

Emergency Appeal Operation Update

Ebola Virus Disease Emergency Appeals (Liberia, Sierra Leone, Guinea, Nigeria, Senegal and Africa Coordination)

4 November, 2014 - Combined Ebola Operations Update N° 7

Summary

IFRC supports National Societies with international emergency appeals to combat Ebola in Guinea, Liberia, Sierra Leone, Nigeria and Senegal. The appeals employ a 5 pillar approach spelled out in an Ebola regional framework, comprising: (1) Beneficiary Communication and Social Mobilization; (2) Contact Tracing and Surveillance; (3) Psychosocial Support; (4) Case Management; and (5) Safe and Dignified Burials (SDB) and Disinfection. In addition, a regional appeal was launched to accommodate multi-country support needs. IFRC also continues to support smaller preparedness and



Poor understanding and inadequate communication are the key factors that continue to fuel the spread of Ebola. A volunteer of the Liberia Red Cross Society is seen educating community members about the Ebola outbreak /IFRC

response operations financed under its Disaster Response Emergency Fund (DREF) in Mali, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Chad, Gambia, Kenya and Guinea Bissau and now Ethiopia, making a total of 16 countries that have emergency operations relating to this outbreak.¹

On 29 October the World Health Organization (WHO) stated that the rate of new Ebola Virus Disease (EVD) infections in Liberia appears to be slowing down, as evidenced by the number of empty beds in treatment centres, the declining number of burials and plateauing lab confirmations. However, this is no cause for celebration as the disease is still raging in parts of the country and also in neighbouring Sierra Leone and Guinea and hence there is a risk that the decline in Liberia won't be sustained. Neither does it mean that the disease is under control in Liberia itself, as Ebola has the potential to appear in waves. Red Cross figures show new deaths are still increasing in areas outside Monrovia.

In another development, as part of an international response to the EVD epidemic in West Africa, Switzerland's drug regulator recently approved the testing of an experimental Ebola vaccine on 120 healthy volunteers. The volunteers are health-care workers who will be expected to work on medical teams in Liberia, Sierra Leone and Guinea. Other similar trials are currently ongoing in the U.K., U.S. and Mali.

IFRC is in the process of establishing a regional hub in Accra, Ghana. The status agreement with Ghana is being reactivated to make sure that the Federation has offices there. This move is strategic as the United Nations Mission on Ebola Emergency Response (UNMEER) is based in Accra. This will make coordination efforts with UNMEER and other partners easy.

¹ An operation in Democratic Republic of Congo was launched to combat the separate Ebola outbreak that is not part of the West African outbreak.

Last week, IFRC held meetings with some Partner National Societies (PNS) regarding scale-up of operations in the most affected West African nations. German Red Cross, together with Canadian Red Cross have carried out assessments in Liberia and Sierra Leone. German Red Cross has plans of putting up an Ebola Treatment Centre (ETC) in Liberia. In Sierra Leone, they will increase support to the IFRC ETC in Kenema. Canadian Red Cross has no plans of putting up an ETC but will continue supporting Kenema ETC.

French Red Cross will open up an ETC in Macenta, Guinea with an initial 20 beds to be scaled to a 50 bed capacity. The proposed opening date for this facility is 15 November.

Operation Updates

	Operational Countries and Appeals					
	GUINEA	LIBERIA	SIERRA LEONE	NIGERIA	SENEGAL	TOTAL
	(MDRGN007)	(MDRLR001)	(MDRSL005)	(MDRNG017)	(MDRSN010)	
Cumulative Cases	1,675	6,454	4,487	21	1	12,638
Cumulative Health Care Worker Deaths	46	146	101	5	-	298
Cumulative Deaths	1,022	2,609*	1,429	8	0	5,068
Fatality rate	61%	40.4%	32%	38%	0%	
Safe and Dignified Burials(SDB) conducted by NS	1,203	2,292	909	0	-	4,404
Trained RC volunteers active in Ebola	1,898	3,719	1,864	184	80	7,745
Contacts traced by NS	6,449	17,445	25,217	891	75	50,077
Houses disinfected by NS	16,451	289	1,882	14		18,636
People reached through social mobilization	959,846	556,927	812,089	723,955		3,052,817
People reached through Psychosocial support	487	1,088	4,984	290		6,849
People treated by NS (Kenema)	NA	NA	169	NA	NA	169

NA= Not applicable- Treatment currently only in Sierra Leone

Source: WHO Sitreps, Ministries of Health (Guinea, Liberia, Sierra Leone, Nigeria, Senegal) and IFRC

*Figure has gone down as a result of revision of Liberia statistics

Liberia

The rate of new Ebola infections has been slowing down according to WHO. Empty beds in treatment centres, fewer burials taking place and plateauing laboratory confirmations all point to a possible decline in infections. The epidemic is far from over, WHO cautioned. This decline could be short-lived, as Ebola is known to appear in waves. Furthermore there is still widespread and intense transmission in some hotspots in the country, parts of the neighbouring Sierra Leone, and Guinea, which increases Liberia's risk because of the porous borders.

Currently in Liberia, there is a 760 bed case management capacity. There is free capacity in Monrovia and elsewhere. The epicentre of the outbreak still remains as Montserrado and Margibi. On average, 150 bodies are being retrieved weekly.

Communities are increasingly resisting cremation and still prefer the traditional way of interring the remains of their loved ones. In response to this, Liberian Red Cross and the communities are looking for cemetery land where water levels are low. LRCS continues to engage the community in SDB, community protection and burial grounds.

German Red Cross is in the country and has made a commitment to establish an ETC in the shortest time possible. A Memorandum of Understanding (MoU) with Global Communities yet not finalised. Nevertheless, working modalities have already been established.

The operation is faced with challenges in human resource recruitment, particularly for emergency health delegates mainly due to unwillingness of candidates to apply and unqualified applications. Also, the rapidly evolving nature of the emergency keeps overtaking resources availed by the government and international partners.

Social mobilisation

The LNRCS has so far reached a total of 556,927 people (Male 256,096 and Female 300,851) and a total of 75,050 households since it began its interventions in the communities. The total number of people reached during the reporting period were 36,701 (Male 17,311 and Female 19,390) while the total households covered were 8,311.

Contact tracing and surveillance

- Meetings with contact tracing teams at Ministry of Health to facilitate flow of data
- Swab results not given out to families, which is putting the SDB teams in a difficult situation
- CDC working on verifying negative results. There is a concern about false negatives.
- WHO will be doing cardiac puncture samples on Saturday for comparison.
- Scaling up of contact tracing teams in progress.

Safe and Dignified Burials and Disinfection of Houses

- 94 bodies were collected from Saturday 25 October to Wednesday 29 October.
- Mobile data collection is in process.
- Swabs are being collected and transferred to CDC lab.
- Burial site working group in place and working on social mobilisation with help of community leaders.

Sierra Leone

Social Mobilization and Beneficiary Communication

The Social Mobilization pillar in EVD response in Sierra Leone is getting more organized both at national and district levels with the support of UNICEF who are leading the Social Mobilization pillar with the Ministry of Health and Sanitation (MoHS). For now, SLRC/IFRC have scaled up in 7 operational areas (Kailahun, Kenema, Bo, Port Loko, Makeni Western area Urban and Western area Rural). 210 volunteers have been mobilized to carry out large-scale awareness-raising and house-to-house sensitization sessions with a focus on children regarding the key hand washing messages.

For a better impact of sensitization in the community, the Mothers Clubs and Youth groups of SLRC's community-based health programme program will be used as an entry point to the community.

51,843 community members were reached with Ebola prevention messages in October.

Contact Tracing and Surveillance:

Data collection and coordination remain challenges in surveillance and contact tracing. The last week SLRC and IFRC participated in the first meeting with the participation of UNFPA, UNICEF, WHO, Concern, GOAL, MSF Spain, FAO, Poverty-Action, Health for all coalitions, Mission ACF and MOH representatives in the surveillance pillar. The objective was to identify who is doing what and where and to establish a

coordination mechanism among these organizations in the field. 261 volunteers have been trained in contact tracing in Bombali, Port Loko, Western Urban and Western Rural.

Psychosocial Support:

4,984 beneficiaries including community members, RC staff and volunteers have been reached with psychosocial support services in Kailahun, Port Loko and Bombali since July. 261 volunteers are involved in PSS activities

Case Management in Kenema IFRC ETC

Cumulative Admissions	169
Cumulative Deaths	76
Cumulative Discharges	58
Cumulative Transfers	10

Personnel in Kenema IFRC ETC

Personnel	Expatriate	National
Nurses	7	30
WatSan	5	63
Clinicians	2	0
Support staff	2	29

The current Red Cross partners include; CRS, MOH, UNFPA, WHO, UNICEF, CDC, CARE, CAWEC, NETHIPS and CORDSL

Safe and Dignified Burials and Disinfections:

So as to reduce chances of infection through unsafe burial practices, an estimated 90 SDB teams are required countrywide. As per UNMEER guidelines, each burial team should be composed of approximately 9-12 members including handlers, sprayers, drivers and a beneficiary communications volunteer. Currently there are 22 IFRC active SDB teams to be increased to 29 in a week's time. We are continuously scaling up efforts to increase this number.

SDB pillar coordination will be started in Freetown. It will be run by MoHS and Sierra Leone Red Cross Society.

156 volunteers in 8 districts were trained on safe and dignified burials along with 20 beneficiary communication personnel and 9 officers. 20 more volunteers will be trained next week. The total number of active SDB teams is currently 22 but will increase to 29 teams by next week.

From 17 July to 31 October, a cumulative total of **909 burials** have been carried out by Red Cross in six districts. No volunteer or staff member has become infected.

Districts	Burials Conducted	Starting date
Kailahun	412	17 July, 2014
Western Urban	273	13 Sept. 2014
Western Rural	99	18 Oct., 2014
Port Loko	73	14 Oct., 2014
Bombali	33	19 Oct., 2014

Bo	19	24 Oct., 2014
TOTAL	909	

An increasing workload is being experienced in Western District and Western Rural. To better coordinate RC activities with other agencies, SLRC has placed a staff member in the Command Centre situated at the British Council.

Operational capacity is being greatly enhanced by arrival of vehicles.

Disinfection is done every time a dead body is retrieved from a home. 357 houses were disinfected this week.

Guinea

The Red Cross of Guinea has been conducting safe and dignified burials across the country since April. There are currently 41 active burial teams. In October four new teams, in Yomou, Lola and Baila, in the Guinea Forest area, were trained in the safe and dignified burial (SDB). Training of new teams will continue until a target of 70 burial teams is reached by December 2014.

Scale up of interventions is ongoing and efforts are being made to improve coordination with the National Society. Some gains are being made in addressing lingering resistance from some communities in Guinea. In Dandano, a village in Macenta prefecture, Guinea Red Cross outreach teams were allowed to conduct outreach activities and to transport 3 suspected cases to a treatment centre. Other areas where Community reluctance has reduced include Koropara village in Nzérékoré Prefecture –where investigation of 13 community deaths was carried out and two suspected cases were transported to Gueckédou treatment centre.

Human resources remains a huge challenge as it is getting increasingly difficult to recruit some key functions like technical support in logistics, coordination, training facilitators and supervisors to oversee and manage the huge number of volunteers currently on the ground. There is also need for competent staff to train and oversee volunteers engaged in SDB and sick patient transportation (SPT). SDB and SPT are the most dangerous activities the Red Cross is performing country-wide in terms of risk of contamination and requires heavy logistics and material needs in body bags, disinfectants and personal protection equipment (PPE).

Beyond HR needs, there is also a need for more vehicles with more 4x4 pick-ups (for SDB) and ambulances (for SPT) and additional vehicles for coordination and supervision work. Ideally the need would be to have 4 vehicles for the burial and patient teams and one for supervision and coordination for each of the 17 districts. The Guinea Emergency Appeal is currently being revised to cater for the scale –up.

Social mobilization and beneficiary communication.

- 23,859 community members mobilized in the week
- 261 volunteers involved in social mobilization during the week

Contact tracing and surveillance

- 198 contacts traced and monitored during the week

Psychosocial support

- 80 individuals including 26 staff and volunteers benefited from psychosocial support

SDB and disinfections

- **119** safe and dignified burials conducted during the week. **60** from the treatment centres and **59** from the community
- **40** houses disinfected during the week

Trainings conducted by Guinea Red Cross society in conjunction with IFRC as at 28 October

Type of training	Number of volunteers trained
Social mobilization	1,139
Safe and dignified burials and Disinfections	393
Case finding and contact tracing	75
PSS and economical support	233
Sick Patient Transportation (SPT)	36
Interactive Radio	22
Broadcasts/Beneficiary Communication	
Total	1,898

Nigeria

On 20 October, WHO declared Nigeria Ebola-free after six weeks with no new cases reported.

Beneficiary Communication and Social Mobilization:

- Continuous social mobilization and sensitization on infection control and prevention will continue
- A total of 723,955 people were reached through market rallies, house to house and street outreach.

Contact Tracing and Surveillance:

- No further cases in the country and no contacts being followed up
- 58 volunteers are working at the international airport in Lagos carrying screening of in-bound and outbound passengers

Psychosocial Support:

- A Training of Trainers (ToT) is planned for to train 35 people in 10 States.
- All 184 active volunteers and staff involved in the Ebola operation receive regular counselling and stress management sessions. The federal government is providing high level psychosocial support to the survivors and relatives of the deceased.
- A total of 290 people including survivors, family members of survivors and family members of the deceased received psychosocial support from trained Red Cross volunteers.

Senegal

As previously reported, the monitoring of 75 contacts ended after 21 days. The last contact of Senegal's single confirmed case of Ebola virus disease completed the requisite 21-day monitoring period, under medical supervision and tested negative for the virus. On 17 October, WHO officially declared Senegal Ebola free. While the outbreak in Senegal is currently considered contained, risk analyses define Senegal as a high-risk country and continued strengthening of response capacity and preparedness is vital for an early and effective response to potential new cases.

IFRC's [Emergency Appeal](#) launched in September supports the Senegalese Red Cross Society to respond to the ongoing Ebola outbreak risk through information and communication, education, awareness raising, social mobilization, psychosocial support, and regional collaboration.

Voices from the frontlines of the Ebola fight:

Interview with Lucy Senesie, a forty year old Sierra Leonean nurse working at the IFRC Ebola Treatment Centre in Kenema.



I am a nurse. We take care of sick people, those infected with Ebola. We nurse them, give them medication, and try as much as possible to see that they make it through their illness.

The personal protective equipment (PPE) is not an option. We have to wear it. We work in the high risk area and we have to protect ourselves. It's very hot being in that gear, but this is standard procedure in this epidemic. You just have to if you want to protect yourself. It's not really easy.

Why I decided to come and work here is because one, Sierra Leone is my country. This disease is destroying my brothers and sisters. And it is my job to save lives of the sick. That is my job. That's why I took the chances and risked my life to come and save my people from this scourge.

In the beginning I was afraid and uncertain. But as time goes by, you get used to it. When you heard the term Ebola and saw how it felled some of our colleagues –doctors, nurses and other health care workers you just had to be afraid and wished to keep off.

We work as a team here. Teamwork is what keeps us going. When you are not properly dressed, your co-worker will say to you, "Man, you are not properly dressed, get out" Or when something goes wrong, you call on your colleague. Patients will often yell and cry out, "Come to my aid, come and help, I need your help" But before you go to the patient's rescue, you have to check with your colleague if you are safe. You have to think of your safety first.

How does your family feel about you working here?

Ah, they don't feel good about me really, but sometimes my elder son says "Mommy that is your job, you just have to do it. The only thing we can do is pray that God's grace be upon you. You need God's protection."

After I took up the job, I was asked by my landlady to vacate my house for the safety of my children and others. Though I felt bad at first after leaving my family behind I have no hard feelings now since I did it for the safety of my own children and others.

The hardest part has been seeing my fellow citizens suffering and dying. That is the hardest part really. When I come here, I see every day the dead, and others suffering, that is the hardest part.

What is it like when you have survivors leave the ETC?

That's great news for us. It just shows to the public that the Red Cross, the international and the national staff are really doing their best to see that the epidemic comes to an end and see our people getting well. All this will soon be over by the grace of God.

Funding

	GUINEA	LIBERIA	SIERRA LEONE	NIGERIA	SENEGAL	AFRICA coordination and preparedness	Total
	(MDRGN007)	(MDRLR001)	(MDRSL005)	(MDRNG017)	(MDRSN010)	(MDR60002)	
TOTAL AMOUNT SOUGHT:	8,752,366	8,387,155	40,396,719	1,619,444	1,380,962	2,893,667	63,430,313
TOTAL RECEIVED TO DATE:	5,390,481	5,969,361	14,899,927	634,760	46,250	1,587,945	28,528,724
APPEAL COVERAGE TO DATE:	62%	71%	37%	39%	3%	55%	45%

Multilateral donors to IFRC Ebola appeals

American Red Cross
 Australian Government
 British Red Cross
 British Red Cross (from British Government)
 China Red Cross Hong Kong branch
 Danish Red Cross
 Danish Red Cross (from Danish Government)
 European Commission - DG ECHO
 Finnish Red Cross
 French Red Cross
 Icelandic Red Cross
 Japanese Government
 Japanese Red Cross Society
 Luxembourg (private donors)
 Norwegian Red Cross
 Qatar Red Crescent Society
 Red Crescent Society of Islamic Republic of Iran
 Red Cross of Monaco
 Sime Darby Berhad
 Swedish Red Cross
 Switzerland (private donors)
 Taiwan Red Cross Organisation
 The Canadian Red Cross Society
 The Canadian Red Cross Society (from Canadian Government)
 The Netherlands Red Cross (from Netherlands Government)
 The Republic of Korea National Red Cross
 Tullow Guinea Limited
 United States Government - USAID

Contact information

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

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Saving lives, changing minds.



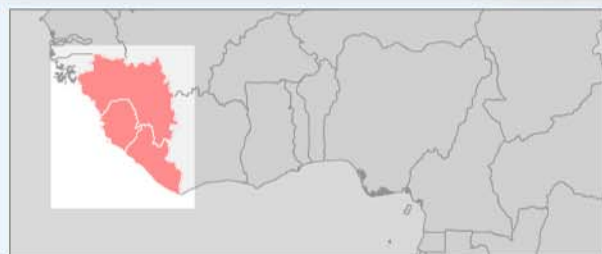
The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

West Africa Ebola Outbreak

Movement Restrictions

28 October 2014



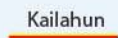
Border crossing:
Closed / Open



Closed international country border



Quarantined counties or districts
(Counties in Liberia; districts in Sierra Leone)



Cross-border isolation zone



Airports with suspended flights and
ports with limited and monitored entry




Movement restrictions below the county/district level (chiefdoms and towns) are not shown on this regional map. See country level maps for details.

Map sources: GADM, OpenStreetMap and Logistics Cluster

Movement restrictions information: based on local news reports and government statements as detailed in <http://goo.gl/zplmSy>

Data is partial and subject to change as more information becomes available.



 International Federation
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Glide # EP-2014-000039-SLE



Guinea

- Non-specific 'cordon sanitaire' since 13 August and ban announced on moving bodies between towns.
- Health workers attacked and killed by locals in Womely, Nzérékoré.
- Macenta City has restricted entry and exit.

Sierra Leone

- New law since 22 August forbids the harbouring of Ebola victims with maximum jail sentence of two years.
- New law since 29 August imposes six month jail sentence for entering or leaving Ebola-affected area without medical authorisation.
- A standard procedure for enforcing quarantines has been approved involving the training of 4000-5000 enforcement officers.

General Context

- Aid and aid workers have no restrictions.
- Schools remain closed in Guinea, Liberia and Sierra Leone.
- State of emergency declared in both Liberia and Sierra Leone on 1 August with closure of schools, markets and any public or mass gatherings.
- On 1 August, Guinea, Liberia and Sierra Leone agreed to impose a cross-border isolation zone at the epicentre of the outbreak.

Liberia

- Nationwide curfew of 23:00-06:00.
- Aid workers attacked in Boegeezay Town, River Cess on 24 October.
- New law since 3 October criminalising the concealment of people with Ebola.
- As of 13 October, around 60 percent of markets outside Monrovia are closed.
- All non-essential workers ordered to stay at home since 6 August.

West Africa Ebola Outbreak

Sierra Leone Movement Restrictions

28 October 2014



Closed border crossing



Closed international country border



Quarantined district



Quarantined chiefdom



Quarantined settlement



Airport with suspended flights



Port with limited and monitored entry




Map sources: GADM, OpenStreetMap and Logistics Cluster

Movement restrictions information: based on local news reports and government statements as detailed in <http://goo.gl/zplmSy>

Data is partial and subject to change as more information becomes available.



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Glide # EP-2014-000039-SLE

General Movement Restrictions Context

- A standard operating procedure (SOP) for enforcing quarantines was approved on 16 October and involves training 4000-5000 enforcement officers.
- New law since 29 August imposes six month jail sentence for entering or leaving Ebola-affected areas without medical authorisation.
- New law since 22 August forbids the 'habouring' of Ebola victims with maximum jail sentence of two years.
- State of Emergency declared on 1 August leading to the closure of schools, markets and any public or mass gatherings.
- International flights to and from Sierra Leone have been restricted by 21 countries.
- International ports in Ivory Coast, Senegal and Gabon have closed their sea border to ships from Sierra Leone.

Port Loko, Bombali and Moyamba Districts
Quarantined by government since 25 September. Corridors for travel to and from non-quarantined areas have been established but will only operate between 09:00 and 17:00.

Chiefdoms
6/11 in Port Loko, 4/13 in Bombali and 3/14 in Moyamba Districts
Quarantined by government since 25 September. Residents must not travel to any other chiefdom until further notice.

Pehe Bongre Chiefdom
Local villages imposing own methods of quarantine.

Kenema and Kailahun Districts
Quarantined by government since 7 August. Blocking cars from moving in and out of affected areas. Sixteen checkpoints on major roads and foot patrols.

