FINAL REPORT

Multiple Countries | Viral Haemorrhagic Fever Outbreaks, Preparedness and Response

Emergency appeal №: MDREBOLA21 **First launched on:** 19/02/2021 **Revised on:** 27/09/2021	**Glide №:** EP-2021-000016-GIN
Final report issued on: 09/04/2024	**Timeframe covered by final report:** From 19/02/2021 to 19/05/2022
Number of people targeted: 290,000 people (affected areas); 9,2 million people (at-risk areas, including neighbouring countries)	**Number of people assisted:** 183,671 (affected areas) 1,456,612 (at-risk areas) - Sierra Leone (87,400); Liberia (10,840); Cote d'Ivoire (31,055); Mali (1,270,714); Senegal (56,603)
Funding coverage (CHF): 1,659,871(19.53%) IFRC Secretariat: CHF 8.5 million	**DREF amount initially allocated:** CHF 990,210

Guinea, Nzérékoré, A Red Cross volunteer shares messaging on the Ebola virus with a local community. Photo credit: Anette Selmer-Andresen, Norwegian Red Cross.

A. SITUATION ANALYSIS

Description of the Crisis

Timeline

12 February 2021: Suspected Ebola Virus Disease (EVD) cases reported in Guinea.

14 February 2021: Health authorities in Guinea declared an outbreak of EVD in the rural community of Gouécké in N'Zérékoré prefecture after three cases were confirmed.

17 February 2021: CHF 990,210 were allocated from the IFRC Disaster Relief Emergency Fund (DREF) to support the Red Cross Society of Guinea to scale-up its response efforts in the affected area and for preparedness activities in Côte d'Ivoire, Liberia, Sierra Leone, Mali and Senegal.

19 February 2021: IFRC issued Emergency Appeal for CHF 8,5 million to assist 424,000 people and reduce the risk for 7,52 million people in at-risk areas, including neighbouring countries.

8 May 2021: After the successful containment of the EVD outbreak, WHO and the Guinea Ministry of Health announced the beginning of the 42-day countdown to declare the end of the EVD Outbreak. **On the same day**, a case of **Lassa fever** was reported at the Yomou prefecture hospital in Guinea.

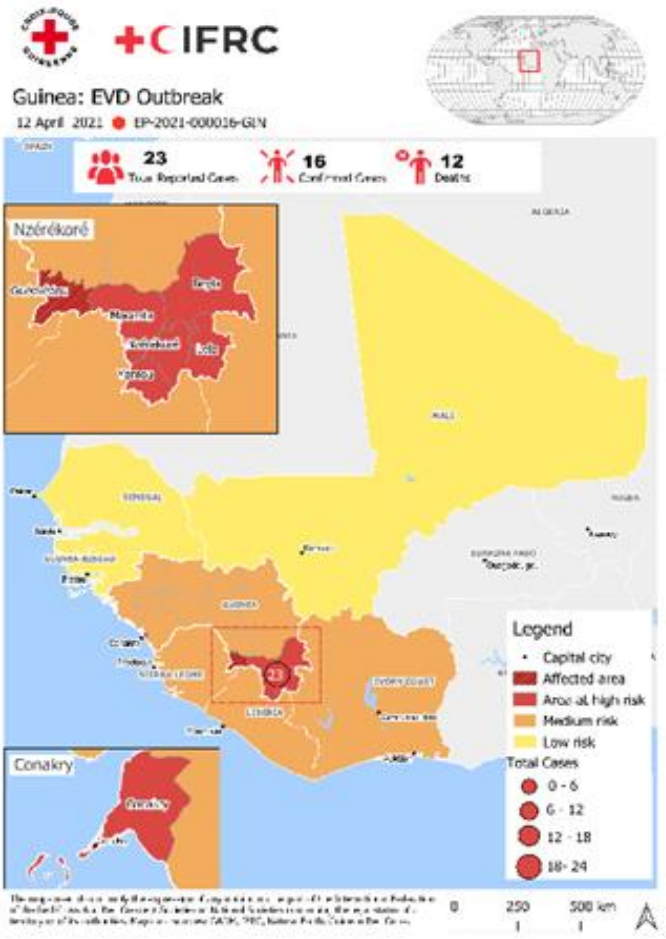
19 June 2021: The Government of Guinea declared the end of the EVD outbreak.

6 August 2021: The Ministry of Health of Guinea informed WHO of a reported case of **Marburg Virus Disease (MVD)** in the Guéckédou prefecture, in the N'zérékoré region of southwestern Guinea.

16 September 2021: The Government of Guinea declared the end of the MVD outbreak.

27 September 2021: IFRC issued a Revised Emergency Appeal for CHF 8,5 million to assist 290,000 people in areas affected by Viral Haemorrhagic Fevers (VHF) outbreaks and reduce the risk for 9,2 million people in at-risk areas, including neighbouring countries.

Ebola Virus Disease (EVD) Outbreak



On 14 February 2021, a confirmed case of Ebola Virus Disease (EVD) was reported in Guinea, with probable cases dating back to at least January 2021. The cases were reported within the same family, who attended the burial ceremony of a nurse from Gouécké Health Centre. The nurse passed away on 28 January 2021 and was buried on 1 February 2021.

The Government of Guinea declared a new outbreak of EVD, bringing back memories of the 2014 – 2016 epidemic in West Africa, the largest and most complex Ebola outbreak since the virus was discovered in 1976. At that time, the epidemic killed more than 13,000 people and spread across countries, starting in Guinea before moving across Sierra Leone and Liberia. The 2021 EVD outbreak thus generated immediate concern among humanitarian actors, who mobilized in the first hours of the crisis to support the response.

The outbreak was initially centered in Gouécké, located 42 kilometers from central N'zérékoré, with a population of 23,458 inhabitants in 3,364 households. One of the suspected cases was transported to Conakry Hospital without isolation procedures, which raised concerns about possible nosocomial transmission and spread during transportation. While contact tracing and isolation of suspected cases were implemented, unidentified chains of transmission and contacts posed risks of further spread. Prefectures most at risk included Guékédou, Macenta, Lola, Yomou, and Beyla, all part of the Guinea Forestière region. Significant cross-border movement (combined with weak border surveillance systems), traditional burial practices, and poor hygiene conditions all increased the risk of the virus spreading across the region, and beyond.

Although the last confirmed EVD case was discharged and left the Epidemiological Treatment Centre on 23 April 2021, the 42-day countdown did not start on that day, but on 8 May 2021. Since the whereabouts of another case identified on 1 April 2021 (M22) were still unknown, it was impossible to confirm that the entire chain of transmission had been identified. Authorities therefore decided, following recommendations from WHO and other humanitarian partners, to add 40 days to the date M22 was last seen to start the official countdown, effectively starting the 42-day countdown on 8 May 2021. On 19 June 2021, WHO and the Government of Guinea declared the end of the EVD outbreak in the country.

However, on 14 August 2021, the Ministry of Health of Côte d'Ivoire reported a new EVD case in Abidjan, the first case of Ebola in the country since 1994. Testing was initially completed by the Institut Pasteur of Côte d'Ivoire. Further testing was then conducted by the French National Reference Centre for Viral Haemorrhagic Fevers in Lyon, France. On 31 August 2021, the government of Côte d'Ivoire informed WHO that samples collected from the patient and tested in Lyon revealed no evidence of the virus, thus putting an end to the alleged outbreak.

Marburg Virus Disease (MVD) Outbreak

On 6 August 2021, the Ministry of Health of Guinea reported a case of Marburg Virus Disease (MVD) in the Guéckédou prefecture, part of the Nzérékoré region. This represented the first known case of MVD not only in Guinea but in all of West Africa. Bats from a nearby cave were suspected of transmitting the virus to humans,

though this could not be confirmed. 173 close contacts, including the health centre personnel who treated the MVD patient, were traced and monitored. One close contact could not be located.

The village where the MVD case was reported sits 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 increased the risk of cross-border spread. Health authorities in Sierra Leone and Liberia activated contingency plans and enforced public health measures at points of entry with Guinea. Potential transmission of the virus between bat colonies and humans also represented an increased risk for cross-border spread. All factors pointed to a high risk at the regional level, requiring an immediate and coordinated response, with support from international partners.

The Ministry of Health of Guinea declared the end of the MVD outbreak on 16 September 2021. Following WHO recommendations, the declaration was made 42 days after the safe and dignified burial of the only reported case.

Lassa Fever Outbreak

The first case of Lassa fever was reported on 8 May 2021 in Guinea, in the Yomou prefecture hospital. The patient, a Yomou resident, also contracted COVID-19 and later died. 88 close contacts were traced; no secondary cases were found.

Two other cases were later reported in the Nzérékoré region of Guinea, on 17 June 2021 and 17 August 2021. Neither patient survived. 111 closed contacts were traced for the 17 June case, and 120 for the 17 August case. No secondary cases were found for either event. Nevertheless, contact tracing efforts were scaled up in the Yomou and Nzérékoré prefectures, and border closures were implemented to reduce the risk of the virus spreading to neighbouring countries. A total of 8 confirmed cases were reported in Guinea, with a total of 7 deaths.

Summary of Response

The focus of the response, starting in February 2021, was initially on containing the spread of the Ebola outbreak. The end of the EVD epidemic, officially declared in June 2021, as well as the start of new viral haemorrhagic fever (VHF) outbreaks in Guinea, later led to a shift in priorities. Resources were redirected to not only respond to the emergency, but also to scale up readiness, preparedness, and cross-border coordination.

Guinean Red Cross Society

At the request of the Government of Guinea, the Guinean Red Cross Society (GRCS) performed a range of activities, such as:

- Management of Safe Dignified Burials (SDB)
- Household and public disinfection
- Risk Communication and Community Engagement (RCCE) in affected and at-risk communities
- Psychosocial Support (PSS) for infected and affected people.
- Contact tracing and Community-Based Surveillance (CBS)
- Water, Sanitation, and hygiene (WASH)

Following the declaration of the end of the EVD outbreak on 19 June 2021, the National Society moved from response activities to preparedness interventions, focused on surveillance. The GRCS plan of action was modified to ensure NS's presence in the field for 90 days of strengthened surveillance. The IFRC also supported the revision of the Emergency Appeal to scale up preparedness, readiness, and response activities to all Viral Haemorrhagic Fever (VHF) outbreaks (Ebola Virus Disease, Marburg Virus Disease, and Lassa Fever) in Guinea.

Moreover, following the MDV outbreak in Guéckédou, the Government requested the GRCS join the Investigation Commission and perform contact tracing, swabbing, SDB management, RCCE, disinfection, and provision of PSS. The GRCS reoriented resources to address the new outbreak, as well as to increase readiness in Labé and the surrounding area. In both Guéckédou and Labé, the National Society integrated lessons learned from the EVD

operation into operational strategy design and implementation: efforts were deployed to reinforce local branches' capacity in terms of SDB management, swabbing, community health, and RCCE, and to strengthen cross-border coordination with neighbouring National Societies through meetings, identification of focal points, and exchanges on intervention strategies and best practices.

This focus on capacity building continued throughout 2021 and 2022: the GRCS intensified training of volunteers on SDB management, swabbing, and RCCE, and organized simulation exercises on SDB management and swabbing in targeted zones (Faranah, N'zérékoré, Beyla, Macenta, Lola, Guéckédou and Yomou). Preparedness levels were also effectively increased through the inauguration of an operational base in Gouécké and the prepositioning of SDB kits in the seven previously mentioned targeted zones. Additional trainings of community members on body washing were also completed. During that period, engagement with communities was strengthened through community dialogues with local leaders and youth.

A peer support system with IFRC was established during the first phase of the response, resulting in coordination and implementation being completely handed over to the National Society by June 2021. Only the Information Management (IM) component of the operation continued to be supported for a longer period, before being entirely assumed by the GRCS.

National Societies in Neighbouring Countries

Côte d'Ivoire Red Cross Society

The National Society in collaboration with various stakeholders embarked to enhance sensitization and prevention measures against Ebola Virus Disease (EVD) across targeted communities. Below are some of the activities conducted:

- **Collaboration with the Ministry of Health:** The NS collaborated with the Ministry of Health to distribute fliers, enhancing sensitization activities within communities.
- **Sensitization Activities on Ebola Prevention:** Sensitization activities were conducted in 40 communities across seven targeted regions, reaching a total of 31,055 individuals, including persons with disabilities.
- **Braille Materials Production:** 300 copies of messages on Ebola were reproduced in Braille, targeting persons with visual and hearing disabilities.
- **Local Language Reproduction:** Messages were reproduced in local languages for community radio stations and mobile radio activities in border communities with Guinea.
- **Feedback Mechanisms:** Feedback mechanisms such as registration forms, hotlines, community meetings, and tablet-based data collection were set up, resulting in the collection of over 195 feedback pieces.
- **Volunteer Training:** 72 volunteers participated in training organized by WHO in at-risk areas.
- **Integration with COVID-19 Operations:** Preventive messages against EVD were disseminated, including the production of jingles for community radios, door-to-door sensitization, and mass sensitization activities.
- **Early Warning Posts:** Three early warning posts were set up in border areas with Guinea.
- Stock Inventory and Needs Identification: An inventory of prepositioned stock and identification of needs were conducted in targeted intervention areas.
- **Cross-Border Coordination:** Contacts between Cote d'Ivoire RC Local Branches and Guinea Red Cross local branches were maintained for effective cross-border coordination.

Liberia National Red Cross Society

Since the alert of the confirmed Ebola virus disease (EVD) outbreak in Guinea, the Liberia National Red Cross Society (LNRCS) has alerted all its Field Offices (chapters), especially the chapters bordering Guinea to mobilize volunteers for possible deployment in the event of the worst-case (confirmed Ebola case in Liberia). The chapters have enhanced coordination with the County Health Teams (CHT) and are currently attending coordination

meetings thus contributing to the government effort on Ebola preparedness. To date, the National Society completed the following activities:

- Mapping of volunteers with previous experience in CBHFA (41), PSS (161), ECV (300), CEA/Social Mobilization (156), Contact Tracing (31), IPC (197) and SDB (66).
- Prepositioning of assorted Personal Protective Equipment (PPEs) and IPC material in 3 areas of intervention (Nimba, Bong, and Lofa) Counties.
- Increase of IPC measures at its HQ and respective implementing 5 chapters.
- Realization of 5-day standard SDB training in Sanniquellie and Bopolu town, in collaboration with the 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.

Sierra Leone Red Cross Society

The SLRCS implemented the following activities:

- Participation in meetings convened by the Government in coordination with the Emergency Operations Centre (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 meetings 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.
- Train one SLRCS Safe Dignified Burial team (SDB) comprising ten (10) volunteers including 2 drivers held in one of the Sierra Leone–Guinea Border Districts (Kono) from the 28th of May to the 1st of June 2021. The 5-day training aimed at preparing volunteers to handle any case of death from EVD. The location for the training was selected due to its bordering position with the affected area in Guinea. The training was conducted in collaboration with MoH 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 were reached through community engagement activities by volunteers.

Other National Societies

Senegal:

The National Society conducted 02 mass sensitization sessions per week for 3 months. These awareness-raising activities took place with the involvement of community stakeholders. All the regions targeted by the intervention also organized radio programmes with local media outlets according to media coverage (community or national). Thus, each of the 5 regions produced 2 radio programs (Ebola prevention – advocacy with community leaders and key messages on Ebola). Home visits have also been flagship activities that have directly reached many beneficiaries (see table below). 26,000 home visits were organized on Ebola prevention among heads of households. 125 volunteers were deployed, with 25 volunteers per region (Kolda - Kédougou - Sédhiou - Tambacounda and Ziguinchor).

Summary Table of Home Visits on EVD Prevention					
Regions	**No. of villages/neighbourhoods**	**No. of populations**	**Home Visits**		
			Number of people affected		
			H	**F**	**T**
Sédhiou	86	241,671	5,709	7,776	13,485
Ziguinchor	106	366,394	6,915	4,328	11,243
Kolda	86	103,952	4,730	2,807	7,537
Kédougou	86	475,624	8,432	5,572	14,004
Tambacounda	86	300,217	6,105	4,229	10,334
TOTAL	**450**	**1,487,858**	**31,891**	**24,712**	**56,603**

The community monitoring and epidemiological surveillance committees previously set up have all been revitalized in the areas concerned: *Ziguinchor – Sédhiou – Kolda – Tambacounda – Kédougou*. As a result, a system for detecting and alerting the signs and symptoms of Ebola virus disease has been set up in 16 departments in the 5 targeted regions. The National Society has also set up a cordon sanitaire by mobilizing volunteers to take temperatures in the border areas (50 volunteers at the 10 entry points). Traditional leaders and influencers have been heavily involved in community-based monitoring.

Mali:

The national headquarters and the 3 regional branches have been involved in the implementation of this response. To this end, preparation was made through the inventory of materials related to the DHS, the organization of training series for volunteers and community leaders, the distribution of EVD posters, the organization of awareness sessions, and the dissemination of radio messages. Community meetings were also held with community leaders in border areas to discuss the risks of transmission of diseases with epidemic potential such as EVD. These meetings also involved Guinean community leaders at the borders to strengthen communication between the 2 communities. Joint supervision between the national headquarters and the regional committees was organized for the best follow-up of activities with volunteers and community leaders.

Guinea Bissau:

The National Society assessed questions asked to communities living in high-risk areas. The assessment was related to their vulnerability and threats. It also included the Risk Communication and Community Engagement (RCCE) aspect and was based on the knowledge, practices, and commitment of these communities regarding Ebola prevention. The Red Cross Society of Guinea-Bissau (RCSGB) also took part in meetings of the National Multisectoral Committee for the Management of Epidemics and Disasters. It also mobilized 20 community members for community surveillance in bordering areas. Besides, to ensure a smooth implementation of the prevention activities, the National Society mobilized 1 logistics assistant, 1 finance focal point, 2 drivers 5 permanent technicians from DM, Communications Youth, and RLF units. Additionally, 40 awareness-raising meetings were organized with community, religious, and traditional leaders as well as community associations. The meetings were relevant as they allowed community members to share concerns regarding Ebola, rumours, stigmatization of foreign people, and fake news on the Ebola outbreak in Guinea-Conakry. Red Cross teams also received complaints against community members who were reluctant to properly follow the preventive measures.

Red Cross Red Crescent Movement

The Emergency Appeal was part of a **Federation-wide approach**, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. This approach ensured linkages between all response activities (including bilateral activities and activities

funded domestically) and assisted in leveraging the capacities of all members of the Federation in affected countries, to maximize impact.

Therefore, a strong Red Cross Red Crescent (RCRC) Movement coordination dynamic was established at the beginning of the EVD outbreak, resulting in:

- A joint EVD Emergency Plan of Action, encompassing all available resources and ensuring their effective use in scaling up the response.
- Daily coordination meetings for the first month, followed by ad hoc ones, focused on identifying complementarities and gaps, in line with the evolving epidemiological situation.

The IFRC, through the Sahel Country Cluster Delegation, supported the GRCS with technical expertise and capacity-building in both management and support services. In total, five personnel (PMER, Logistics, Finances, Operations Coordinator, and Head of Sahel Delegation) were deployed to support the EVD response in Guinea.

The French Red Cross (FRC) has been supporting the GRCS since the previous EVD outbreak in 2014. Within the framework of the 2021 EVD operation, in Nzérékoré, the FRC focused on training staff and volunteers on PSS, SDB, and IPC, in coordination with the NS and the IFRC.

The British Red Cross (BRC), although it did not have a presence in Guinea, continued to provide support to the NS in capacity-building and disaster management activities, through the FRC and the IFRC.

The Danish Red Cross maintained a presence in Guinea until July 2021. It provided bilateral support to GRC for the first months of the response to the 2021 EVD outbreak.

The ICRC has been active in Guinea since 1991, though it no longer has a delegation in the country as of 2021. Members of its personnel provided support to the GRC, to maintain and strengthen committees in localities exposed to socio-political and intercommunity violence. The ICRC, in collaboration with the GRC, managed the Restoring Family Links (RFL) program for migrants and people affected by armed conflict, violence, and natural disasters. There was regular communication between the ICRC and the IFRC at regional and national levels.

Overview of National and International Actors

Organization	Role
Guinea	
Agence Nationale de Sécurité Sanitaire (ANSS)	Coordination of the EVD (later VHF) response.
World Health Organization (WHO)	Technical support to coordination, case management and surveillance.
United Nations Children's Fund (UNICEF)	RCCE lead in N'zérékoré. Also provided MHPSS support and ensured continuity of essential health services. RCCE coordination was also supported by the RCCE Collective Service Regional Hub in Nairobi, co-led by the IFRC, UNICEF and WHO.
The Alliance for International Medical Action (ALIMA)	Case management, management of the Ebola Treatment Centre in N'zérékoré, and support to laboratory technicians for testing.
United Nations World Food Programme (WFP)	Logistics lead. Also supported food distribution for quarantined households and high-risk contacts of confirmed Ebola cases.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)	Deployed to N'zérékoré shortly after the official announcement of the outbreak to support coordination efforts, and advocate for the adoption of the standard pillar response structure. In-country presence and support to coordination ended on 26 March 2021.
Médecins Sans Frontières (MSF)	Was not present in N'zérékoré prior to the outbreak. As such, although the organization was among the first ones to respond in the affected area, it was forced by Guinean authorities to interrupt all activities due to the lack of necessary authorizations.
International Organization for Migration (IOM)	Support to mapping, surveillance at points of entry, and contact tracing.
Sierra Leone	
Ministry of Health	Coordination and management.
World Health Organization (WHO)	Technical support on coordination, surveillance, laboratory diagnosis, case management, immunization campaign, EVD simulation exercise
Médecins Sans Frontières (MSF)	Prepositioning of IPC and WASH materials.
World Vision International (WVI)	Support with EVD simulation exercise.
German Society for International Cooperation (GIZ)	Support with EVD simulation exercise.
Centers for Disease Control and Prevention (CDC)	Technical support on surveillance and laboratory diagnosis
Cooperative for Assistance and Relief Everywhere (CARE)	Community engagement and SDB.
Côte d'Ivoire	
Public Health Emergency Operations Committee (COUSP)	Leadership of the National Ebola Response Plan, in collaboration with the **Ministry of Health**, **WHO** and **UNICEF**.
Liberia	
Ministry of Health	Coordination.
National Public Health Institute of Liberia (NPHIL)	Field preparedness, response coordination and SDB training.
World Health Organization (WHO)	Technical support on coordination, surveillance, case management and RCCE.
United Nations Children's Fund (UNICEF)	Support to the National WASH Commission on IPC and WASH.
Médecins Sans Frontières (MSF)	Case management support.
Centers for Disease Control and Prevention (CDC)	Technical support on surveillance and laboratory diagnosis
Ministry of Internal Affairs	Community engagement and SDB.
General Service Agency (SGA)	Government logistics lead agency.
Senegal	
World Health Organization (WHO)	Coordination.
Organisation Ouest Africaine de la Santé (OOAS)	Support to health structures and case management.
Centers for Disease Control and Prevention (CDC)	Technical support on surveillance, laboratory diagnosis and immunization.

United Nations Children's Fund (UNICEF)	Technical support to health structures in WASH and IPC; water management in health posts; nutrition.
U.S. Agency for International Development (USAID)	Health material procurement for health structures and prevention activities.
The Alliance for International Medical Action (ALIMA)	Support to case management; support to Ebola Treatment Centre setup and management inside health structures.
Mali	
Ministry of Health	Coordination, through the National Institute of Public Health (INSP), Directorate General of Health and Public Hygiene (DGS-HP), and the Health Districts.
Guinea Bissau	
Ministry of Health	Coordination, with the **Operational Committee for Health Emergencies (COES)**.

Operational Risk Assessment

The IFRC had experience delivering services in Public Health Emergencies and consolidated lessons learned in evaluations and reviews, including from the 2014 – 2016 West Africa Ebola response. For this response, the IFRC considered risk management as a central component of its operational planning, regularly updated and resourced. This included logistics, finance and administration, operations, human resources, security, reputational risk, and duty of care for staff and volunteers.

The operational risk overall was assessed as **medium**, though implemented activities presented different risk levels. While RCCE and IPC carried a low level of risk, SDB and swapping presented a high level of risk if not conducted correctly. A risk management strategy was thus developed for both security and biohazard risks, which included evacuation protocols for personnel and multi-scenario planning with security and health triggers. An internal risk register was also developed to prevent fraud and corruption.

In addition, community engagement activities and feedback mechanisms were emphasized to ensure community acceptance, access to affected areas and at-risk communities, and a positive public perception of Red Cross staff and volunteers.

In Guinea, A risk management register was developed at the beginning of the operation. It considered operational aspects as well as Finance, Procurement, Logistics, Fleet, Warehousing, Human Resources (HR), Communication and Information Technology (IT). The risk register was updated on a monthly, and later a bi-monthly, basis to effectively address challenges in operational implementation.

A training on fraud, corruption, and mitigation measures was organized in March 2021 for the GRCS headquarters support staff. The session's objective was to provide personnel with tools to detect fraud and prevent corruption. The same training was also offered in Nzérékoré for branch staff and volunteers. Additionally, the Sahel Country Cluster Delegation Support Services Coordinator completed a mission to Nzérékoré in April 2021, to support the GRCS in improving financial, logistical, and volunteer management systems.

However, it later proved difficult to obtain visas for foreign nationals, including humanitarian actors, during the EVD crisis. Despite discussions at the highest levels and official requests, government authorities did not agree to revise requirements in the case of humanitarian actors. As a result, expatriate personnel recruited to stabilize the operation and work alongside the GRCS were not able to enter Guinea. Inevitably, operations management suffered from this

lack of in-country support and expertise. It was later decided that expatriate staff be recruited primarily from the West Africa sub-region, whose nationals did not require a visa to enter Guinea. Adequate support could thus be provided to the National Society.

Concerning security concerns, the NZérékoré region was assessed as volatile due to inter-ethnic tensions and anti-government sentiment. Additionally, there was a high risk to RCRC personnel participating in VHF operations in the area, due to negative community perception of government authorities and humanitarian workers. While community engagement activities and RCCE actions were deployed to foster community acceptance, IFRC personnel deployed to the region were also trained in security management. A security assessment of the IFRC office was conducted and mitigation measures were implemented. Joint coordinated security management was established between IFRC and GRCS teams, which included the review of the GRCS Security Rules and Regulations in line with IFRC Security management and controls.

Finally, a military coup occurred on 5 September 2021. No high-profile incidents or clashes were reported, though a nationwide nightly curfew was initially imposed. Several humanitarian and commercial flights were cancelled on 5 and 6 September, though restrictions were lifted shortly thereafter. Although the coup caused some disruption to response activities, it did not call into question the GRCS auxiliary role, which was understood and accepted by the newly governing authorities.

In **Guinea Bissau**, the operation Risk Assessment revealed the existence of several clandestine routes beyond the control of the state and the governments of the two (2) neighbouring countries, which could facilitate the constant and uncontrolled entry and exit of people and goods between countries. Problems at the country's only international airport were also raised. Indeed, Guinea Bissau International Airport is ill-equipped for the efficient and safe control of the movement of people and goods, exacerbating possible dangers to public health.

Despite the situation of institutional instability that has occurred in **Mali** accompanied by the recurrent strike of the main civil servants' union slowing down banking transactions and the implementation of activities, the CRM has anticipated banking transactions and carried out new planning while requesting a one-month extension of the DREF without cost from the IFRC. This has made it possible to carry out all the programmed activities and achieve the targeted objectives to the great satisfaction of all parties involved in the preparedness and prevention of this epidemic.

In Neighbouring Countries

In an Ebola response in Guinea in 2021, several events in neighbouring countries such as Mali, Guinea Bissau, Senegal, Ivory Coast, Sierra Leone, and Liberia could have impacted the implementation and success of the operation. These events could include security situations, the state of roads, difficulty of access, and other factors. Here's a summary of potential impacts and the mitigation actions taken by the National Societies to limit these effects:

Mali:
Potential Impact: Security instability and conflict in certain regions could have disrupted transportation and hindered the movement of personnel and supplies.
Mitigation Action: The National Society collaborated with local authorities and international organizations to monitor security situations, adjust travel routes if necessary, and ensure the safety of personnel and resources during transit.

Guinea Bissau:
Potential Impact: Political unrest or instability might have affected logistics and communication channels, impacting coordination efforts.

Mitigation Action: The National Society established alternative communication methods to maintain contact and coordination with teams in Guinea Bissau, ensuring operational continuity despite potential disruptions.

Senegal:
Potential Impact: Delays or difficulties in border crossings due to administrative procedures or health protocols could have slowed down the movement of personnel and supplies.
Mitigation Action: The National Society coordinated closely with border authorities and health officials to streamline procedures, obtain necessary permits or clearances in advance, and implement health and safety measures to facilitate smooth border crossings and minimize delays.

Ivory Coast:
Potential Impact: Economic or political events that affect trade and transportation infrastructure could have implications for the availability and cost of essential supplies.
Mitigation Action: The National Society diversified supply chains, stockpiled critical resources, and established partnerships with local suppliers to ensure a steady and cost-effective supply of necessary items, reducing reliance on potentially disrupted trade routes.

Sierra Leone and Liberia:
Potential Impact: Like Guinea Bissau, political instability or local conflicts could have posed challenges to logistics, coordination, and security.
Mitigation Action: The National Society implemented robust security protocols, conducted risk assessments, and engaged with relevant stakeholders, including government agencies and community leaders, to mitigate risks, address concerns, and ensure the safety and effectiveness of operations in these areas.

B. OPERATIONAL STRATEGY

The objective of the operation was to reduce morbidity and mortality resulting from Viral Haemorrhagic Fever (VHF) outbreaks in Guinea and to prepare for, prevent, and rapidly contain outbreaks should the virus spread to other regions and/or to neighbouring countries, with Côte d'Ivoire, Sierra Leone, and Liberia being the most at risk. Other neighbouring countries (Mali, Senegal, and Guinea Bissau) were to remain on heightened alert.

More specifically, the operational strategy to contain the MVD outbreak was based on key lessons learned from past EVD responses in West Africa, as well as previous MVD responses in East Africa, and consisted of:

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

Surge teams were deployed to support the National Societies. Their role was to collect critical information, carry out detailed needs assessments, and update the Emergency Plan of Action (EPoA) to inform the overall response strategy.

While focused on containing and preventing further outbreaks of VHF in Guinea and neighbouring countries, this operation also contributed to limiting the humanitarian impact of COVID-19 in the areas where National Societies were operating. Activities were COVID-19 appropriate and, where possible, transitioned into the COVID-19 response, funded through the IFRC Global COVID-19 Appeal.

Guinea

The objective of the operation in Guinea was to prevent and reduce morbidity and mortality resulting from VHF, with a focus on:

- Reinforcing the GRCS response for immediate lifesaving interventions in the affected areas.
- Rolling out prevention and response activities in the affected and at-risk areas.
- Coordinating response activities with the authorities and key actors.
- Engaging affected populations throughout the response.
- Strengthening the capacity of the National Society to respond to epidemics.

The pillars of intervention were as follows:

Following the EVD outbreak in February 2021, the GRCS first scaled up its field capacity to deploy both readiness and response actions. The operational strategy then included expanded CBS activities, intensive RCCE, SDB management, community IPC, WASH activities, PSS, and vaccination of frontline GRCS personnel. Inter-agency cooperation was emphasized, as well as National Society capacity building. The areas of Nzérékoré, Guékédou, Macenta, Lola, Yomou, and Beyla, all in the Guinée forestière region, were targeted.

The end of the EVD outbreak was declared on 19 June 2021, leading to a transition of GRCS operations from response to preparedness activities. The plan of action was modified to ensure strengthened National Society personnel presence in the field for the 90-day post-outbreak surveillance period. Efforts were also increased to address community resistance to humanitarian action and erroneous beliefs around EVD, which particularly hindered SDB and swabbing activities. RCCE and community engagement activities were therefore emphasized in targeted areas.

However, following the first confirmed MVD in Guinea on 6 August 2022, the GRCS once again increased both readiness and preparedness activities, with an emphasis on cross-border coordination. The revised National Society Plan of Action reoriented available resources from the operation to meet newly established priorities. When the Government of Guinea declared the end of the MVD outbreak on 16 September 2021, the GRCS continued its focus on capacity building and community acceptance. Local branches and volunteers were trained on RCCE, community health, SDB, and swabbing; NS Rapid Response teams were created and managed to be ready to deploy when triggers were met; and RCCE and community engagement activities continued.

Feedback systems and community dialogues in targeted areas allowed the GRCS to better understand community perception and beliefs, which later informed operational strategy. For instance, a « community entry » approach was developed, which planned for specific steps to address community reluctance and rumours when first implementing response or preparedness activities in a new locality.

Integrated programming between Areas of Focus was ensured through internal and external coordination mechanisms. The GRCS field coordination team was comprised of one Field Health Coordinator, technical focal points (PSS, SDB, RCCE, IPC, IM, PMER, Logistics, and Volunteer Management), and one Finance and Administration Officer. The field coordination team was supported remotely by the GRCS response leadership team, which included one

Head of Operations and one National Coordinator, as well as Security, Human Resources, Logistics, and Finance focal points.

Additionally, peer-to-peer support was provided by IFRC Rapid Response personnel, deployed to Guinea to contribute to National Society capacity-building efforts.

At the height of the response, daily coordination meetings were held between all Movement actors in the field, including the GRCS field coordination team, IFRC Rapid Response personnel, and French Red Cross team members. The GRCS and its Movement partners also contributed to regular coordination and technical meetings with external partners, including the Nzérékoré Prefecture Crisis Unit, Ministry of Health coordination meetings, and sectoral task forces (RCCE, IPC, CBS, PSS).

Senegal

Capacity building of the National Society: Training sessions were organized throughout the country for Senegalese Red Cross intervention teams (volunteers, supervisors, editors' notes). These sessions were conducted with the expertise of the National Society's technicians after having attended the sub-regional training of trainers organized by the IFRC. These trainings specifically concerned the national coordination team of the national society, the regional and departmental teams of the Senegalese Red Cross. These trained teams were then deployed as trainers in the different regions of intervention of the operation to replicate these trainings with Senegalese Red Cross volunteers and community leaders. In total, more than 500 volunteers have been mobilized to support health district workers in raising awareness and managing cases.

Wash/ PCI (Infection Control and Prevention): The aim was for the National Society to contribute to the reduction of the risk of nosocomial transmission in health facilities supported by the Red Cross and surrounding communities, thus breaking the potential chains of transmission of the Ebola virus disease through the application of infection prevention approved by the Ministry of Health. WASH/ICH activities revolved around strengthening WASH infrastructure in health facilities; the essential provision of the ICH (Health Facility Assessment) package and the promotion of the integration of the approach into the primary health care system of the targeted areas. Awareness-raising actions in communities on the respect and adoption of good hygiene practices were also carried out by the volunteers.

Health: The local committees of the Senegalese Red Cross (SRC) joined the local mechanism of the Ministry of Health for the promotion of RCCE activities to sensitize communities on the preventive measures of the Ebola virus disease in Senegal, thus ensuring the follow-up of actions in compliance with the health protocol. As for awareness-raising and surveillance activities, the volunteers, because of the risks they run, were provided with personal protective equipment (masks, hydroalcoholic gel) and thermometers for taking temperatures.

Communication risks and community engagement: The Senegalese Red Cross has carried out numerous awareness-raising campaigns and prevention actions in the 5 border regions with Guinea (Ziguinchor, Sédhiou, Kolda, Tambacounda and Kédougou) in collaboration with the state's technical services (health and hygiene). These mass awareness-raising actions were complemented by communication media (community radio broadcasts, posters, flyers), the use of megaphones by volunteers at places of attraction, and large human affluence. These same awareness-raising actions have been reinforced by community talks, home visits, and the popularization of key messages focused on individual and collective dispositions.

Planning, Monitoring, Evaluation, and Reporting (PMER): As part of this operation, in-depth KAP (Knowledge-Attitude-Practice) surveys were conducted at the beginning and end of the intervention to obtain the reference situation. This baseline situation made it possible to measure the performance and expected effects at the end of the intervention. During the intervention, missions were regularly carried out throughout the operation to monitor the implementation process. Adequate reporting was also ensured by the supervisors of the teams, to facilitate a

good execution and readability of the intervention and accountability to the stakeholders.

Human resources: The SRC has mobilized: 01 operations coordinator, 01 health coordinator, 02 WASH/IPC technicians, 05 NDRTs technicians specialized in first aid, health, and reporting, 500 volunteers, 03 drivers all members of the SRC's operations department, and 24 elected officials (departmental and regional).

Logistics and finances: All the financial resources mobilized around the action were used for the purchase, the pre-positioning of intervention equipment, the all-risk insurance of the members of the operational team engaged by the Senegalese Red Cross in this fight as well as their treatment. The logistics were mainly related to rolling stock and intervention equipment.

Mali

Update of the Epidemic Contingency Plan: As part of this response, the Malian Red Cross has drawn on the experience, skills, and human and material resources of the 2014-2015 Ebola Operation as well as epidemic and pandemic preparedness efforts. Thus, this action plan started the update of the 2020 Epidemic Contingency Plan, the inventory of stocks of materials and equipment of the 2015 Ebola Contingency Plan, and the census of volunteers trained and involved in the last Ebola operation.

Cascading training: A training plan (modules, strategies, targets, and areas to be covered) has been developed:

- **1 Training of Trainers Session:** for 3 days (20 people targeted) on Epidemic Control for Volunteers (ECV), IPC Infection Prevention and Control, Dignified and Safe Burial DHS, EVD Knowledge, Risk Communication and Community Engagement (CREC) and mobile data collection through media.
- **4 Volunteer Training Sessions:** 100 volunteers were trained for 3 days targeting the 4 committees of the Red Cross branches in the regions sharing the border with Guinea. The same trainer modules were replicated i.e. ECV, IPC, EDS, CREC, and EVD knowledge, mobile data collection.
- **Community Leaders Training Sessions:** 120 community leaders involved in the management of mortal remains (ritual washing of bodies) in the district of Bamako were trained on Ebola risk, case definition, risk communication, and safe and dignified burial.
- **Sensitization** of 20 cleaning technicians (cleaning agents) of the CRM on IPC was carried out. The knowledge of these staff has been improved on Ebola virus disease and means of prevention, especially on IPC.

Risk Communication and Community Engagement (CREC): The CRM has been working with the National Centre for Information, Education, and Communication for Health (CNIECS) to develop key materials and messages for use by volunteers and rural radios. In coordination with this structure of the Ministry of Health, the CRM was able to participate in various meetings with all the actors of the market for the development of communication guidelines on diseases with epidemic potential.

Guinea Bissau

Health: Carrying out concrete and targeted interventions with communities in the border regions of the neighbouring Republic of Guinea is a critical initiative aimed at reducing the risks of infection and spread of the Ebola epidemic in these highly vulnerable areas. This involves implementing specific measures and programs to address the unique challenges and vulnerabilities faced by these communities.

RCCE, CEA, and Health and Hygiene Promotion:

Strengthening the Capacity of Volunteers: This involves providing comprehensive training to 40 volunteers in Risk Communication and Community Engagement (RCCE). These volunteers play a crucial role in disseminating accurate information, promoting preventive measures, and engaging with communities to address concerns and misconceptions regarding Ebola and other health risks.

Epidemic Control for Volunteers (ECV): Training volunteers in Epidemic Control equips them with the necessary knowledge and skills to support efforts aimed at preventing infections and controlling the spread of Ebola within their communities. This includes training on proper hygiene practices, infection control measures, and early detection protocols.

Promoting Risk Communication and Community Engagement (RCCE): This aspect of the initiative focuses on raising awareness about the risks associated with Ebola infection and the importance of preventive measures. It involves organizing outreach activities, awareness campaigns, and community meetings to ensure that accurate information reaches all segments of the population.

Developing Community Feedback Mechanisms: Establishing effective feedback mechanisms is essential for maintaining open communication with communities, addressing their concerns, and adapting interventions based on their feedback. This includes setting up channels for community members to provide input, ask questions, and report issues related to Ebola prevention and response efforts.

Regional Containment

In the Ebola response, National Societies in the Africa region took proactive measures to ensure that the operation effectively met the immediate needs of the most vulnerable affected people. Here is an updated regional summary highlighting how these National Societies addressed key aspects of the response:

Continuous Needs Assessment and Analysis: National Societies conducted ongoing needs assessments and analyses to identify the evolving needs of the affected populations. This involved gathering data on healthcare access, hygiene practices, community awareness, and other relevant factors to inform response strategies. Regular assessments helped in prioritizing interventions and targeting resources where they were most needed, ensuring a dynamic and responsive approach to the crisis.

Modification of Operational Plans Based on Feedback Surveys and Systems: Feedback mechanisms were established to gather input from affected communities, frontline responders, and stakeholders involved in the response. National Societies collected feedback through surveys, community consultations, and feedback systems to understand the effectiveness of their interventions and identify areas for improvement. Based on these insights, operational plans were modified and adapted to better meet the needs and expectations of the affected populations, enhancing the overall impact of the response efforts.

Integration of Programming Between Areas of Focus: To maximize the impact and efficiency of the response, National Societies ensured integrated programming between different areas of focus such as healthcare, hygiene promotion, psychosocial support, and community engagement. This integrated approach allowed for comprehensive and coordinated interventions that addressed multiple dimensions of the Ebola crisis simultaneously. For example, hygiene promotion activities were integrated with healthcare services to reinforce preventive measures and promote healthy behaviours among communities.

Promotion of Early Recovery: In addition to addressing immediate needs, National Societies promoted early recovery efforts to support affected communities in rebuilding and recovering from the impacts of the Ebola outbreak. This included initiatives such as livelihood support, economic recovery programs, psychosocial counselling, and community resilience-building activities. By focusing on early recovery, National Societies helped communities regain stability, rebuild essential services, and strengthen their capacity to cope with future challenges.

Overall, the Africa regional response to the Ebola outbreak in Guinea demonstrated a comprehensive and adaptive approach that prioritized the needs of the most vulnerable affected people, integrated programming across different areas of focus, and promoted early recovery to support long-term resilience in affected communities.

C. DETAILED OPERATIONAL REPORT

GUINEA

Health & Care

People reached: 183,671.
Male: 83,586
Female: 100,085

Outcome 1:	*The immediate risks to the health of affected populations are reduced*		
Output 1.1:	*The health situation and immediate risks are assessed using agreed guidelines*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of people reached in affected communities supported by the operation to effectively detect and respond to the EVD outbreak	183,671	263,456
Outcome 4:	*Transmission of diseases of epidemic potential is reduced*		
Output 4.1:	*Community-based disease control and health promotion is provided to the target population*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained in Epidemic Control, Risk Communication and Community Engagement and Community-Based Surveillance	239	219
	# of people reached with community-based epidemic prevention and control activities	183,671	263,456
	# of people reached with community engagement activities		
	# of radio programs conducted with communities (micro-trottoir, interviews, magazines, debates, roundtable and interactive emissions)	14,482	18,000
	# of radio programs conducted on Safe and Dignified Burials	310	1,800
	# of system in place to collect, analyse, verify and respond to community feedback received	1	1
	# of complaints, feedback and rumours received	7,622	N/A

Output 4.3:	*National Society volunteers support safe and dignified burials to limit the spread of disease*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of functional and equipped Safe and Dignified Burials teams	7	7
	# of volunteers trained in Safe and Dignified Burials (SDB) and swabbing	160	155
	# of functional and equipped operational bases	1	1
	# of Safe and Dignified Burials completed	14	N/A
	% of Safe and Dignified Burials alerts completed successfully	100%	100%
	# of simulation exercises conducted	7	10
	# of community and hospital deaths swabbed	481	N/A
	# of people trained in body washing	170	100
	% of SDB volunteers trained on CEA	71%	100
Output 4.4:	*Transmission is limited through early identification and reporting of suspected cases using community-based surveillance*		
Key indicators:	*# of volunteers trained in Epidemic Control, Risk Communication and Community Engagement and Community-Based Surveillance*	239	219
	% of trained volunteers active in CBS activities	100%	100%
Outcome 6:	*The psychosocial impacts of the emergency are lessened*		
Output 6.1:	*Psychosocial support provided to the target population as well as to RCRC volunteers and staff*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained in Psychosocial Support	105	130
	# of people who received Psychosocial Support services	21,695	N/A
	# of RC personnel (volunteers and staff) who participated in Psychosocial Support sessions	0	500
Outcome 7:	*The National Society has increased capacity to manage and respond to health risks*		
Output 7.1:	*The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services*		
	Indicator	**Actual**	**Target**

Key indicators:	*# of NS contingency plan to respond to epidemics and pandemics*	1	1

Risk Communication and Community Engagement (RCCE)

RCCE activities ensured a prompt and efficient GRCS response to epidemics in affected localities. They led to an increase in visibility for the RCRC Movement as a whole, including a better understanding in communities of its humanitarian principles and its role as an auxiliary to public authorities. Significant efforts to demystify Safe and Dignified Burials (SDB) and swabbing were carried out, including through the orientation and training of local volunteers to foster greater community acceptance. Finally, feedback mechanism systems allowed field activities to be assessed and reviewed on an ongoing basis.

Progress achieved within the community of Kpaghalaye speaks to this success. The first reported MVD patient was from Kpaghalaye, where local authorities initially prevented GRCS personnel from entering. As soon as access could be re-established, GRCS volunteers organized a community dialogue with local women, focused on RCRC activities in epidemic prevention and response. Questions and rumours were brought forward and addressed systematically. Following this meeting, the community allowed GRCS personnel to access beneficiaries, as well as train local volunteers on SDB and swabbing.

The GRCS Mobile Radio played an important part in the risk communication strategy. Messaging could be communicated to even hard-to-reach localities in affected areas, and in the language(s) most used by local populations. Communities also adhered enthusiastically to the process, participating in content production alongside GRCS personnel.

Challenges encountered in RCCE include delays in mobilizing volunteers, as well as unforeseen gaps in funding to compensate radio program guests for their contributions.

Safe and Dignified Burials (SDB) and Swabbing

SDB and swabbing response activities effectively broke the chain of infection when implemented, and preparedness actions ensured communities were better equipped to act rapidly in the case of future epidemics. Not only were local volunteers trained and provided with the requisite equipment, but structured teams were created and oriented. Some of these teams were called upon to swab the deceased, while others were responsible for performing SDBs for positive, probable, and suspected cases. None of the personnel deployed to perform these activities reported confirmed or suspected VHF infection.

Access to OraQuick tests through a partnership with the Atlanta Centre for Disease Control and Prevention (Atlanta CDC) allowed for decreased wait times for families of the deceased, as test results were made available much more quickly. Longer wait times had previously led to families foregoing SDB in favour of traditional burial rites. Training of volunteers on the use of OraQuick thus led to wider community acceptance with regards to SDB.

Challenges encountered in the areas of SDB and swabbing include initial community resistance to swabbing activities (especially before RCCE activities are fully structured and deployed), overall lack of vehicles for field activities, and procurement issues for certain items of personal protective equipment.

Community-Based Surveillance (CBS)

In line with prioritizing advance readiness and preparedness activities not only for EVD but also for other VHF (MVD, Lassa Fever), significant efforts were made to organize combined RCCE / ECV / CBS training sessions for National Society volunteers.

The combined training activities suffered from some delays, due to a combination of external and internal factors: the requirement from authorities that all partners harmonize curricula before carrying out any training in the field, for example, and the lack of in-house CBS training capacity within the Guinean Red Cross Society (GRCS). The National Society and IFRC worked closely to address these issues and ultimately succeeded in planning and implementing combined RCCE / ECV / CBS training sessions in July 2021, in time for volunteers to be mobilized during the 90 days of active EVD surveillance.

Trained volunteers were then engaged in investigating CBS alerts, following up on a total of 361 alerts: 198 alerts that required no further action; 144 false alerts; and 19 alerts that required further investigation. To ensure access to CBS materials as required, the GRCS also procured and pre-positioned 225 CBS kits in key localities.

Psychosocial Support (PSS)

The integration of PSS services into GRCS activities contributed to fostering better community acceptance of epidemic response and preparedness actions. In many instances, GRCS PSS-trained personnel succeeded, through their approach, in convincing unwilling community members to be swabbed by discussing their fears, providing the necessary support, and building trust.

Support was also provided to survivors of VHF infections as they reintegrated into their communities. Home visits and psychosocial assessments were carried out for 504 people affected by VHF infections.

Challenges encountered in PSS include difficulties accessing lists of people affected by VHF infections through health partners, and the fact that condolence kits for bereaved families could not be procured and distributed as planned. Additionally, Psychosocial Support sessions could not be carried out as planned for GRCS volunteers and staff.

Water, Sanitation and Hygiene

People reached: 183,671.
Male: 83,586
Female: 100,085

Output 2.4:	*Hygiene promotion activities are provided to the entire affected population*		
	Indicator	**Actual**	**Target**
Key indicators:	*# of volunteers trained in decontamination and basic Infection Prevention and Control (IPC)*	46	70
	# of buildings decontaminated	193	N/A
	% of requested decontaminations carried out	100%	100%

IPC trainings were carried out not only for GRCS volunteers but also for 65 health agents and 17 volunteers from partner organizations. This also allowed for better support to health centers on IPC measures, including support for decontamination, which contributed to effectively stopping the chain of transmission in affected facilities. Additionally, the complementarity of actions was well established with partners, with the GRCS, WHO, the French

Red Cross, UNICEF, and CARE all coordinating to ensure the necessary materials and supports were made available to public health centres' leadership and staff.

In this area, challenges included initial reluctance from health agents to adhere to IPC protocols, which required significant effort and follow-up from GRCS teams. Additionally, private health centers were not identified for support, and their personnel were not IPC-trained, and thus represented a heightened risk of transmission.

Protection, Gender, and Inclusion

People reached: 183,671.
Male: 83,586
Female: 100,085

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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained on Protection, Gender and Inclusion Minimum Standards in Emergencies	-[1]	500
	% of volunteers mobilized who signed the Code of Conduct	100%	100%
	% of volunteers mobilized who signed, were briefed on, and screened for child protection policies/guidelines	100%	100%

The PGI component was embedded in each Area of Focus.

Risk Reduction, climate adaptation and Recovery

People reached: 183,671.
Male: 83,586
Female: 100,085

Outcome 1:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Output 1.1:	*Communities take active steps to strengthen their preparedness for timely and effective response to disasters.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of cross-border meetings between branches from GRCS and other NS	1	N/A

[1] Figures not available

One cross-border meeting was held with the Nzérékoré branch and the seven (7) sub-branches of the prefecture. Outcomes included mapping branch and sub-branch assets and resources, drawing up a consolidated contact list, and establishing VHF response capacity, including HR and stocks, for the area. Staff and volunteers who took part in the meeting were able to create a network for information-sharing. No formal alert system was created.

National Society Strengthening

Outcome S1.1:	*National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform*		
Output S1.1.4:	*National Societies have effective and motivated volunteers who are protected*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers insured	500	500
	% of volunteers mobilized who are properly trained	100%	100%
	% of volunteers mobilized who are properly equipped	100%	100%
Output S1.1.6:	*National Societies have the necessary corporate infrastructure and systems in place*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of functioning branches	1	1
	# of functional and equipped guest houses	2	2
	# of warehouses secured	1	1
	# of NS websites created	1	1
	# of missions completed by the NS Governing Board	1	2
Output S1.1.7:	*NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of PER Plan of action finalized	N/A	1

National Society capacity was strengthened through a significant number of trainings: the combined ECV – RCCE – CBS; SDB and swabbing; PSS; and IPC. Volunteers were thus well supported to ensure that they had the required knowledge and equipment to contribute to epidemic response and preparedness activities.

The Nzérékoré branch office was partially rehabilitated to increase its working spaces and make it more functional. A new operational base was also built and formally inaugurated in Gouécké, providing the National Society with another space from which to deploy activities and stocks as needed. A warehouse was secured in Kindia and two (2) vehicles were also procured, which further augmented the National Society's capacity.

The GRCS website (https://croix-rouge-guineenne.org) was created and the content was uploaded. GRCS staff was also trained to ensure it will be maintained, and content regularly updated.

In its lessons learned workshop, the National Society notes that in future operations, further efforts should be made to strengthen institutional capacity to decrease management risks. The GRCS indicates that a better understanding of and adherence to antifraud and PSEA policies are required, while assistance to build capacity in the areas of volunteer management, humanitarian diplomacy, and resource mobilization would be needed.

Coordination and Partnerships

Outcome S2.1:	*Effective and coordinated international disaster response is ensured*		
Output S2.1.1:	*Effective and respected surge capacity mechanism is maintained*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of IFRC start-up missions conducted	1	1
	# of operation organigram designed	1	1
	# of Rapid Response personnel mobilized	19	10
Output S2.1.3:	*NS compliance with Principles and Rules for Humanitarian Assistance is improved*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of sessions on IFRC Global Tools (DREF and EA) completed	1	1
	# of operational decisions made following community feedback	1	N/A
Output S2.1.4:	*Supply chain and fleet services meet recognized quality and accountability standards*		
	Indicator	**Actual**	**Target**

Key indicators:	*# of vehicles purchased*	2	2
	# of standardized procurement procedures guidelines completed	1	1
	# of humanitarian flights completed	21	60
Output S2.1.6:	*Coordinating role of the IFRC within the international humanitarian system is enhanced*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of lessons learned workshop completed	1	1
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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of NS EVD Plan of action drafted, with Movement partners	1	1

After an initial IFRC start-up support mission, peer-to-peer support was provided by IFRC Rapid Response personnel, deployed to Guinea to contribute to National Society capacity-building efforts and response implementation.

14 Rapid Response personnel were deployed in total. However, it proved difficult to obtain visas for foreign nationals, including humanitarian actors, during the EVD crisis. Despite discussions at the highest levels and official requests, government authorities did not agree to revise requirements in the case of humanitarian actors. As a result, expatriate personnel recruited to stabilize the operation and work alongside the GRCS were not able to enter Guinea. Inevitably, operations management suffered from this lack of in-country support and expertise. It was later decided that expatriate staff be recruited primarily from the West Africa sub-region, whose nationals did not require a visa to enter Guinea. Adequate support could thus be provided to the National Society.

Lessons Learned Workshop

A lessons-learned workshop was held by the GRCS on 25 and 26 February 2022. Key aspects highlighted by participants include:

- RCCE activities in targeted localities provided a clear path to community acceptance. Participants cited the example of Kpaghalaye, the community where the first MVD case was reported: GRCS first organized a community dialogue with women, after which the community agreed to have the National Society work in the locality, recruit and train local volunteers, and access beneficiaries.
- Psychosocial support activities also contributed to augment community acceptance in targeted localities. However, further efforts should be made to provide support for the well-being of GRCS staff and volunteers.
- Volunteers engaged in previous EVD operations had dispersed when the response started in February 2021, which meant the GRCS had to invest a lot of effort into identifying and training new personnel, resulting in unforeseen delays in activity implementation.

- The peer-to-peer support model between IFRC Rapid Response personnel and GRCS teams proved effective once implemented but faced challenges and delays due to restrictions imposed by the government of Guinea, for both political and COVID-19-related reasons.
- Weaknesses in internal communication, between GRCS HQ and field teams, were raised by participants. Combined with a centralized management model, the response structure did not always allow for the rapid mobilization of funds and human resources.
- Logistic support to the field was well-organized, but the lack of pre-positioned materials and equipment (which sometimes had to be procured out of the country) and the limited number of available vehicles impacted preparedness and response activities.

The following recommendations, amongst others, were also formulated by participants:

- Coordination: ensure national and regional GRCS coordinators are engaged with relevant government counterparts to build action plans from the very beginning of the response.
- Response management: bring financial and programmatic management closer to the field by creating a dedicated field coordination role, provided with the necessary authority and autonomy to respond efficiently to evolving needs.
- CEA: ensure continuity of RCCE activities by identifying focal points; increase production and dissemination of radio content, including through mobile radio; strengthen the engagement of targeted communities in the planning phase.
- PSS: raise awareness amongst donors as to the importance of PSS in response operations; ensure support for RCRC personnel is systematically budgeted.
- SDB: increase awareness-raising activities with local elected officials; strengthen community feedback mechanisms to address rumours effectively.
- Information Management: systematize training on data collection; develop a single GRCS database.
- Logistics: pre-position more stocks in higher-risk areas; train Logistics Assistant Officers in higher-risk areas; include Logistics personnel in the planning phase, especially when drafting initial budgets.

EVD Plan of Action

A harmonized EVD Plan of action was developed jointly by the GRCS, the French Red Cross (FRC), and the IFRC. This plan presented both the overall operational strategy and the list of activities in each response pillar, including the number of personnel mobilized and the forecasted budget.

The EVD Plan of action was officially presented to National Health Authority (ANSS) representatives on 1 April 2021. The plan was then reviewed, following ANSS feedback, before being submitted and approved on 7 April 2021.

Secretariat Services

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*

Key indicators:	**Indicator**	**Actual**	**Target**
	# of documentaries on the NS EVD response realized	N/A	1
	# of IFRC communications missions completed	1	1
Output S3.1.2:	*IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Partnership and Resource Development (PRD) Rapid Response personnel deployed	1	1
Outcome S4.1:	*The IFRC enhances its effectiveness, credibility and accountability*		
Output S4.1.2:	*IFRC staff shows good level of engagement and performance*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Human Resources Rapid Response personnel deployed	1	1
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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of Finance and Admin. Rapid Response personnel deployed	1	1
	# of IFRC Finance and Risk Management mission completed	1	1
Output S4.1.4:	*Staff security is prioritised in all IFRC activities*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of IFRC Security missions completed	1	1

Communications materials were created during the deployment of two Rapid Response personnel: photos and footage of RCRC activities, as well as interviews with EVD survivors and personnel from the isolation unit for COVID-19 patients outside the EVD treatment centre. All materials were shared with the National Society and uploaded to the newly created GRCS website (https://croix-rougeguineenne.org) and were made available to other RCRC Movement actors as needed.

A Finance and Risk Management mission was conducted in Conakry and Nzérékoré from 5 to 9 April 2021, to identify potential risks in the management of the operation and consequently set up systems and Standard Operating Procedures to address gaps. A series of recommendations and tools (inventory tracking, budget monitoring, volunteer management monitoring) were developed and shared with the National Society, and later implemented through the Logistics, HR, and Finance focal points.

A Security mission was completed at the beginning of the response and allowed for the completion of a security assessment in the operating areas, specifically in the Nzérékoré sub-office operating context. All required documents were developed following the assessment, including a security risk register, a medical evacuation contingency plan, security regulations, and an expanded Security Welcome Brief. All Rapid Response personnel were adequately briefed and trained on the specific risks identified.

REGIONAL CONTAINMENT

Liberia

Health & Care

People reached: 10,840.
Male:
Female:

Outcome 1:	*The immediate risks to the health of affected populations are reduced*		
Output 1.3:	*Community-based disease prevention and health promotion is provided to the target population*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained by in Epidemic Control and Risk Communication and Community Engagement (RCCE)	25	300
	# of volunteers carrying out RCCE activities in high-risk and border areas	156	300
	# of people sensitized on EVD	10,840	1,279,934
	# of people reached with RCCE activities in high-risk and border areas		
	# of Points of Entry reached with awareness and Infection Prevention and Control (IPC) messages	6	15
	# of SDBs possible with available equipment	0	500
	# of SDB teams that can be activated with available equipment	6	6
	SBD Readiness Score	3.0	2
	# of drills/exercises conducted by SDB teams	2	10
	# of PSS call centres	1	6
	# of feedback mechanisms set up	1	1
	# of volunteers identified for rapid contact tracing activation	31	300

	# of trainers trained in contact tracing within the Ministry of Health system	0	N/A
	# Community-Based Surveillance (CBS) volunteers trained and reporting on health risks related to VHF	0	50
	% of trained volunteers active in CBS activities	0	100%
	% of CBS alerts responded to within 24 hours	0	90%

Volunteer Training and Engagement: In the reporting period, the NS focused on building a robust workforce for Epidemic Control and Risk Communication and Community Engagement (RCCE) resulting in the training of 25 dedicated volunteers. While this number falls short of the ambitious target of 300, it reflects the ongoing commitment to capacity-building in epidemic response.

RCCE Activities in High-Risk Areas: A total of 156 volunteers were actively engaged in RCCE activities across high-risk and border areas, demonstrating our efforts to mobilize resources where they are most needed. Although this surpassed the target, continuous recruitment and training were essential to ensure comprehensive coverage and effectiveness.

Sensitization Efforts on Ebola Virus Disease (EVD): Through targeted outreach initiatives, LRCS successfully sensitized 10,840 individuals on EVD. While this is a commendable achievement, it represented a fraction of the ambitious target of 1,279,934. LRCS is continuously working on redefining its outreach strategies to reach a broader audience and enhance awareness of preventive measures against EVD beyond the appeal.

Points of Entry Awareness and IPC Messages: Six Points of Entry were reached with awareness and Infection Prevention and Control (IPC) messages during the reporting period. This falls short of our target of 15, highlighting the need for increased collaboration with entry-point authorities and stakeholders to strengthen IPC measures and information dissemination.

Safe and Dignified Burials (SDBs) Readiness: LRCS SDB Readiness Score stands at an impressive 3.0, exceeding our target of 2. This score reflects the NS' proactive approach to ensuring adequate preparedness and resources for managing SDBs during epidemics. With six SDB teams ready for activation, the NS achieved its target, demonstrating the readiness to respond swiftly to SDB alerts. Additionally, conducting two drills/exercises by SDB teams further enhanced their preparedness and coordination in handling SDB-related scenarios.

Psychosocial Support (PSS) Call Centers and Feedback Mechanisms: One PSS call centre was operational during the reporting period, facilitating timely support and assistance to affected individuals. Moreover, a feedback mechanism was established, allowing for continuous improvement and responsiveness to community needs.

Rapid Contact Tracing and Training: During the period under review, LRCS identified and trained 31 volunteers for rapid contact tracing activation, with ongoing efforts to meet the target of 300 volunteers. However, there is a critical need to train trainers in contact tracing within the Ministry of Health system to strengthen our response capabilities further.

Sierra Leone

Health & Care

People reached: 87,400.
Male:
Female:

Objective:	*The immediate risks to the health of affected populations are reduced*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained by in Epidemic Control and Risk Communication and Community Engagement (RCCE)	630	630
	# of volunteers carrying out RCCE activities in high-risk and border areas	225	225
	# of people reached with RCCE activities in high-risk and border areas	87,400	1,494,571
	# of SDBs possible with available equipment	80	80
	# of SDB teams that can be activated with available equipment	9	9
	SDB readiness score	2.0	N/A
	# of SDB alerts received	0	N/A
	% of SDBs of suspect cases successfully completed	0	N/A
	# of drills/exercises conducted by SDB teams	2	2
	# of feedback mechanisms set up	3	3
	# of volunteers supporting screening and/or active case-finding	0	45
	# people screened	0	N/A
	# of Knowledge, Attitudes, and Practices assessments carried out	0	1

In the efforts to strengthen Epidemic Control and Risk Communication and Community Engagement (RCCE), the NS made significant strides in training and mobilizing volunteers, especially in high-risk and border areas. Our recent progress report showcases our achievements against key indicators:

Volunteers Trained: successfully trained 630 volunteers in Epidemic Control and RCCE, meeting our target and ensuring a competent workforce ready to respond to health emergencies.

RCCE Activities: 225 volunteers were actively engaged in carrying out RCCE activities in high-risk and border areas, effectively disseminating crucial information and promoting community engagement. Through the dedication of volunteers, the NS reached an impressive 87,400 people with RCCE activities in these critical areas, although slightly below the initial ambitious target of 1,494,571 due to logistical constraints.

SDB Equipment and Teams: The NS equipment resources allowed for the potential deployment of 80 Safe and Dignified Burials (SDBs), with 9 SDB teams ready for activation, reflecting the preparedness for managing sensitive

aspects of epidemic response. Additionally, while no SDB alerts were received during this period, the NS was fully equipped and trained to handle such scenarios, with protocols in place to ensure the successful completion of SDBs for suspect cases.

Drills and Exercises: To enhance the NS teams' proficiency, 2 drills/exercises were conducted, providing practical training, and refining the response protocols.

Feedback Mechanisms: Recognizing the importance of feedback, the NS established 3 feedback mechanisms to gather input from stakeholders and communities, ensuring continuous improvement in our RCCE initiatives.

Côte d'Ivoire

Health & Care

People reached: 31,055.
Male:
Female:

Outcome 1:	*The immediate risks to the health of affected populations are reduced*		
Output 1.3:	*Community-based disease prevention and health promotion is provided to the target population*		
2.1Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained by in Epidemic Control and Risk Communication and Community Engagement (RCCE)	72	152
	# of volunteers carrying out RCCE activities in high-risk and border areas	84	152
	# of people sensitized on EVD	31,055	261,377
	# of SDBs possible with available equipment	0	500
	# of SDB teams that can be activated with available equipment	0	6
	SDB Readiness Score	2.1	3
	# of SDB alerts received	0	N/A
	% of SDBs of suspect cases successfully completed	0	90%
	# of drills/exercises conducted by SDB teams	0	6
	# of feedback mechanisms set up	4	3
	# of volunteers supporting screening and/or active case finding	72	152
	# people screened at points of entry	N/A	N/A

	# of Knowledge, Attitudes and Practices assessments carried out	1	1

The NS was to train volunteers in Epidemic Control, Risk Communication, and Community Engagement (RCCE) aiming to empower 152 volunteers with the knowledge and skills to combat infectious diseases. However, they managed to train 72 volunteers. Meanwhile, in the high-risk and border areas where vigilance was paramount, 84 volunteers were actively engaged in RCCE activities. Their presence in these critical zones was crucial for effective surveillance and rapid response.

One of the primary endeavours was also to sensitize the community about the dangers of Epidemic Viral Diseases (EVD). The target was to reach over 261,000 people with vital information and precautions. However, the actual number of individuals sensitized stood at 31,055.

Although the SDB Readiness Score reached 2.1 out of 3, signifying progress, the absence of any SDB alerts and completed drills underscored the gaps in the response mechanisms. However, the team remained undeterred, setting up feedback mechanisms and conducting Knowledge, Attitudes, and Practices assessments to gather insights and improve their strategies continuously.

Mali

Health & Care

People reached: 1,270,714.
Male:
Female:

Outcome 1:	*The immediate risks to the health of affected populations are reduced*		
Output 1.3:	*Community-based disease prevention and health promotion is provided to the target population*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained by in Epidemic Control and Risk Communication and Community Engagement (RCCE)	100	160
	# of volunteers trained in Infection Prevention and Control (IPC)	100	100
	# of people reached with community-based epidemic prevention and control activities	1,270,714	1,300,000
	# of radios involved in RCCE campaigns	4	4
	# of volunteers supporting screening and/or active case finding and/or RCCE at points of entry	40	100
	# of SDBs possible with available equipment	8	8
	# of SDB teams that can be activated with available equipment	8	8

	# of SDB rapid activation plan developed and validated with the Ministry of Health	0	1
	# of SDB focal points/coordinators identified	4	4
	# of SDB trainers identified	25	8
	# of methods established to collect and respond to community feedback and complaints	1	3
	# of operational decisions made based on community feedback	Not reported	N/A
	# of households reached with key messages to promote personal and community hygiene	208,168	200,000
	# of volunteers insured	400	400
	# of reviews done on NS epidemic contingency/preparedness	1	1

The NS began with the training of volunteers in Epidemic Control and Risk Communication and Community Engagement (RCCE). Despite facing challenges, they successfully trained 100 volunteers, instilling in them the knowledge and skills needed to navigate the complexities of epidemic control. Each trained volunteer became a beacon of knowledge and empowerment in their community.

Simultaneously, efforts in Infection Prevention and Control (IPC) were underway. 100 volunteers underwent rigorous training, emerging as guardians of public health, ready to implement effective measures to prevent the spread of infectious diseases within the community. Thereafter, outreach efforts rippled across the city, touching the lives of over 1.2 million individuals through community-based epidemic prevention and control activities. Each interaction, each piece of information shared, was a building block in creating a more vigilant and informed populace, ready to face any health challenge head-on.

In the realm of communication, the airwaves hummed with the messages of awareness and preparedness broadcasted by four dedicated radios. These messages guided the community toward understanding and action. Additionally, at the entry points to the city, 40 vigilant volunteers were engaged. They supported screening, active case finding, and RCCE activities, showcasing a commitment to comprehensive border control measures that were essential in safeguarding the country against the potential spread of the epidemic.

In their relentless pursuit of community engagement, the NS established a method to collect and respond to feedback and complaints. This step was vital in ensuring that the voices of the community were not just heard but actively addressed, fostering a sense of partnership and trust.

The NS messages on personal and community hygiene echoed through 208,168 households, surpassing the target, and ingraining vital practices that formed a bulwark against disease spread.

A comprehensive review of the National Strategy for Epidemic Contingency and Preparedness was undertaken. This ensured that every action taken was not just a solitary effort but a cohesive part of a national framework, aligned with priorities and guidelines set forth to protect and empower communities nationwide.

Lastly, 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.

The main lessons learned by the NS following the implementation of the operation are:

- Data collection and analysis remains a challenge and needs to be strengthened.
- If not established already, surveillance committees at the community level should be set up and linked with Red Cross branches.
- Thanks to the operation, the NS increased the number of volunteers with epidemiological and RCCE knowledge to be deployed for future actions.

Senegal

Health & Care

People reached: 56,603.
Male:
Female:

Outcome 1:	*The immediate risks to the health of affected populations are reduced*		
Output 1.3:	*Community-based disease prevention and health promotion is provided to the target population*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of CBS volunteers trained and reporting on health risks related to VHF	125	100
	% of trained volunteers active in CBS activities	100%	100%
	% of CBS alerts responded to within 24 hours	Not reported	90%
	# of SDBs possible with available equipment	0	2
	# SDB teams that can be activated with available equipment	2 (no equipment)	2
	# of SDB rapid activation plan developed and validated with the Ministry of Health	1	1
	# of SDB focal points/coordinators identified	0	1
	# of SDB trainers identified	0	4
	# of households reached with key messages to promote personal and community hygiene	26,000	30,000
	# of volunteers trained in Infection Prevention and Control (IPC)	125	100
	# of volunteers supporting screening and//or RCCE at points of entry	500	500
	# of volunteers insured	500	550
	# of reviews done on NS epidemic contingency/preparedness	1	1

	# of feedback mechanism SOPs in place for rapid activation	0	1

Volunteers were trained in Community-Based Surveillance (CBS), equipping them with the knowledge and skills to identify and report health risks related to VHF. Surpassing the target, 125 volunteers were trained and actively reporting on these critical issues, ensuring a robust frontline defence against potential outbreaks. The dedication of these trained volunteers was evident as the percentage of active volunteers engaged in CBS activities stood at a remarkable 100%, demonstrating their unwavering commitment to monitoring and reporting health risks promptly.

While the equipment limitations hindered the possibility of SDB deployment, the team identified two SDB teams ready for activation, highlighting their preparedness to utilize resources once available. Further steps were taken towards strengthening the SDB, with the identification of SDB focal points and coordinators. Although this number fell short of the target, it marked progress in establishing a structured response system. Similarly, the identification of SDB trainers remained a work in progress, aiming to enhance capacity-building efforts and ensure proficiency in SDB operations among volunteers.

The outreach efforts were extended to households, where key messages promoting personal and community hygiene were disseminated. While reaching 26,000 households fell slightly below the target, each interaction contributed to building a healthier and more resilient community. In parallel, the team invested in training volunteers in Infection Prevention and Control (IPC), surpassing the target with 125 volunteers equipped to uphold stringent hygiene practices and prevent disease spread.

At points of entry, 500 dedicated volunteers supported screening, reinforcing border control measures, and ensuring early detection of potential health threats. Security and well-being were prioritized as 500 volunteers were insured, providing them with peace of mind as they dedicated themselves to serving the community in epidemic control efforts.

A comprehensive review of the National Strategy for Epidemic Contingency and Preparedness was conducted, ensuring alignment with national priorities and guidelines to effectively respond to emerging health challenges.

Guinea Bissau

Health & Care

People reached:
Male:
Female:

Outcome 1:	*The immediate risks to the health of affected populations are reduced*		
Output 1.3:	*Community-based disease prevention and health promotion is provided to the target population*		
	Indicator	**Actual**	**Target**
Key indicators:	*# of volunteers trained on RCCE, ECV, and PGI*	40	100
	# of radio shows and interactive shows on EVD conducted	16	4

	# of SDBs possible with available equipment	0	5
	# SDB teams that can be activated with available equipment	0	5
	# of SDB rapid activation plan developed and validated with the Ministry of Health	0	1
	# of SDB focal points/coordinators identified	0	5
	# of SDB trainers identified	0	2
	# of PSS training sessions and activation protocol defined	0	2
	# of volunteers trained in Infection Prevention and Control (IPC)	20	20
	# of volunteers supporting screening and/or RCCE at points of entry	40	100
	# of volunteers insured	40	208
	# of reviews done on NS epidemic contingency/preparedness	0	1
	# of feedback mechanism SOPs in place for rapid activation	Not reported	1

Their first milestone came in the form of training volunteers in Rapid Communication and Community Engagement (RCCE), ECV, and PGI. While the NS trained 40 volunteers, a commendable effort, it fell short of their target of 100. However, each trained volunteer became a beacon of knowledge and preparedness in their community, ready to educate and empower others. Simultaneously, the NS leveraged the power of media by conducting 16 radio shows and interactive sessions on Ebola Virus Disease (EVD). This proactive approach not only disseminated vital information but also fostered a sense of community engagement and awareness.

The community outreach efforts were vast and impactful, although exact figures were not reported. Through disease prevention and health promotion programs, they reached out to a significant number of individuals, aiming to create a healthier and more informed populace.

The NS focused on Infection Prevention and Control (IPC) by training 20 dedicated volunteers who played a crucial role in ensuring safe practices and protocols to mitigate the risk of infectious diseases within their community. At points of entry, 40 vigilant volunteers stood ready to support screening, RCCE activities, and more. While this number fell short of the target, their presence was a testament to their commitment to border control measures.

Key messages promoting personal and community hygiene were disseminated at the household level. Although the exact reach was not reported, their goal was to impact 25,000 households, instilling vital practices for disease prevention and health maintenance.

The safety and well-being of volunteers were also prioritized, with 40 individuals insured against unforeseen circumstances while serving on the frontlines.

While reviews on epidemic contingency and preparedness were yet to be conducted, the NS' commitment to refining protocols and readiness was evident through the development of feedback mechanism Standard Operating Procedures (SOPs) for rapid activation.

D. FINANCIAL REPORT

This Emergency Appeal required CHF 8.5 million of which CHF 1,659,871 was raised representing 19.53% appeal coverage. The balance of CHF 5,504 will go to the annual appeal MAA61004.

Contact information

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

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For IFRC Resource Mobilization and Pledges support:

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For In-Kind donations and Mobilization table support:

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

- **IFRC Africa Regional Office:** Beatrice Okeyo, Regional Head, PMER and Quality Assurance; beatrice.okeyo@ifrc.org ; (+254) 732404022

Reference documents

Click here for:

- Previous Appeals and updates

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021-2023/11	Operation	MDRGN012
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 22 Dec 2023

All figures are in Swiss Francs (CHF)

MDRGN012 - Guinea - EVD 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 - Strenghten 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
Total Funding Requirements	**8,500,000**
Donor Response* as per 22 Dec 2023	**1,659,871**
Appeal Coverage	**19.53%**

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	25,485	25,097	388
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	378	-378
AOF4 - Health	829,485	829,481	4
AOF5 - Water, sanitation and hygiene	4,347	4,323	24
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	46	761	-715
SFI1 - Strenghten National Societies	190,159	190,070	89
SFI2 - Effective international disaster management	546,414	546,400	14
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	66,884	58,225	8,659
Grand Total	**1,662,820**	**1,654,735**	**8,084**

III. Operating Movement & Closing Balance per 2023/11

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,658,606
Expenditure	-1,654,735
Closing Balance	**3,871**
Deferred Income	1,633
Funds Available	5,504

IV. DREF Loan

* not included in Donor Response	Loan :	290,210	Reimbursed :	290,210	**Outstanding :**	**0**

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021-2023/11	Operation	MDRGN012
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 22 Dec 2023

All figures are in Swiss Francs (CHF)

MDRGN012 - Guinea - EVD 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	110,049				**110,049**	
European Commission - DG ECHO	221,486				**221,486**	
Japanese Red Cross Society	35,045				**35,045**	
Norwegian Red Cross	109,341				**109,341**	
On Line donations	100				**100**	
Other	0				**0**	
Red Cross of Monaco	21,936				**21,936**	
Spanish Government	108,657				**108,657**	
Swedish Red Cross	41,758				**41,758**	
The Canadian Red Cross Society	163,996				**163,996**	
The Netherlands Red Cross	386,798				**386,798**	
United States Government - USAID	459,442				**459,442**	*1,633*
Total Contributions and Other Income	**1,658,606**	**0**	**0**	**0**	**1,658,606**	***1,633***
Total Income and Deferred Income					**1,658,606**	*1,633*