		
Norwegian Red Cross	109,341				109,341		
On Line donations	100				100		
Red Cross of Monaco	21,936				21,936		
Spanish Government	108,657				108,657		
Swedish Red Cross	53,537				53,537		
The Canadian Red Cross Society (from Canadian Gov	184,680				184,680		
The Netherlands Red Cross (from Netherlands Govern	386,798				386,798		
United States Government - USAID	18,382				18,382	435,614	
<b>Total Contributions and Other Income</b>	<b>1,272,912</b>	<b>0</b>	<b>0</b>	<b>700,000</b>	<b>1,972,912</b>	<b>435,614</b>	
<b>Total Income and Deferred Income</b>					<b>1,972,912</b>	<b>435,614</b>	