

## OPERATION UPDATE

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

Appeal №:  
MDREBOLA  
21

Operations Update n°  
6 months  
Date of issue: 08 Dec 2021

Timeframe covered by this update:  
Feb 2021 to Sept 2021

Operation start date: 17 February 2021

Operation timeframe: 12 months  
end date: 17 February 2022

Glide №:  
[EP-2021-000016-GIN](#)

IFRC Funding requirements: 8.5 million Swiss Francs (Guinea – CHF 3.304 million; Cote D’Ivoire CHF 785k, Liberia CHF 782k, and Sierra Leone – CHF 891k; Mali – CHF 377k, Guinee-Bissau CHF 275k and Senegal – CHF 384k; Logistics, Coordination and Risk Management – CHF 1.65 million)

If Emergency Appeal/ DREF amount initially allocated: CHF 990,210

**Red Cross Red Crescent Movement partners currently actively involved in the operation:** IFRC, ICRC, Danish, French, Canadian, Netherlands and British Red Cross Societies.

**Other partner organizations actively involved in the operation:** National Service for Humanitarian Action (SENAH), National Health Security Agency (ANSS), WFP, UNICEF, FAO, OIM, Catholic Relief Service (CRS), Plan International, 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



*Nzérékoré, Presentation Safe and Dignified burial equipment to community members.*



**14 February 2021:** The Government of Guinea declared a new outbreak of **Ebola Virus Disease (EVD)** in Gouécké sub-prefecture which is part of Nzérékoré prefecture in Guinée Forestière Region.

**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 EVD 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 neighbouring countries.

**01 April 2021:** WHO announced one new EVD confirmed case (M22) in Guinea, who shortly after being tested ran away and was never found.

**8 May 2021:** WHO announced the beginning of the **42-day countdown** for EVD. On the same day, the first case of **Lassa Fever** was notified at the Yomou prefecture, Nzérékoré region. No secondary cases were found.

**17 June 2021:** The second case of Lassa Fever was detected and confirmed at Nzérékoré Regional Hospital. No secondary cases were found.

**19 June 2021:** The Government of Guinea officially declared the **end of the EVD outbreak** within the country. Governmental authorities and humanitarian partners moved from a response modality to a preparedness modality of intervention, focused on surveillance.

**6 August 2021:** The Ministry of Health of Guinea informed WHO of a confirmed case of **Marburg virus disease (MVD)** in Guékédou prefecture, Nzérékoré region. This was the first known case of MVD in the country.

**14 August 2021:** The Ministry of Health of Cote d'Ivoire issued an **alert of a confirmed EVD case in Abidjan**. The person travelled from Labé, Fouta-Djalon region in Guinea. This was the first case of Ebola in the country since 1994. On 31<sup>st</sup> August the case was refuted following second laboratory tests.

**15 August 2021:** The IFRC started working with Guinea RC and neighbouring NSs on a Revised EA, including all Viral Hemorrhagic Fever outbreaks in the region (Ebola, Marburg and Lassa), initially reorienting resources to respond to the emergency and to readiness, preparedness and cross-border coordination.

## Situation overview

With the declaration made by the Government of Guinea of the end of the EVD outbreak within the country on 19 June 2021 and no further Lassa fever cases confirmed, governmental authorities and humanitarian partners, including the Red Cross/ Red Crescent Movement moved from a response to a preparedness modality of intervention, focused on surveillance. The Guinea RC plan of action was modified to guarantee the NS presence in the field for the 90 days required for strengthened surveillance and beyond. However, following the first confirmed case of Marburg Virus Disease (MVD) in Guinea on 6 August and the alert launched by the Ministry of Health of Cote d'Ivoire of a confirmed EVD case within the country, later on, refuted following secondary tests, Guinea and neighbouring countries increased again readiness and preparedness, and especially cross-border coordination. This because:

- the affected **MVD** village was 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 would have increased the risk of cross-border spread. Health authorities in Sierra Leone and Liberia activated contingency plans and started public health measures at the points of entry with Guinea. Additionally, the potential transmission of the virus between bat colonies and humans would have caused also an increased risk for cross-border spread. These factors suggested a high risk at the national level, requiring an immediate and coordinated response with support from international partners. The MVD case, the first known in Guinea and West Africa started having symptoms on 25 July and passed away on 2 August in the community in Guékédou Prefecture, Nzérékoré Region, south-western Guinea. The source of infection remains unconfirmed. 148 close contacts, including health centre staff who treated the patient, were followed.
- The alert of a confirmed **EVD** case in Cote d'Ivoire, later on, refuted, launched by the Ministry of Health of Cote d'Ivoire, was a person who travelled from Labé, Fouta-Djalon region in Guinea to Abidjan utilizing public

transport and meeting several people along the journey. On 31 August, the government of Cote d'Ivoire informed WHO that a second laboratory test of samples, conducted at the French National Reference Center for Viral Haemorrhagic Fevers (Institut Pasteur and INSERM Jean Mérieux SL4 laboratory) in Lyon, had found no evidence of the virus. Further analysis on the cause of the illness of the alleged cases was conducted and contacts stopped being followed.

To respond to these new outbreaks, Guinea RC and neighbouring NSs reoriented resources already available within the EVD Emergency Appeal budget. While putting in place emergency measures, the IFRC supported NSs in revising the Emergency Appeal to scale-up preparedness, readiness and response to the Viral Haemorrhagic Fever Outbreaks (Ebola, Marburg and Lassa Fever) in Guinea, and to conduct advanced readiness and preparedness activities related to the spring 2021 Ebola Virus Outbreak in Guinea in of Côte d'Ivoire, Liberia and Sierra Leone. Senegal, Mali and Guinea-Bissau were considered on high alert and deemed for support in the event of an outbreak.

Considering the ongoing Emergency Appeal revision process within the time of reporting, this Ops Update focuses on activities included in the approved Emergency Plan of Action, implemented between 17 February and 30 September. New activities, reflecting the new strategy of intervention following new outbreaks, are included in the [Revised EA](#).

## Summary of Red Cross Red Crescent response to date

### Overview of Host National Societies

#### Guinea

At the request of the Government of Guinea, the Guinea Red Cross Society (GRCS) 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). Following the declaration of the end of the EVD outbreak, the National Society (NS) guaranteed its presence in the field with strengthened surveillance activities.

With the declaration of the MVD outbreak in Guéckédou prefecture and the initial confirmation of an EVD case in Cote d'Ivoire whose origin was thought to be from Labé in northern Guinea, the NS reoriented resources to address these new outbreaks, 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 NS aimed at replicating the approach adopted for the EVD outbreak in Nzérékoré in February 2021. This by creating and/or reinforcing capacities of local branches and volunteers in terms of SDB management, swabbing, community health, and RCCE. Lessons learnt from the current EVD operation were integrated into the design of the strategy of intervention and implementation in the field, such as further strengthening cross border coordination with neighbouring NS through the organization of meetings for sharing information and the identification of focal points for exchanges on good practices and strategies of intervention. To support the NS to respond to this new situation, Rapid Response alerts were launched for one Field Coordinator and one Community Engagement and Accountability (CEA) Rapid Response. However, due to visa restrictions, limited to ECOWAS passport' holders and the uncertain situation following the Coup d'Etat on 5 September, deployments were delayed and only the CEA one took place.

In terms of staffing / NS strengthening, by June 2021 activities coordination and implementation was completely handed over from the IFRC to the NS based on the peer system put in place since the beginning of the operation. This, except for the Information Management (IM) component of the operation, where the accompaniment to the NS continued for a certain period. As per the IFRC human resource strategy in Guinea, following the departure of Rapid Response personnel, a long-term structure should have been put in place composed by one Ops Manager, one Health's Delegate and one Finance and Administration's Delegate. However, due to visa restrictions, not granted or limited to ECOWAS passport' holders, only the Ops Manager was able to undertake his mission in the country, whereas the Health's Delegate mission was cancelled and the Finance and Admin one was put on stand-by for further analysis on the opportunity of remote support.

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

No changes in terms of Red Cross / Red Crescent coordination dynamic in Guinea, as well as in neighbouring countries since the [Ops Update N.3](#). Joint Task Forces organized at IFRC level every two weeks, resumed every week, following the Marburg outbreak in Guinea and the EVD case in Cote d'Ivoire.

## Overview of non-RCRC actors in the Region

The coordination structures put in place to respond to the EVD outbreak in Guinea was simplified following the declaration of the end of the EVD outbreak. Humanitarian stakeholders continued to coordinate actions in the field under the umbrella of the National Agency for Health Security (ANSS). However, working groups meetings were either reduced in frequency (meetings 3 times per week rather than every day) or suspended.

The coordination mechanism established allowed the NS to reinforce and/or create new partnerships with external stakeholders, such as the one with CDC Atlanta for the use and equipment of rapid diagnostic tests Oraquick for which NS' volunteers were trained, equipped and put in stand-by in 17 health districts in Nzérékoré region.

With the Marburg outbreak and the EVD case in Cote d'Ivoire emergency meetings resumed, as well as the dissemination of SitRep. The NS auxiliary role was once again called upon to support public authorities in supplementing humanitarian services during the emergency, specifically focusing on surveillance, risk communication, hygiene promotion of safe and dignified burials as well as a swab in case of probable or confirmed cases. This, in coordination with other partners, including UNICEF, WHO, IOM, CRS, GIZ and TDH, under the MoH lead. The coup d'état on 5 September, although disrupted some activities did not raise the question about the auxiliary role of the NS, which was understood and accepted also by new authorities.

## Priority 1 and 2 Countries

The Emergency Plans of Actions of the various countries bordering Guinea continue to be jointly represented in the Ebola Regional Appeal in West Africa, as well as actions coordinated by the Sahel and West Cluster delegations, with the support of the regional team.

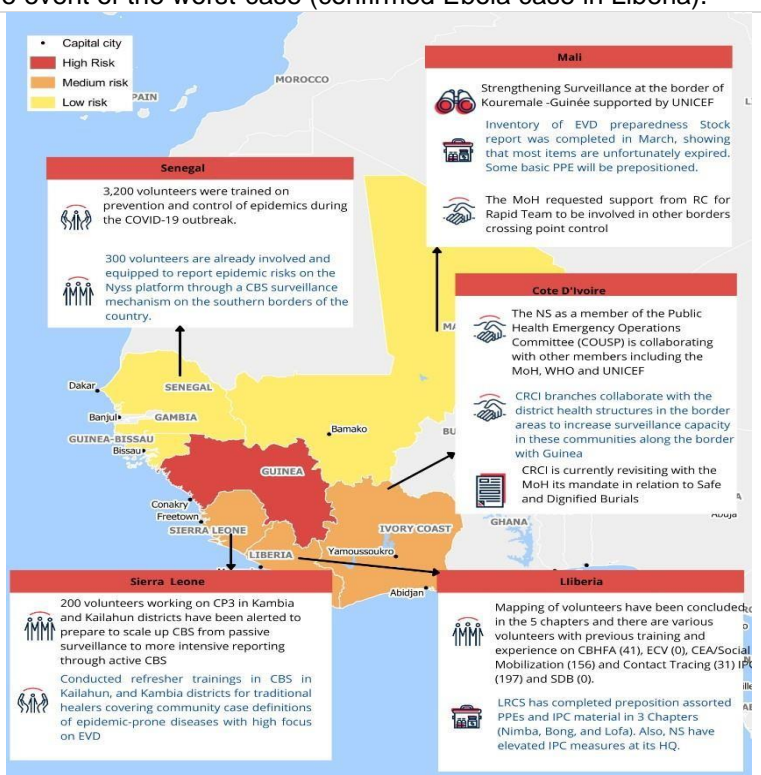
Following the MDV case in Guinea and the EVD case in Cote d'Ivoire, later on, refuted, Guinea RC and neighbouring NSs reoriented resources already available within the EVD Emergency Appeal budget. While putting in place emergency measures, the IFRC supported NSs in revising the Emergency Appeal to scale-up preparedness, readiness and response to the Viral Haemorrhagic Fever Outbreaks (Ebola, Marburg and Lassa Fever) in Guinea, and to conduct advanced readiness and preparedness activities related to the spring 2021 Ebola Virus Outbreak in Guinea in of Côte d'Ivoire, Liberia and Sierra Leone. Senegal, Mali and Guinea-Bissau were considered on high alert and deemed for support in the event of an outbreak

### 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), ContactTracing (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 support in terms 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 broadcasts (Jingles and live discussion). The NS already mapping out community radio also the borders for weekly radio discussions and broadcasts 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 is 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 training of 72 volunteers in Man & Odienné
- Monitoring of epidemiological situation in the 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 the community level.
- As a member of the Public Health Emergency Operations Committee (COUSP), in collaboration with other members including MoH, WHO and UNICEF, update the National Ebola Response Plan.
- As a 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 concerning 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 spillover 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 continually 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 of EVD resurgence in Guinea. The meeting aimed 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 stakeholders and challenges. To identify needs and ensure they are incorporated into the EVD response plan.
- Trained one SLRCS Safe Dignified Burial team (SDB) comprising ten (10) volunteers including 2 drivers held in one of Sierra Leone–Guinea Border Districts (Kono) from the 28<sup>th</sup> of May to the 1<sup>st</sup> of June 2021. The 5-day training is 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 preventive measures. A total of 87,400 (F=41,500 M=45,900) were reached through community engagement activities by volunteers.
- Held radio discussions and phone-in programs in the branches and at HQ on basic facts on EVD (Signs and Symptoms and preventive measures) in collaboration with the Ministry of Health and Sanitation (MoHS). During

the period under review, an estimated population of 135,769 audiences were covered, 78 messages were recorded, and 42 calls were received with concerns about the EVD situation in Guinea.

- SLRCS supported the MoHS and participated in simulation exercises conducted in the two border districts of Kailahun and Kambia
- Supported the risk communication pillar at the EOC to conduct district stakeholders' engagements meetings in 8 districts on EVD and COVID-19 vaccines roll out
- Supported the EOC with 5000 litres of fuel to facilitate coordination with districts emergency operations centres

### Guinea Bissau, Mali and Senegal

As per EVD Plans of action, all activities were completed by the Guinea Bissau Red Cross, Mali Red Cross and Senegal by 31 July. See section C for details. The three countries were not included in the revision of the Emergency Appeal, but they remained part of it with the agreement of proving support in case triggers were met.

## B. THE OPERATIONAL STRATEGY

### Needs assessment and targeting

The overall objective of the operation remains to contribute to preventing and reducing morbidity and mortality resulting from the EVD in Guinea and conducting preparedness activities in neighbouring countries. Nevertheless, following the confirmation of an MVD case in Guinea and an EVD case in Cote d'Ivoire, later on, refuted, in August, the IFRC started supporting NSs part of the EVD West Africa Emergency Appeal to scale up readiness and preparedness, and especially cross border coordination to contains new outbreaks should the virus spread to other regions and/or to neighbouring countries, with Cote d'Ivoire, Sierra Leone and Liberia most at risk linked to EVD, Marburg and Lassa, and Mali, Senegal and Guinea Bissau on heightened alert.

Whereas emergency activities linked with the new outbreaks not included in the original EPoA were already undertaken within the reporting timeframe (such as launching alerts for Rapid Response, conducting needs assessments, surveillance, mobilizing kits etc) their complete overview will be given with [the Revised EA document](#). This is because the scale-up of the response should have been enacted by further analysis of the epidemiological situation and close coordination with other actors.

Considering the ongoing COVID19 pandemic and the increase of positive cases in West Africa especially between June and August, all activities implemented by the operation were COVID-19 appropriate. Moreover, where possible, linkages with the ongoing NSs COVID-19 responses, funded through the IFRC Global COVID-19 Appeal and other sources were made.

As such, the overall strategy continues to be focused on the following five response pillars



## Operational support services

### Human Resources

By the end of June, the peer system set up at the beginning of the operation between IFRC Rapid Response personnel and National Society personnel was completed. This, except for the IM position which was extended to continue supporting in data collection and analysis, especially for those activities undertaken only by the NS, such as swab and SDB. The long-term HR strategy for IFRC in Guinea (1 Ops Manager \* 4 months, 1 Health delegate \* 3 months and 1 Finance and Admin Delegate \* 4 months) did not realize. Due to visa restrictions, not being granted between April and August or being limited to ECOWAS passport holders, only the Ops Manager was able to undertake his mission in the country.

As of the end of September:

- Ops Manager: only delegate in the country up to August 2021. Due to the expiration of the visa, the delegate had to pull out in August. He continued to support the operation remotely from the Sahel Cluster Delegation office. The contract was extended up to mid-October.
- Health delegate: mission cancelled due to visa rejection and no possibility of remote work;
- Finance and Admin delegate: mission put on hold and resumed in August considering i) the possibility of working from the Sahel Cluster Delegation office and ii) based on information on a possible opening up of the visa situation, which materialized towards the end of September. The delegate was deployed at the beginning of September and conducted a mission in Guinea towards the end of the month.

Governmental measures on visas hampered the deployment of Rapid Response following the Marburg case in Guinea and the EVD case in Cote d'Ivoire. As per consequence:

- Field Coordination Rapid Response: stand-down deployment due to i) unavailability of ECOWAS personnel and ii) uncertainty following the Coup d'Etat on 5 September;
- CEA Rapid Response: deployment started on 22 August.

At the time of reporting:

- the only IFRC delegate in the country is the CEA Rapid Response;
- the IFRC is looking for a new Ops Manager, to support the NS in the implementation of the new strategy up to December 2021.

### Communication

Communication material developed to respond to the EVD outbreak was adapted and utilized to sensitize community members to other hemorrhagic fevers. Due to possible speculations regarding the EVD case in Cote d'Ivoire, communications support was provided by Sahel and West Coast Clusters Delegations.

### Logistics

A plan to transport SDB kits from Conakry i) to locations within the country identified as potential hotspots, considering the origin and travel of the confirmed EVD case in Cote d'Ivoire, and ii) to Cote d'Ivoire were made. Nevertheless, with the refuted EVD case, SDB kits remained in Guinea, awaiting to be dispatched in locations to be validated by the NS according to the new strategy to reinforce its epidemiological capacities. In September, 2 vehicles procured by the operation were transported to Guinea.

The refurbishment of the Red Cross office in Nzérékore continues according to plans and it should be completed by November.

The construction of the operation base in Gueké started.

Considering the decrease in Rapid Response personnel in Nzérékore, the contract for one of the two guest houses terminated in June, whereas the one for the second guest house was under discussion based on the deployment of a new Ops Manager.

The refurbishment of the warehouse in Kindia is still under discussion between the NS and the Japan Embassy in Guinea.

### Information Management

No new IM system put in place since the last Ops Update.

### PMER

IFRC reporting was ensured by the Ops Manager in the field based on analysis of information collected through systems developed for each pillar and by the organization of sessions with operational teams. Moreover, the NS developed its reporting system which allowed senior management staff to follow up on the operation and to provide technical support and orientation whenever needed.

### Finance and Administration

A mission from the Admin and Finance delegate was conducted in Conakry towards the end of September. Bilateral meetings with support services and management were conducted, as well as refresher training on admin and logistic procedures. The financial reporting process for working advances was revised to accelerate the submission of financial documents. By the end of the reporting period, 3 out of 5 tranches were transferred to the NS, for a total amount of Internal



approximately CHF 400.000.

### **Fraud and Corruption Prevention activity**

Following new outbreaks, the Risk Management registers were updated in all countries.

### **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**

No security issues were reported within the reporting period, including in the aftermath of the Coup d’Etat on 5 September and during the installation of the new Government. Peaceful celebrations were reported in Conakry and along the Fidel Castro highway and in other cities, including Labé. Conakry International Airport (CKY) remained open and the *Comité national du rassemblement et du développement* (CNRD) confirmed that humanitarian and commercial flights would have been allowed to land after several flights were cancelled on 5 and 6 September. All land borders reopened as well after an announcement of their closure. At the moment of the Coup d’Etat, only the CEA Rapid Response was present in the country with no issues reported. Security rules and regulations, as well as Business Continuity Plan developed by the operation, continued to be the main document of reference.

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

A risk management mission put in place by the operation continues to be adopted.

A meeting was organized between the NS and the Volunteers Management system’ Consultant to present the application adopted by IFRC in the Mozambique hurricane operation. The system adaptable to the existing one of the National Society led to positive reactions, especially on its multiple functionalities, such as volunteers’ career path, the linkage between operations and deployments, linkages with the payment system method. As of September, codes to test it still have to be shared by the consultant.


## **Priority 1 and 2 Countries**

## **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: 183,671</b> <b>Male: 83,586</b> <b>Female: 100,085</b>	
<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	183,671
<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 rumours received,	N/A	7,622
# of volunteers trained in RCCE/ECV//CSB combined training	219	239
# of people reached with community-based epidemic prevention and control activities	263,456	183,671
# 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	310
# 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	219
% of trained volunteers active in CBS activities	100%	100%
% of CBS alerts which were investigated/ reacted to ( <i>in under 24 hours</i> )	90%	N/A

<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.

**Progress towards Outcome****Risk Communication Community Engagement (RCCE)**

219 volunteers and 20 supervisors were trained on key messages, community feedback systems, including follow-up with community members and data management. Volunteers trained were mobilized for social mobilization (door-to-door, community sensitization, radio programs) and EVD risk communication in N'Zérékoré, Gouéké and Soulouta reached a total of 183,671 people (83,586 men and 100,085 women) in 23,686 households. The combined ECV / RCCE / CBS training of 219 volunteers and 20 supervisors 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 239 volunteers and supervisors between July and October, ensuring their mobilization for the 90 days of active surveillance as soon as training was concluded.

In addition to the combined training, within the Ops Update number 3 and the current Ops Update 7,037 community feedbacks were collected and treated in the database set up by the operation, for a total of 7622 feedbacks.

The production of 4 interactive radio programs (including sidewalk microphones, SMS and calls) and their broadcast on 6 radios with 2 rebroadcasts of each program on each radio covering the entire prefecture of Nzérékoré and Guéckédou is planned between October and December.

**Community-Based Surveillance (CBS)**

A total of 248 people were trained in July on CBS divided as per follow:

- 9 Health centre' managers, of health areas assigned to the NS;
- 20 NS' supervisors
- 219 NS' volunteers divided into 9 sessions.

Out of 239 volunteers and supervisors trained, 205 were provided by CBS kits.

The main subjects discussed during the training were: epidemic surveillance, fixing the system, kobo collect, CBS tools and RCCE. The activity, which suffered from important delays (ref. Ops Update N.3) was implemented with the support of CP3 staff, experienced in CBS. At the end of the time of reporting, a total of 198 alerts were zero, 198 false alerts and 19 other types of alerts were recorded.

Throughout the preparatory phase, as well as the start-up one, the IM Rapid Response accompanied 2 IM personnel from the NS for the establishment of the reporting system and its adoption, correcting eventual errors.

**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 positively confirmed deaths that the Red Cross was alerted for resulted in a successful SDB.

A total of 7 SDB teams, composed by 8 people/SDB team, were trained and equipped as per follow: 2 in Nzérékore, 1 in Guéckédou, 1 in Lola, 1 in Soluta and 3 covering the 8 sous-prefecture of Nzérékore, composed by Bounouma, Kobéla, Koulé, Joropara, Palé, Samoe, Womey and Yalezou. 3 simulations exercises were conducted by the 2 teams in Nzérékoré.

Under the request of partners and stakeholders, the following presentation/demonstration was conducted on:

- post-mortem swab for morgue's personnel in Nzérékoré;
- SDB procedures and swab for community' members in Samoe, Kpalagaly and other sub-prefectures of Nzérékore, along with RCCE activities as per UNICEF and OMS request;
- data collection analysis through Kobo.

Concerning the new outbreak, the NS was called upon to:

- participate in investigations.
- organize briefing sessions for volunteers in neighbouring areas where the MVD case was identified, being a locality not targeted by the operation.

As for swab social acceptance, the possibility of utilizing rapid tests increased the acceptance of community members in comparison with previous periods.

Following the obtention of permits, in July construction works for the operational base in Gouéké, Nzérékoré sub-prefecture started. Until their completion, the NS continues to collaborate with Alima for the disinfection of vehicles at the CTEpi in Nzerekore after every swab or burial in the community.

### Swab EVD Testing

On the base communities' feedback and results of the anthropological study conducted by the ANSS and UNICEF on community resistance to swabs, including delays in proving results from laboratories and failure of swabs, rapid diagnostic kits Oraquick were introduced. This, based on a partnership between CDC Atlanta and IDSS, with the Guinea Red Cross as implementing partners. Meetings between CDC, IDSS, CRG, FICR and OMS allowed to define the composition of teams for health districts:

- 1 investigation team composed by:
  - 1 person in charge of swabbing from the NS;
  - 1 person for the health centre of reference;
  - 1 epidemiologist;
  - 1 laboratory's agent;
- 1 person in charge of RCCE from the NS
- 1 person in charge of hygiene and sanitation from the NS

A total of 85 people were trained of whom 51 from the NS divided between 17 RCCE, 17 hygiene and sanitation and 17 swabs.

Since the beginning of the outbreak, the NS received 1,306 alerts of deaths, out of which 1,077 bodies were swabbed and tested negative. Alerts came from Nzérékoré as well as in a lower percentage from neighbouring prefectures. According to data, from the beginning of August up to the end of the 90 days surveillance period, the NS recorded an increase of swabs. This can be explained by the introduction of the Oraquick test, which results is available in 30 minutes. The increase of tests was also linked with the presentation of the new methods to communities by the organization of sessions by the different actors involved in the operation, as well as of focal point RCCE and SDB/Swab of the NS. Failure in the realization of tests, accounting up to 17% is linked especially to the burial of people before sending the alert, community resistance and fake alert, resistance from the swab team or alerts received by a location outside the intervention area.

In the realization of activities related to this pillar, the NS put in a place few lessons learnt of the previous outbreak under the motto of "zero infection for frontline workers" both in terms of protocol for PPE dress and undress and chemicals to use for disinfection.

### Body washing

80 people in charge of body washing for burials, (59 men and 21 women) of whom 27 from Soluta and 53 from Nzérékoré divided respectively into 2 and 3 groups took part in a body washing session in the framework of the EVD. Objectives of the sessions were to improve the collaboration between community members in charge of burial rituals and Red Cross volunteers and to minimize risks of body washers in case of a positive case for b

The sessions allowed to:

- Analyze possible barriers of resistance to swab from community members and identify joint solutions;
- Involve body washers in the negotiations with graving families in case of resistance to swab;
- Involve body washers in the SDB process;
- Train body washers on body washing and PCI procedures;
- Simulate a case of body washing procedure in case of a community death to test collaboration between body washers and Red Cross volunteers

As a result of the training, body washers confirmed their willingness:

- to support Red Cross in dealing with graving' families to conduct swabs for all community deaths;
- to cascade knowledge acquired to other community members.

Among feedbacks received, a suggestion was given to translate EVD key messages in Arabi to be disseminated at the mosque during prayers.

<b>Outcome 6: The psychosocial impacts of the emergency are lessened</b>		
<b>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>		
# 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>		
<p>PSS activities continue as planned. The data management system set up by the operation allowed to report on the number of people supported with PSS, who by the end of the reporting period was 3,181.</p>		



### Water, sanitation and hygiene

People targeted:

263,457

Male: 131,728

Female: 131,728

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

Indicators	Target	Actual
# of volunteers briefed decontamination and basic IPC	70	46
# of buildings decontaminated by GRC	N/A	157
% of requested decontaminations carried out	100%	100%
<b>Progress towards Outcome</b>		

Disinfection activities are ongoing in collaboration with the Ministry of Health local authorities. Teams respond to calls for disinfecting places where a confirmed / probably case was identified. Within the reporting period, a total of 157 places have been disinfected, including houses, offices, and health centres.



### Protection, Gender and Inclusion

People targeted: 263,456

Male: 131,728


Female: 131,728

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

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

Indicators	Target	Actual
# of volunteers trained on the respect of gender and other 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>	
<i># of cross-border meetings done between the branches</i>	N/A	1	
<i># of cross-border alert systems developed</i>	N/A	N/A	
<b>Progress towards Outcome</b>			
Results of the cross-border meetings were capitalized on the occasion of the new MVD and EVD cases. Staff and volunteers who took part in the meeting organized in March were able to quickly create connections and provide information. No formal alert system has been so far created.			

<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, competencies 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>
<i># volunteers insured</i>	500	500
<i>% volunteers engaged in the action properly trained</i>	100%	100%
<i>% volunteers engaged in the action properly equipped</i>	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	1
<b>Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>		
# start-up mission realized	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  
Internal

# 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	0
-----------------------------------	---	---

#### Progress towards Outcome

In comparison with the [Ops Update n.3](#) the following activities were implemented between July and September 2021:

- launch of refurbishment work for the Red Cross office in Nzérékore;
- transportation of 2 véhicules procured by the operation from Dakar to Guinea;
- 1 CEA Rapid Response delegate in the field at the end of the time of reporting;
- activity plan was revised taking into consideration new outbreaks.

#### Outcome S2.2: The complementarity and strengths of the Movement are enhanced

##### Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.

# NS EVD Plan of action drafted	1	1
---------------------------------	---	---

#### Progress towards Outcome

A Harmonized plan of action presenting the GRC EVD response with the support of the French Red Cross and Federation has been developed. This plan presents 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	1
---	---	---

# communication mission conducted	1	1
-----------------------------------	---	---

#### Progress towards Outcome

All communications support were created with the accompaniment of the 2 Comms Rapid Response deployed between February and April.

#### Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability

##### Output S4.1.2: IFRC staff shows a good level of engagement and performance

# HR in emergency Rapid Response deployed	1	14
---	---	----

##### Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

# Finance and admin Rapid Response deployed	1	1
---	---	---

# Finance and Risk Management mission conducted	1	1
---	---	---

##### Output S4.1.4: Staff security is prioritised in all IFRC activities

# Security mission conducted	1	1
------------------------------	---	---

#### Progress towards Outcome

No updates in comparison to [Ops Update N.3](#)

## 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 volunteers 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	2.0
# SDBs of suspect cases completed	N/A	0
# SDB alerts received	N/A	0
# of drills/exercises conducted by SDB teams# of PSS Call Centers (Target: 2)	2	2
# people reached with RCCE related to EVD in high-risk and border areas	1,494,571	87,400
# 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 volunteers 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
SBD 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 the 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 to 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 forms 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 volunteers 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 volunteers trained in ECV/RCCE (Target: 300)	152	72
% of SDBs suspect cases 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 the 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 reached 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 a tablet for data and information collection, collecting more than 195 pieces of feedbacks;</li> <li>• Participation of 42 volunteers in SDB training 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, Yapleu 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: 1,270,714</b> <b>Male: 63,535,700</b> <b>Female: 63,535,700</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	Not reported
# of operational decisions made based on community feedback	80%	Not reported
# of people reached with community-based epidemic prevention and control activities.	1,300,000	1,270,714
# 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	208,168
# 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>		
As per the EVD Plan of action, all activities were implemented by July 2021. The following main actions include: <ul style="list-style-type: none"> <li>• 20 people took part in a ToT on ECV / PCI / SDB / CREC / PSS and data collection in the context of EVD;</li> <li>• 100 volunteers from the four branches bordering Guinea, were involved in cascade training for 3 days and mobilized for 12 weeks over 3 months</li> <li>• 120 community leaders involved in body washing management in the district of Bamako were oriented on EVD risks, case definition, referral and SDB;</li> <li>• 20 cleaners from the NS were oriented on EVD to improve PCI as a prevention measure;</li> <li>• meetings were organized with the National Centre for Health Information, Education and Communication to elaborate key messages to be used for community sensitization and on radio programs/spots;</li> <li>• 21,706 people were targeted with RCCE at the community level through group sessions, focus groups discussions, door-to-door activities, and 208,168 households ( 1,249,008 people) from messages disseminated through rural radios on epidemic prevention and personal and community hygiene;</li> <li>• sensitization sessions between community leaders from villages at the border between Mali and Senegal were organized to increase communication and exchange of information between communities.</li> </ul> <p>The main lessons learnt by the NS following the implementation of the operation are:</p> <ul style="list-style-type: none"> <li>• Data collection and analysis remains a challenge and needs to be strengthened;</li> <li>• If not established already, surveillance committees at the community level should be set up and linked with Red Cross branches;</li> <li>• Thanks to the operation, the NS increased the number of volunteers with epidemiological and RCCE knowledge to be deployed for future actions.</li> </ul>		

SBD activities are not included in the NS plan of action. As such those reported are based on the internal capacity of the NS.

## P2- Senegal

<b>Health</b> People targeted: 156,000 Male: 78,000 Female: 78,000		
<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
# 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%	Not reported
# 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
<b>Progress towards outcomes</b>		
<p>As per the EVD Plan of action, all activities were implemented by July 2021. The following main actions include:</p> <ul style="list-style-type: none"> <li>• 500 volunteers were recycled/trained on RCCE/EVD;</li> <li>• 125 volunteers were deployed for three months in Ziguinchor, Sédhiou, Kolda, Tambacounda and Kédougou regions (25 volunteers/location) at the border with Guinea, for conducting social mobilization activities. Traditional and community leaders were involved in the activities throughout their implementation;</li> <li>• 13 NDRT specialized in WASH supported volunteers in the implementation of actions;</li> <li>• 2 sensitization sessions/week were organized for three months and conducted together with community members and health centres personnel;</li> <li>• 2 radio emissions on EVD prevention were conducted in each of the targeted locations;</li> <li>• 56,603 people (31,891 men and 24,712 women) were sensitized through household visits</li> <li>• existing community' committees for epidemiological surveillance were reactivated in the five targeted regions of intervention and a system for early detection and referral were set up in 16 departments;</li> <li>• 50 volunteers were mobilized for temperature checking at 10 points of entry</li> <li>• 26 handwashing stations were installed at entry point levels, 10 at health centre levels and 2 distributed to communities close to border crossing points;</li> <li>• 25 sessions on hygiene and sanitation were realized in main gathering places such as mosques, markets, bus and taxi stations. Leaflets and posters produced by the Ministry of Health were used during the sessions and distributed or placed in strategic locations.</li> </ul> <p>A lessons learnt workshop was organized by the NS, with the participation of RC staff and volunteers from the areas of intervention and the headquarter. Discussions focused on coordination mechanisms with authorities both at central and decentralized levels and on the evaluation of activities implementation. The lessons learnt workshop documents has yet to be shared by the NS.</p> <p>SBD activities are not included in the NS plan of action. As such not implemented and not reported.</p>		

## P2 - Guinea Bissau

<b>Health</b>		
<b>People targeted: 152,905</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 volunteers trained on RCCE + ECV + PGI	100	40
# of radio shows and interactive shows on EVD conducted	4	16
# of people reached with community-based disease prevention and health promotion programming	152,905	Not reported
# 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	20
# volunteers supporting screening and//or RCCE at points of entry	100	40
# households reached with key messages to promote personal and community hygiene	25,000	Not reported
# of volunteers insured	208	40
# reviews done on NS epidemic contingency/preparedness	1	0
<b>Progress towards outcomes</b>		
<p>As per the EVD Plan of action, all activities were implemented by July 2021. The following main actions include</p> <ul style="list-style-type: none"> <li>• 40 volunteers were recycled/trained on RCCE/EVD/IPC and mobilized in Gabu et Tombali, at the border with Guinea, characterized by cross borders movements for exchange of services and goods;</li> <li>• 200 hygiene kits were provided and distributed to communities;</li> <li>• 100 leaflets and posters were produced and either distributed or placed in strategic locations;</li> <li>• 60 campaigns to raise awareness on EVD were conducted on marketplaces, schools, health centres and bus stations, in addition to 40 focus group discussions with community members;</li> <li>• 16 radio emissions and 357 radio spots were conducted;</li> <li>• 10 meetings were realized on EVD risk and prevention measures with each of the following groups: i) local authorities, ii) community and religious leaders; ii) women and youth associations' representatives, iv) drivers, especially those realizing cross-border transportation;</li> <li>• 20 people in charge of community-based surveillance were mobilized to support activities in the field.</li> </ul> <p>Main lessons learnt from the NS include:</p> <ul style="list-style-type: none"> <li>• volunteers who were engaged in the 2014 EVD outbreak, needed complete training and not only refresher sessions on EVD, especially to recall notions on signs and symptoms of EVD;</li> <li>• simulations exercises on RCCE activities during the training, helped volunteers in providing each other feedback and to learn new sensitization techniques;</li> <li>• the involvement of community members in RCCE activities, such as through the organization of community theatres or in sharing personal experiences, allowed to capture the attention of community members making RCCE session more effective;</li> <li>• RCCE activities allowed at the same time to discuss stigmatization and wrong believes on EVD;</li> <li>• Data collection and analysis remains a challenge and needs to be strengthened.</li> </ul> <p>SDB activities are not included in the NS plan of action. As such not implemented and not reported.</p>		

## C. Financial Report

The overall funding requirement for the Appeal is CHF 8.5 Million. The overall funding coverage CHF 1,709,452 which represents 20% funding. **The appeal has a funding gap of CHF 6,790,548.**

## 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)

### IFRC Sahel Country Cluster Delegation:

- Daniel Bolaños, Head of Sahel Country Cluster; phone: +221 77 740 4661 email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org);
- Anna Cerutti, Disaster Management Coordinator, Sahel Cluster Delegation, +221 778197402 email: [anna.cerutti@ifrc.org](mailto:anna.cerutti@ifrc.org)

### IFRC office for Africa Region:

- Adesh Tripathy, Head of DCPRR Department, Nairobi, Kenya; phone +254 731067489; email: [adesh.tri-pathy@ifrc.org](mailto:adesh.tri-pathy@ifrc.org)

### In IFRC Geneva:

- 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	2021/2-9	Operation	MDREBOLA21
Budget Timeframe	2021-2022	Budget	APPROVED

Prepared on 02 Dec 2021

All figures are in Swiss Francs (CHF)

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

Operating Timeframe: 17 Feb 2021 to 19 May 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	5,250,000
AOF5 - Water, sanitation and hygiene	850,000
AOF6 - Protection, Gender & Inclusion	108,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	604,000
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	373,000
SFI4 - Ensure a strong IFRC	1,315,000
<b>Total Funding Requirements</b>	<b>8,500,000</b>
<b>Donor Response* as per 02 Dec 2021</b>	<b>1,709,452</b>
<b>Appeal Coverage</b>	<b>20.11%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	8,738	-8,738
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	1,138,828	884,122	254,707
AOF5 - Water, sanitation and hygiene	71,385	6,201	65,185
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	302,141	188,939	113,203
SFI2 - Effective international disaster management	636,050	379,069	256,981
SFI3 - Influence others as leading strategic partners	27,685	17,915	9,770
SFI4 - Ensure a strong IFRC	176,257	69,588	106,669
<b>Grand Total</b>	<b>2,352,347</b>	<b>1,554,572</b>	<b>797,775</b>

## III. Operating Movement & Closing Balance per 2021/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,124,002
Expenditure	-1,554,572
<b>Closing Balance</b>	<b>569,429</b>
Deferred Income	288,599
Funds Available	858,028

## IV. DREF Loan

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

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/2-9	Operation	MDREBOLA21
Budget Timeframe	2021-2022	Budget	APPROVED

Prepared on 02 Dec 2021

All figures are in Swiss Francs (CHF)

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

Operating Timeframe: 17 Feb 2021 to 19 May 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	169,471				169,471	288,599	
<b>Total Contributions and Other Income</b>	<b>1,424,002</b>	<b>0</b>	<b>0</b>	<b>700,000</b>	<b>2,124,002</b>	<b>288,599</b>	
<b>Total Income and Deferred Income</b>					<b>2,124,002</b>	<b>288,599</b>	