



# REVISED EMERGENCY APPEAL

## Multiple Countries | Viral Haemorrhagic Fever Outbreaks, Preparedness and Response

**Appeal No:**  
MDREBOLA21

**To be assisted: 290,000 people (affected areas); 9,2 million people (at risk areas, including neighbouring countries)**

**Appeal launched: 19/02/2021**  
**Appeal Revised: 27/09/2021**

**DREF allocated: CHF 990,210**

**Appeal ends: 19/05/2022**

**Glide No:**  
[EP-2021-000016-GIN](#)

**Funding requirements:**  
**IFRC Appeal – CHF 8.5 million**  
**Funding Received to date – CHF 1.7 million**

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

This Revised Emergency Appeal <sup>1</sup>seeks a total of **6.8 million** Swiss francs (1.7 million Swiss francs has already been raised out of the **8.5 million** Swiss francs funding requirement) to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **National Society of Guinea to scale-up preparedness, readiness and response to the Viral Haemorrhagic Fever Outbreaks (Ebola, Marburg and Lassa Fever)**, which have been declared by the Ministry of Health since the onset of this operation (Lassa on 8 May 2021 and Marburg on 6 August 2021). In addition, this appeal allowed for advance readiness and preparedness activities related to the spring 2021 Ebola Virus Outbreak in Guinea for the neighbouring countries of **Côte d'Ivoire, Liberia, Sierra Leone, Senegal, Mali** and **Guinea-Bissau**. These National Societies remain on high alert and support may be activated to respond to an outbreak, if necessary.

Through this appeal, the Guinea Red Cross Society has contributed to containing the spread of the Ebola outbreak that started in February and was eventually declared over in June 2021, reaching 107,726 people with Health, WASH and Protection Gender and Inclusion (PGI) services in Nzérékoré prefecture. However, the declaration of a new viral haemorrhagic fever (VHF) outbreak in Guinea presents new challenges; with the Emergency Appeal currently funded at 20%, there are significant limitations to maintaining the readiness in other geographical areas, as well as to respond to the Marburg outbreak in Guinea, including expanding geographical scope as necessary if further cases are detected. The Revised Appeal aims to deliver assistance to **290,000 people in the affected areas for 9 months**, while supporting prevention actions in at-risk areas, comprising 9.31 million people. The operation covered by this Revised Emergency Appeal is based on a **Federation-wide approach**, with coordinated action of all IFRC membership contributing to the response.

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<sup>1</sup> Based on the IFRC Emergency Response Framework, the crisis categorisation of this Emergency Appeal has been revised from Red to Orange as both EVD and Marburg outbreaks are officially over. In addition, the heightened surveillance period has now been completed.

## A. EVENTS TO DATE



*In Nzérékoré, Guinea, a Red Cross volunteer shares with a local community educational message about the Ebola virus. (Photo Anette Selmer-Andresen, Norwegian Red Cross, April 2021)*

- **12 February 2021: Suspected EVD cases reported in Guinea.**
- **14 February 2021:** Health authorities in Guinea declared an outbreak of Ebola in the rural community of Gouécké in N'Zérékoré prefecture after three Ebola cases were confirmed.
- **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 and for preparedness in Cote d'Ivoire, Liberia, Sierra Leone, Mali and Senegal.
- **19 February 2021:** IFRC issued Emergency Appeal for 8.5 million Swiss francs to assist 424,000 people and reduce the risk of 7.52 million people in at risk areas, including neighboring countries.
- **8 May 2021:** After successful containment of the EVD Outbreak, WHO and the Guinea Ministry of Health announced the beginning of the 42-day countdown to declare the end of the EVD Outbreak. A case of **Lassa fever** was confirmed at the Yomou prefecture hospital in Guinea.
- **19 June 2021: The Government of Guinea declared the end of the Ebola outbreak.**
- **6 August 2021:** Ministry of Health of Guinea informed WHO of a confirmed case of **Marburg virus disease (MVD)** in Guéckédou Prefecture, N'zérékoré Region, south-western Guinea.

## Situation overview

### Marburg virus disease outbreak

On 6 August 2021, the Ministry of Health (MoH) of Guinea informed WHO of a confirmed case of Marburg virus disease (MVD) in Guéckédou Prefecture, Nzérékoré Region, south-western Guinea. This is the first known case of Marburg virus disease in Guinea and in West Africa. The case had onset of symptoms on 25 July, and passed away on 2<sup>nd</sup> August, in the community. A cave hosting many bats (considered to be a possible reservoir of the virus) was identified in proximity to the household of the deceased individual — whether this is the source of infection, however, is unconfirmed as more investigations are necessary. 148 close contacts, including health centre staff who treated the patient, are being followed. Two close contacts are missing and are being tracked.

The affected village is in a remote forested area located near the border with Sierra Leone and Liberia. Cross-border population movement and community mixing between Guinea and neighbouring Sierra Leone and Liberia increase the risk of cross-border spread if there is human-to-human transmission. Health authorities in Sierra Leone and Liberia have activated contingency plans and have started public health measures at the points of entry with Guinea. Additionally, the potential transmission of the virus between bat colonies and humans also causes an increased risk for cross-border spread. These factors suggest a high risk at the national level, requiring an immediate and coordinated response with support from international partners.

### Ebola virus disease outbreak

While the Ebola outbreak in Guinea was declared over on 19 June, on the 14 August, the Ministry of Health of Côte d'Ivoire issued an alert of a confirmed EVD case in Abidjan, first case of Ebola in the country since 1994; however, on 31<sup>st</sup> August, the government of Cote d'Ivoire informed WHO that a second laboratory test of samples from a patient suspected of having Ebola had found no evidence of the virus.

The tests by the French National Reference Center for Viral Haemorrhagic Fevers (Institut Pasteur and INSERM Jean Mérieux BSL4 laboratory) in Lyon, France followed tests conducted by the Institut Pasteur of Cote d'Ivoire, which led health authorities to announce their first Ebola case since 1994. With the new results from the laboratory in Lyon, WHO considers that the patient did not have Ebola virus disease and further analysis on the cause of their illness is ongoing.

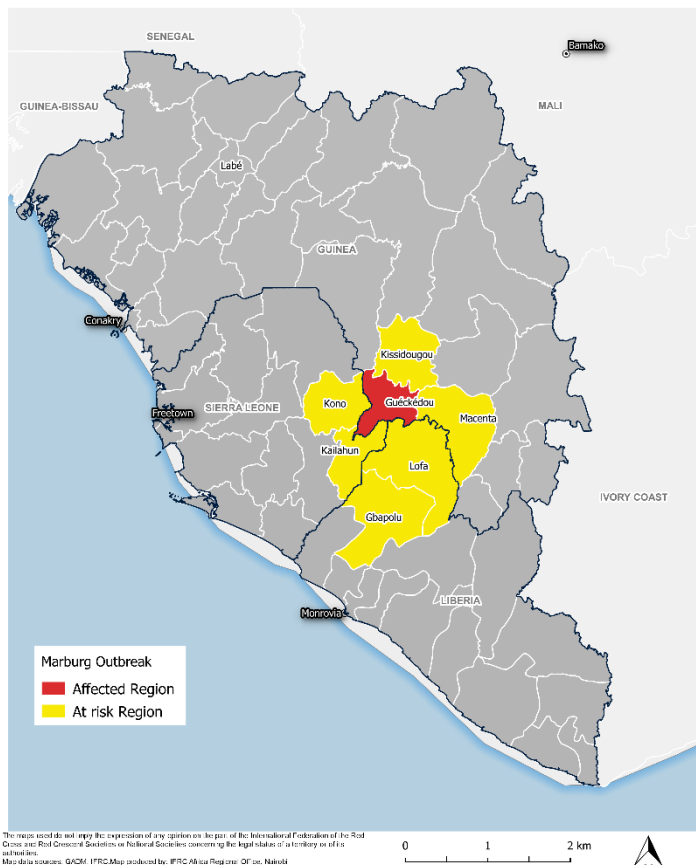
### Lassa Fever

The first case of Lassa Fever was notified on the 8<sup>th</sup> of May 2021 at the Yomou prefecture hospital. The patient, a resident from Yomou prefecture, was also confirmed to be positive for COVID-19 and later died. Contact tracing of 88 people was done, and no secondary cases were found.

On 17 June 2021, a second confirmed case was detected at Nzérékoré Regional Hospital, this case was from Beyla prefecture, and the patient died the same day. A listing of 111 contacts have been followed up. A dignified and



Marburg Outbreak  
18 August 2021



secure burial of the body was conducted by the Red Cross under the supervision of the provincial health department on 18 June 2021.

## Summary of Red Cross Red Crescent response to date

### Red Cross Society of Guinea

The Red Cross Society of Guinea (RCSG) has been involved in the EVD response operation related to the earlier outbreak in Nzérékoré with community health and community-based surveillance (CBS) activities which were implemented until 19 September, 90 days following the declaration of the end of the EVD outbreak in Guinea on 19 June. At the request of the Government of Guinea, the National Society performed a range of activities such as safe and dignified burials (SDB) management; swabbing for notified community and health facility deaths; households' disinfection; health promotion; risk communication and community engagement (RCCE) in affected and at-risk communities; psychosocial support (PSS) for infected and affected people; and community-based surveillance (CBS). Throughout the implementation of this Appeal, the peer system set up between IFRC Rapid Response personnel and National Society personnel for each pillar of the EVD intervention as well as for Finance, Logistic and HR services enabled a complete handover of coordination and implementation of activities to the National Society.

With the declaration of the Marburg Outbreak in Guéckédou prefecture and the initial confirmation of a EVD case in Cote d'Ivoire whose origin was thought to be from Labé in northern Guinea, the National Society has reoriented resources to address the new outbreak, as well as to increase readiness in Labé and surrounding areas in the event of new EVD cases within Guinea territory. In both localities the National Society aims at replicating the approach adopted for the EVD outbreak in Nzérékoré in February 2021, creating and/or reinforcing capacities of local branches and volunteers in terms of SDB management, swabbing, community health, and RCCE. Concrete actions are planned in terms of cross border coordination with neighbouring National Societies such as organization of meetings for sharing of information and identification of focal points for exchanges on good practices and strategies of intervention. The peer system adopted for the EVD outbreak is being similarly organised for continuing supporting the National Society in terms of operation management, finance, and admin, logistic and RCCE, for which surge alerts were launched. Lessons learnt from the current EVD operation are integrated into the design of the strategy of intervention and implementation in the field. Considering the possibility of other undetected EVD cases in other geographical areas, the National Society is working on a strategy to increase its readiness country wide though setting up Rapid Response teams located in strategic zones to be deployed once set triggers are met.

### National Societies in neighbouring countries

#### Cote d'Ivoire Red Cross Society

The Cote d'Ivoire Red Cross (CRCI) has considerable experience in epidemic prevention activities, such as during the 2014-2016 Ebola outbreak, in collaboration with the MoH. The National Society, with its network of over 5,000 active volunteers in 86 branches was already collaborating with government agencies, Red Cross Red Crescent Movement (Movement) partners and other actors in the preparedness, prevention, and awareness activities in the identified regions at high risk of EVD. To date the National Society conducted the following activities: revision of the National Society's 2014-2016 EVD Plan of Action; preparation and dissemination of EVD messages, leveraging on/coupling them with ongoing COVID-19 activities; training of trainers on RCCE, WASH, PSS and epidemic control for volunteers (ECV) for 14 volunteers in Abidjan and 72 volunteers in Man and Odienné; supporting the MoH established surveillance system by monitoring epidemiological situation in country related to EVD as well as to COVID-19, 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, the National Society participated in the update of the National Ebola Response Plan, as well as the 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 SDB.

### **Liberia National Red Cross Society**

Since the alert of the confirmed EVD outbreak in Guinea in February 2021, the Liberia National Red Cross Society (LNRCS) has alerted all its field offices (chapters), especially the chapters bordering Guinea, to mobilize volunteers for possible deployment in the event of the worst-case scenario (confirmed Ebola case in Liberia). To date, the National Society completed the following activities: mapping of volunteers with previous experience in Community Based Health and First Aid (CBHFA) (41), PSS (161), ECV (300), Community Engagement and Accountability (CEA)/Social Mobilization (156), Contact Tracing (31), decontamination activities (197), and SDB (66); repositioning of assorted Personal Protective Equipment (PPE) and decontamination activities material in 3 areas of intervention (Nimba, Bong, and Lofa Counties); increase of decontamination activities measures at its HQ and respective implementing in 5 chapters; realization of 5-day standard SDB training in Sanniquellie and Bopolu towns in collaboration with the National Public Health Institute and with the participation of the County Health Team (CHT) and Red Cross volunteers from 5 priority counties and Montserrado, with a total number of 66 participants; and 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 border with Guinea.

### **Sierra Leone Red Cross Society**

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. To this date, 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 highest risk areas are covered by the IFRC-supported Community Epidemic and Pandemic Preparedness Programme (CP3)<sup>2</sup> of the Sierra Leone Red Cross Society (SLRCS); SLRCS volunteers in this programme have been alerted to the risk of Marburg and are supporting through community-based surveillance and risk communication and community engagement. This has included radio discussion programmes to inform and engage affected communities. With regards to activities implemented, the SLRCS trained one SLRCS SDB team comprising ten (10) volunteers in one of the Sierra Leone-Guinea Boarder Districts (Kono). The 5-day training aimed at preparing volunteers to handle any case of death from EVD and disseminate awareness raising messages 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 630 volunteers in 9 districts were trained on ECV/RCCE, and 225 volunteers have been mobilized since the onset of the EVD outbreak in Guinea. A total of 75,315 people (38,411 female and 36,904 male) were reached through community engagement activities, including health risk awareness and promotion, radio programs and school engagement, by volunteers.

The National Societies of **Senegal, Mali** and **Guinea-Bissau** have all completed the proposed EVD preparedness activities related to the spring 2021 EVD outbreak in Guinea. Details of the results achieved can be consulted in the [Operations Update #3](#). These countries' preparedness is being reassessed in light of new VHF risks.

## **B. THE OPERATIONAL STRATEGY**

### **Needs assessment and targeting**

The overall objective of the operation is to contribute to reducing morbidity and mortality resulting from the hemorrhagic fever outbreaks in Guinea, and to prepare for, prevent and rapidly contain outbreaks should the virus spread to other regions and/or to neighbouring countries, with Cote d'Ivoire, Sierra Leone and Liberia most

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<sup>2</sup> Since 2017, the IFRC has been running a multi-country epidemic and preparedness programme called the Community Epidemic and Pandemic Preparedness Programme (CP3), with funding from the U.S. Agency for International Development (USAID). Through CP3, IFRC is supporting communities, National Societies, and other partners to prevent, detect and respond to disease threats. The programme is currently active in 7 countries: Indonesia, Uganda, Cameroon, Kenya, the Democratic Republic of Congo, Sierra Leone, and Guinea.

<https://www.ifrc.org/epidemic-and-pandemic-preparedness>

at risk linked to EVD, Marburg and Lassa. Other remaining countries will remain on heightened alert, having completed the preparedness activities.

The Operational strategy to contain the Marburg outbreak is determined based on the key lessons learned from past EVD responses in West Africa and previous Marburg responses in East Africa. The strategy of the IFRC response will be to contribute to containing the outbreak, focusing on:

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

The operational orientations and strategy will be modified as per the evolving context with ensuring robust agility of the response operation.

Surge teams are being deployed to the affected countries and will support the National Societies in collecting critical information, carry out detailed needs assessments, and updating the Emergency Plan of Action (EPoA) to inform the overall response strategy. The deployment of several surge personnel during the first three months of the EVD operation was successful and will be replicated.

Scale-up of the response shall be enacted by further analysis of the epidemiological situation and close coordination with other actors to refine and modify the operational strategy, as necessary, for an effective response. While focused on containing and preventing further outbreaks of EVD, Marburg and Lassa in Guinea and neighbouring countries, this operation will also contribute to limiting the humanitarian impact of COVID-19 in the areas where the National Societies are operating. Activities will be COVID-19 appropriate, and where possible, transition into the COVID-19 response, funded through the IFRC Global COVID-19 Appeal.

## **Targeting**

### Marburg Virus Disease

Given the origins of the Marburg outbreak in Guéckédou, the neighbouring prefectures of Macenta (Nzérékoré Region) and Kissidougou (Faranah Region), are at high risk. As such, vigilance against spread to other areas in the prefecture, to neighbouring prefectures, and to neighbouring countries (primarily Sierra Leone and Liberia) is important due to frequent population movement. In Guinea, the total population of the affected health region (Guéckédou) is approximately 290,000 people, and the areas at high risk are approximately 1.3 million people. In Sierra Leone, the regions of Kono and Kailahun are most at risk, with a population of 1.03 million. In Liberia, the region of, Lofa, have a population of 1.28 million people.

### Lassa Fever

The current outbreak of Lassa Fever in Yomou prefecture, Nzérékoré region, also puts the neighbouring prefectures of Nzérékoré and Lola at risk. This area also borders the neighbouring countries of Liberia and Cote d'Ivoire, with frequent cross border movement across porous borders. In Liberia, the regions of Bong and Nimba are most at risk. In Cote d'Ivoire, the regions of Dix-Huit Montagne and Bafing are most at risk.

Operation	Country	Targeting area and population
Full Outbreak Readiness and Response	Guinea	Guéckédou, Macenta, Lola, Yomou, Kissidougou, Prefectures <i>Note: other areas may be included depending on the evolution of the epidemic</i>
Advanced Preparedness and Readiness	Guinea	Approx. 2 million people at risk
	Cote d'Ivoire	Approx. 5 million people at risk Dix-Huit Montagnes and Bafing
	Liberia	Approx. 1.2 million people Bong, Nimba, and Lofa
	Sierra Leone	Approx. 1 million people Kono and Kailahun

## Coordination and partnerships

### Multi-Country Coordination

The IFRC network presence in the affected countries is significant, especially since the EVD outbreak (2014-2016), and the operation can count on a wide array of expertise from past and current projects supported by partner National Societies.

The IFRC Secretariat will continue adopting a Federation-wide multi-country coordination cell model to support National Societies in affected countries in developing and implementing domestic response plans with adequate expert and financial support. The IFRC Secretariat will continue complementing with technical and support services management, including coordinating surge, information management, coordinating with ongoing National Society operations, especially those focused on epidemic and pandemic preparedness and response (i.e., CP3), and guaranteeing conditions for coordinated risk management, business continuity, staff health and duty of care.

### Guinea

Ongoing support from the IFRC to the National Society both from the IFRC Dakar Country Cluster Delegation and the IFRC Freetown Country Cluster Delegation contribute to the operation under this Revised Appeal with a focus on technical expertise as well as capacity building in management and support services. The IFRC support to the National Society on epidemic and pandemic preparedness and response under this Revised Appeal is also well complemented by the implementation of CP3, whose activities focus on community epidemic and pandemic preparedness in the Faranah prefecture, National Society preparedness efforts, coordination with One Health stakeholders, as well as for fundraising opportunities for continuing COVID19 activities. The IFRC currently has a CEA Coordinator in-country.

French Red Cross (FRC) has been working with the National Society since the 2014 EVD outbreak and the support provided over time to RCSG strongly contributes to the current operation. For this response, activities initially focused on the response to the emergency, and have continued with strengthening of the health system, as well as capacities of community members to prevent outbreaks, including surveillance. In addition, to respond to the COVID-19 outbreak, four projects have been implemented by FRC with RCSG focusing on community prevention and response, including in Guéckédou and N'Zérékoré.

Danish Red Cross (DRC) has been present in Guinea in support of RCSG since 2009 with, amongst others, a focus on health including WASH, which equally proves very relevant to the current operation. DRC is currently focusing its support on reproductive health in Moyenne Guinea, including Labé, which helped strengthened RCSG action in an area now targeted by this Revised Appeal. DRC plans to close its delegation in Guinea in the last quarter of 2021.

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

The International Committee of the Red Cross (ICRC) has been active in Guinea since 1991. As of 2021, the ICRC does not have a delegation in-country; however, ICRC provides support from its delegation in Abidjan and through some of its staff who continue providing support to the National Society to maintain and strengthen the operational level of committees in localities exposed to socio-political and intercommunity violence, which can prove useful for the current operation.

### **Neighbouring Countries**

National Societies in neighbouring countries are supported by Freetown, Dakar, and Niamey IFRC Country Cluster Delegation teams. Over the years IFRC together with other Movement partners (BRC, FRC, ICRC, Icelandic Red Cross and many more) have been supporting National Societies in similar interventions. Such support included response to a cholera outbreak (2012), EVD outbreak (2014), the twin mudslides and flooding (2017) and eventually COVID-19 global pandemic. IFRC also implements CP3 in Sierra Leone (with volunteers active in Kambia and Kailahun, and support to the National Society's headquarters), and provides further support in terms of coordination with national local stakeholders, financial management, procurement and logistics, expertise and tools on programme monitoring evaluation and learning.

### **External Coordination**

The National Societies' auxiliary role has once again been called upon to support public authorities in supplementing humanitarian services during the emergency. As an example, in Guinea, the National Society participates in coordination meetings with other partners, namely UNICEF, WHO, IOM, CRS, GIZ and TDH, and implements activities in coordination with the MoH, as auxiliary to the government. Based on recent developments, the National Society will be supported to ensure its auxiliary role is understood by new authorities. In all other countries, National Societies liaise with and respond to their respective Ministries of Health and other coordinating authorities. Other external partners of relevance for epidemic response are WHO and UNICEF, with presence in these territories, and National Societies coordinate in the pillars of decontamination activities, WASH, SDB, CBS and RCCE.

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

### **Capacity Analysis of the National Societies**

The **Red Cross Society of Guinea** has 20,400 volunteers covering the entire national territory, including 8,000 active workers. The headquarters is in Conakry and services are provided by 33 prefectural committees, 5 communal committees in Conakry and 264 sub-prefectural committees throughout the country. It has community (CDRT) and national (NDRT) disaster response teams and regional team members for rapid deployment (RDRT). It also has departments and services (Community Health and Care, Disaster Management, Communication, Partnership and Organizational Development, Restoring Family Links, Gender and Diversity Volunteerism, Cash Transfer) and two support services (finance and logistics). The various governance bodies of the National Society include the General Assembly, National Council, and the National Board Meeting. The National Society assessed its Preparedness for Effective Response<sup>3</sup> capacity in August 2019 and elaborated an action plan to strengthen its response mechanism. CP3 has supported the training of staff and volunteers in CBHFA, Epidemic Control for Volunteers, CEA and Community Based Surveillance, as well as trainings on communication in emergencies for National Society and media personnel.

See under Summary of Red Cross Red Crescent response to date for National Societies in neighbouring countries.

### **Operational Risk Management**

The IFRC has experience in delivering services in Public Health Emergencies of this sort and has consolidated lessons learned in several documents, including evaluations and learning reviews. For this response, the IFRC

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<sup>3</sup> <https://go.ifrc.org/preparedness#global-summary>

will continue considering risk management as a central component of its operational planning, regularly updated and resourced. This will include, logistics, finance and administration, operational, human resources, security, reputational risk, and duty of care for staff and volunteers.

The operational risk assessment is assessed as medium given the geography and types of activities being carried out. Learnings from the 2014-2016 Ebola operation in West Africa are being applied to response planning and operational risk assessment to enhance mitigation measures.

As part of the response, the IFRC is implementing activities with different risk levels. Many of the activities carry low level risk, like RCCE and infection prevention and control (IPC) support, whereas SDB processes carry the highest risk if not performed correctly. Based on this, a risk management strategy has been developed for security and biohazard risks. This includes multi-scenario planning with security and health triggers and related evacuation protocols for ensuring the safety of personnel. In addition, an internal risk register was developed to prevent fraud and corruption. Risk mitigation measures are being identified and implemented along with the activities of the operation.

<b>Risks</b>	<b>Probability of occurrence (high, medium, low)</b>	<b>Severity of risk impact (high, medium, low)</b>	<b>Reduction measures</b>
Reluctance of local population due to image of Red Cross during 2014/2016 EVD outbreak	Low	Low	Volunteers are working with community leaders and MoH staff in all phases of the implementation.  Modules on Safer Access will be given to volunteers, as needed.  Response activities are covered by a communications approach based on door-to-door awareness and community engagement.
Epidemics such as Cholera	High	High	Activities are being carried out to promote hygiene and prevent waterborne diseases.  Readiness capacity for response to other epidemics is being maintained.
Increase in workload of staff and volunteers already assigned to other tasks	Low	Medium	National Society and IFRC surge personnel have been dedicated to this response.  Dedicated volunteers have been deployed to this response.
Accessibility of zones	Medium	Medium	Adapted vehicles are being used.
Appropriate supply of PPE and SDB materials	Medium	Medium	IFRC logistics support has been actively engaged since the onset of the response to work with the National Societies and ensure supplies.  Links have been made with the Africa Regional Office and Country Cluster Delegations for guidance, as needed, to ensure all measures are taken for supply of needed equipment.

## Risk Analysis

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

In Guinea, a military coup occurred on 5 September. No high-profile incidents or clashes have been reported since the coup across the country, though the situation remains highly fluid with other disruptions possible. A nationwide nightly curfew from 20h00 to 06h00 has been imposed until further notice. On 6 September, the leaders of the military coup, the Comité National du Rassemblement et du Développement (CNRD), promised to set up a transitional government of national unity. Peaceful demonstrations and celebrations have been reported in Conakry and along the Autoroute Fidel Castro and in other cities, including Labé. Conakry International Airport (CKY) remains open and the CNRD has confirmed that humanitarian and commercial flights will be allowed to land after several flights were cancelled on 5 and 6 September. According to the CNRD, all land and air borders had now been reopened. Security forces will almost certainly remain deployed for a period of time. Movement restrictive measures, telecommunication disruptions, and disruptions to state and business operations are likely. Clashes between rival security force factions are likely to continue. These could occur in Conakry or elsewhere in the country. Public gatherings in response to developments are likely nationwide. These could be in favour of the apparent coup or in support of the Conde government. Any gathering is likely to be met by a security force deployment. Clashes are likely at all protest locations.

Elsewhere in Guinea, crime presents a considerable risk, especially in semi-urban communities like Gouécké and in urban settings like Labé. These towns experience a wide range of criminal activity. Crimes of opportunity (e.g., pickpocketing, bag snatching, theft of valuables from vehicles, assaults, residential burglaries) are of concern. Low-level criminal activity occurs in areas where people congregate, such as markets. Kidnappings occur in Guinea, but especially in regions far from Conakry; most incidents affect residents and are linked to family or cases where victims know their kidnappers. The conditions of roads in Conakry are generally poor. Although many roads are paved, they can have huge potholes or be dilapidated. Medical care is substandard throughout Guinea. Hospitals are inadequate and advanced technologies are lacking. Some private medical facilities offer a better range of treatment options than public facilities.

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

In view of COVID-19, business continuity planning is currently a priority for IFRC in all the countries of the operation. The main objective related to business continuity planning is to ensure critical functions of IFRC do not stop and the support provided to the National Societies is on time and tailored to the preventive measures in place. Identification of risks to business continuity and mitigation measures have been put in place to ensure continuity of the operation. Adapted working modalities have been established in the countries of the operation and tailored to the measures required by the various governments.

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

- Rapid response personnel considered as super spreaders.
- Lack of availability of rapid response personnel due to involvement in their own countries' operations

- Rapid response personnel coming from a country with a high number of COVID-19 cases faces stigma or security threats.
- Some rapid response personnel from particular countries are not allowed to enter the affected countries or will not be able to return to their countries of origin.

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

### Scenario Planning

Scenario	Humanitarian consequence	Potential Response from Red Cross
<p><b>Best-case scenario</b> The outbreaks are contained within 6 weeks with very few further people infected. The number of people in at-risk communities does not exceed 300,000.</p>	<p>New cases of EVD/Marburg/Lassa are rapidly identified and no onwards transmission in other areas. Cases are quickly identified and isolated, resulting in a rapid end to the epidemic. No significant spread of the virus with limited risk of it spreading to neighbouring provinces and/or countries. The burden of PSS needs related to the new outbreak does not increase. Community knowledge and understanding of the disease and the response facilitate community acceptance.</p>	<p>An emergency humanitarian response is undertaken by the National Societies through this operation. This will enable the National Societies to conduct RCCE/accountability, surveillance and contact tracing, decontamination activities, SDB, and PSS activities to reduce risks of further transmission. The operation will be revised as the situation evolves, with more activities included into the plan.</p>
<p><b>Most likely scenario</b> The number of affected people increases within the next 6 weeks with more geographical spread. The number of people in at-risk communities spreads out, reaching about 1,00,000 people.</p>	<p>Population mobility within Guinea results in ongoing, low-level transmission within the affected areas, with single cases rapidly identified and no onwards transmission in other areas. Misinformation spreads within communities, including confusion over EVD, Marburg, and Lassa vs COVID-19 and reluctance towards humanitarian workers. Violence towards survivors, suspect cases and/or responders is possible. COVID-19 contributes to logistical and movement challenges that make rapid response to emerging clusters or cases challenging. Isolated threats to responders or large-scale non-violent resistance requires constant adaptation of response modalities to meet community needs. Surveillance systems require some support to continue to identify EVD/Marburg/Lassa and other health risks that may be notifiable diseases.</p>	<p>Complementary investigations are required and carried out to better understand the situation with a view to responding to additional vital needs. Interventions are geographically scaled up with further training and equipment for new response teams. A review of the operation is considered to broaden the scale of the response, with a possible change in strategy, an extension of the implementation time, and appeal for additional funds.</p>
<p><b>Worst-case scenario</b> The number of affected people increase within the next 6 weeks with more geographical areas being</p>	<p>Sustained and higher-level transmission within Guinea, with clusters of cases in multiple communities outside the current affected areas, possibly including in one or more of the three neighbouring countries.</p>	<p>A large-scale response with significant scaling of operations, training, and equipment for teams is provided in many locations,</p>

Scenario	Humanitarian consequence	Potential Response from Red Cross
<p>impacted. The number of people in at-risk communities spreads out, reaching over 1,000,000 people.</p> <p>Affected areas widen, exposing neighbouring countries (Liberia, Sierra Leone and/or Senegal) to a possible outbreak.</p>	<p>The higher level of transmission results in an unsustainable burden on healthcare facilities and community health structures, decreasing the availability and quality of care for all health needs, and increasing the burden of disease more broadly across the affected and at-risk communities.</p> <p>Misinformation spreads among affected and at-risk communities, with consistent threats to responders or violent resistance (directed towards responders, survivors, and/or suspect cases). Violent incidents towards responders are common.</p> <p>Surveillance systems are overwhelmed and require significant support to continue to identify EVD/Marburg/Lassa and other health risks that may be notifiable diseases.</p>	<p>across borders, and with inter-agency coordination.</p>

## C. PROPOSED AREAS OF INTERVENTION

### STRATEGIC SECTORS OF INTERVENTION



#### Health

**People targeted: 9,5 million**

Response: 290,000

Preparedness: 9,2 million

Male: 4,3 million

Female: 5,2 million

**Requirements (CHF): 5,250,000**

#### Proposed intervention

##### Guinea – Full VHF Response Operation

The MVD outbreak started on the 6<sup>th</sup> of August, with potential for spread of the virus beyond the currently known cases. The risk of an undetected VHF outbreak in Guinea cannot be ruled out. In an attempt to stop the geographic spread of VHFs, including Lassa fever, Rapid Response Teams (RRTs) will be established to deploy immediately to new areas with all of the needed equipment to provide SDB, swabs and health promotion and RCCE activities. Both are zoonotic acute viral illnesses with elevated mortality and similar transmission route. If onwards transmission is detected, local volunteers from the affected communities will be trained, while RRTs will move on to other newly hit areas. In areas with sustained transmission, RRTs will be set up not only in SDB, but also perform swabs for community deaths. Similar teams will also respond to alerts of suspected cases.

##### General activities planned:

- Rapid scale-up of field capacity, through volunteer training and set-up of Rapid Response Teams
- Expanded health promotion, active case finding (may include CBS and or contact tracing).
- Vaccination of frontline volunteers against EVD (SDB, contact tracing), if/when vaccination becomes available in EVD areas only.
- Scale up of RCCE/CEA activities, including awareness and sensitization and community feedback mechanisms within affected communities and areas at risk.

- Preparedness for and management of SDB and swabs for community deaths
- Disinfection of houses and other areas that have hosted confirmed or probable cases
- MHPSS for infected and affected people, and for responders.
- NS operational response capacity check and link with ongoing National Society preparedness measures for multi hazard and epidemic/pandemic preparedness.
- Inter-agency coordination

### At risk areas/countries – Advanced Preparedness and Readiness

#### General activities planned:

- Intensive RCCE and screening/case detection activities in highest-risk and border areas.
- Reactivate rapid response teams and capacities for response to introduction of cases.
- Assessment and resupply with SDB equipment; establish mandate/coordination with MOH + training of a few rapid response teams per country, and/or identification of teams in at-risk areas combined with refresher TOT for team leaders who would be deployed to rapidly activate those teams.
- Epidemic control for volunteers, RCCE/CEA and/or health/hygiene promotion training for rapid activation.
- Cross-border communication/coordination
- Volunteer mobilization to at-risk areas (borders and bordering communities) to conduct RCCE sessions.
- Hygiene promotion, especially handwashing hygiene (with the WASH sector)
- Establish community feedback mechanisms in the at-risk border areas.



## Water, sanitation and hygiene

**People targeted: 9,5 million**

Response: 290,000

Preparedness: 9,2 million

Male: 4,3 million

Female: 5,2 million

**Requirements (CHF): 850,000**

### Proposed intervention

Activities planned to be carried out (response and P1 countries):

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



## Protection, gender and inclusion

**People targeted: 290,000**

Response: 290,000

Male: 130,500

Female: 159,500

**Requirements (CHF): 108,000**

### Proposed intervention

#### Guinea – Full VHF Response Operation

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

Main activities planned to be carried out:

- Identify PGI focal points and provide advanced ToT on SGBV, PSEA and child safeguarding.
- Plan and Roll-out trainings for frontline staff and volunteer on SGBV, PSEA and child safeguarding
- Set up and activate the use of a PSEA and SGBV hotline for staff and volunteers.
- Continue working with CEA team to operationalize guidelines for sensitive complaints and pilot a system, with linkages to existing community feedback systems, on handling and acting on sensitive feedback.
- Identify and disseminate referral pathways for areas of the operation.
- Conduct sensitization sessions in each of the operational bases to raise awareness on prevention of and response to SGBV.
- Produce and disseminate IEC materials on PSEA, SGBV, Child Safeguarding adapted to local languages and to specific audiences (e.g., vulnerable and marginalized groups)
- Collect, analyze, and disseminate sex and age disaggregated data and support other sectoral teams on collecting disaggregated data.

#### In at risk areas/countries:

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

## ENABLING ACTIONS

### Influencing others as strategic partners

**Requirements (CHF): 373,000**

The Appeal will promote, influence, and capitalize on IFRC network unique position, leveraging relations with the respective governments and National Societies to ensure the systems developed to identify, trace and survey outbreaks in this response are retained and constantly improved for future use by the government and key partners, as well as the roles and responsibilities are clear. This will bring value in the future and ensure the

needs and respect of those affected and at-risk communities are swiftly attended to in a principled, neutral, and independent intervention. Communication activities will be conducted to draw attention to and highlight the humanitarian situation and activities related to the Red Cross VHF outbreaks response operation, through the development of key messages, press releases, high-quality and compelling photo, video materials, and social media activities that can be used by the media and Federation/Movement partners.

Activities planned to be carried out include enhancing National Societies communications capacity and support strategy & policy development, developing communications materials in relevant languages including image bank, snapshots, web stories, social media and agents of positive change, supporting resource mobilisation development, and supporting National Societies in negotiation of partnerships with national and local authorities, the UN and INGOs.

## **Ensuring accountability**

### **Requirements (CHF): 1,315,000**

This multi-country response requires an effective and coordinated Federation-wide approach, leveraging the multilateral and bilateral support to National Societies in affected countries. This needs to be supported through regular coordination and strong communication flows. Sufficient HR capacities in the field are required to provide support through trainings, workshops, mentoring, and on-the-job coaching by subject matter experts. This includes the deployment of surge support teams to Guinea and Cote d'Ivoire. Continuing or additional support to the National Societies includes operations/field management, finance and administration, logistics, CEA, IM, and public health in emergencies, for which surge alerts have been or are being launched.

CEA referral mechanisms are in place to address findings and take corrective actions to ensure accountability to beneficiaries. RCCE and CEA activities include community feedback mechanisms within affected communities and areas at risk. In coordination with health teams, regular field visits ensure implementation of CEA mechanisms, including feedback and complaint mechanisms. The CEA team continues to operationalize guidelines for sensitive complaints on handling and acting on sensitive feedback.

Accountability involves duty of care for volunteers and staff includes and provision of the right training and equipment, including skills development for volunteers and staff. To address duty of care principles, constant monitoring is being carried out with all the National Societies that have deployed personnel on the ground. National Society leadership is being supported through guidance in aligning their institutional development priorities with the humanitarian needs and to ensure respect for policies and standard operating procedures.

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

The support services departments will continue to promote all safeguards and high standards of accountability to financial resources and provide timely reconciliations, adequate filing and reporting to all partners and donors. This will be done using well established IFRC systems. Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions have been put in place to ensure effective and efficient technical coordination: human resources; logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.

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

## Strengthening National Societies Requirements (CHF): 604,000

Based on the learning from the previous EVD response operation in 2014 it is key to accompany the National Societies from the outset of the operation in managing the scaling up of the response and ensuring a structured scaling down and transition. The operational strategy for response needs to be closely aligned with the National Societies' long-term development goals. National Society leadership is being supported through accompaniment, coaching and mentoring, and will continue to be guided and assisted in integrating and aligning their institutional development priorities with the humanitarian needs. This includes a focus on risk management, auxiliary role with the local authorities, humanitarian diplomacy for influencing decisions and positioning of the National Societies, financial sustainability, and volunteer management and duty of care.

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

National Societies' response capacity will continue to be enhanced, building on ongoing preparedness for multi-hazards, for epidemic and pandemic preparedness initiatives and identified National Societies' operational priorities. Preparedness/readiness checks are being conducted with National Societies in Guinea, Cote d'Ivoire, Liberia, Sierra Leone, Senegal, Mali, and Guinea-Bissau to monitor and track progress in preparedness for outbreaks (EVD and MVD), including in the new higher-risk areas being targeted. These checks will also help to identify key National Society priorities, especially in countries that are not already engaged in mid to long-term preparedness for response work. The [Operational learning](#) information gathered from DREF supported operations will be also used to identified critical lessons and challenges to continue enhancing the preparedness and response plans.

## D. FUNDING REQUIREMENTS

### EMERGENCY APPEAL

#### *MDREBOLA2021 – Multi Countries – Viral Haemorrhagic Fever Outbreaks Funding requirements – summary*

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Area of Intervention	Needs in CHF
HEALTH	5,250,000
WATER, SANITATION AND HYGIENE	850,000
PROTECTION, GENDER AND INCLUSION	108,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	373,000
ENSURING ACCOUNTABILITY	1,315,000
STRENGTHEN NATIONAL SOCIETIES	604,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>8,500,000</b>

**Jagan Chapagain**  
Secretary General

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## Contact information

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

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- **Secretary General**, Mamadou Saliou Diallo, [crg.secretairegeneral@gmail.com](mailto:crg.secretairegeneral@gmail.com)

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- **Secretary General**, G. Ambulai Perry, [ambulai.perry@liberian-redcross.org](mailto:ambulai.perry@liberian-redcross.org), (+231) 770 369 308

### In the Côte d'Ivoire Red Cross Society

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### In the Sierra Leone Red Cross Society

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### In the Mali Red Cross Society

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

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

### Reference documents



Click here for:

- [Previous Appeals and updates](#)

## How we work

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

facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.