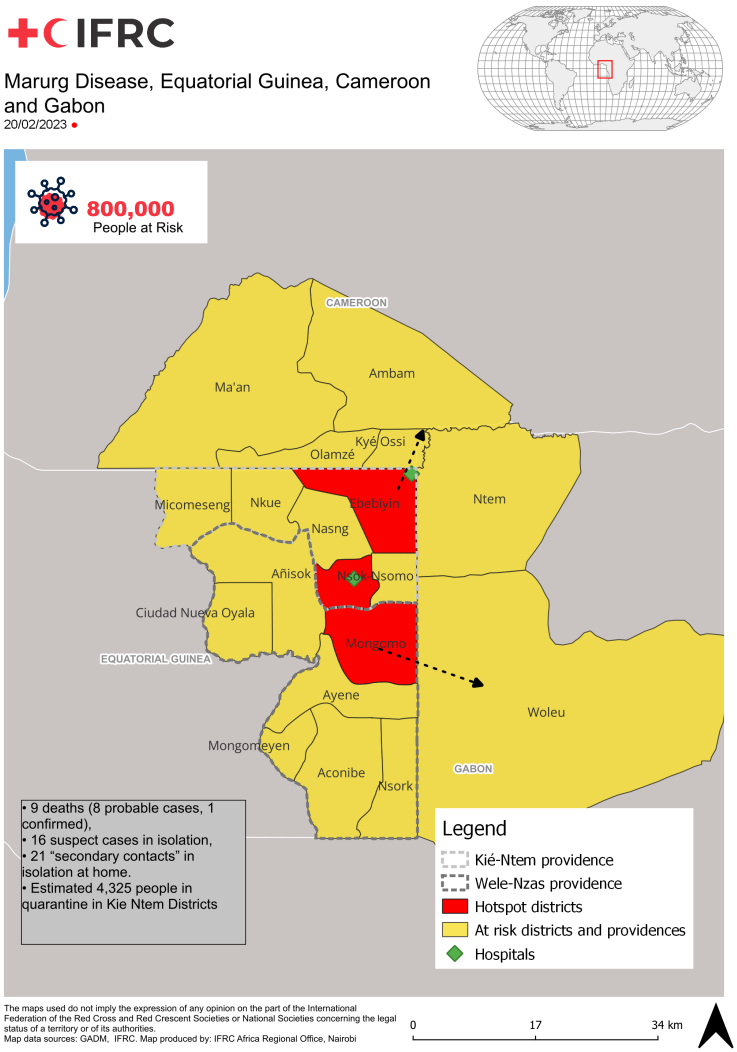
DREF APPLICATION

Equatorial Guinea Marburg Outbreak

NS members in meeting https://realequatorialguinea.com

Appeal: **MDRGQ003**	DREF Allocated: **CHF 299,929**	Crisis Category: **Orange**	Hazard: **Epidemic**
Glide Number: **EP-2023-000027-GNQ**	People Affected: **800,000 people**	People Targeted: **300,000 people**	
Event Onset: **Sudden**	Operation Start Date: **2023-02-26**	Operation End Date: **2023-07-31**	Operation Timeframe: **5 months**
	Targeted Areas:	**Kientem**	

Description of the Event



@IFRC Map of outbreak situation in Equatorial Guinea with area at risk 20.02.2023

What happened, where and when?

From January 7th to February 6th, 2023 the Ministry of Health of Equatorial Guinea identified a cluster of deaths in two remote districts of the continental region of Equatorial Guinea (Nosrk Nsomo and Ebebiyim) where a total of 9 deaths occurred with similar symptoms related to viral hemorrhagic fever. Equatorial Guinea currently does not have the laboratory capacity to test for VHF, hence samples from those who were sick and from close contacts were sent to Gabon and Senegal. The samples sent for testing in Gabon were negative, but the out of the eight samples sent to Dakar, Senegal, one tested positive for the Marburg virus.

On 13 February 2023, the Equatorial Guinea MoH officially declared the outbreak. (https://www.afro.who.int/countries/equatorial-guinea/news/equatorial-guinea-confirms-first-ever-marburg-virus-disease-outbreak)

As of 17 February, 1 case is confirmed, 8 are probable (deaths from individuals with VHF symptoms that were not tested), and 16 suspect cases in isolation (2 are showing signs and symptoms). 21 additional are considered secondary contacts. There is restricted access to Kie Ntem district, with an estimated 4,235 people in quarantine.

The affected district is located in the north-east of Equatorial Guinea mainland, bordering Cameroon and Gabon. Several suspected cases were identified in Cameroon, but all samples were negative for the Marburg virus. There is no notification of cases or symptoms related to Marburg on the Gabonese territory.

Marburg Virus Disease (MVM) is a highly virulent disease that causes haemorrhagic fever, with a case fatality rate

of up to 88%. It belongs to the same family of viruses that causes Ebola virus disease. The disease caused by the Marburg virus begins abruptly, with a high fever, severe headache and severe malaise. Many patients develop severe haemorrhagic symptoms within seven days. The virus is transmitted to humans by fruit bats and spreads among humans through direct contact with the body fluids of infected people, surfaces, and materials. There is no approved vaccine or antiviral treatment for the virus. However, supportive care - rehydration with oral or intravenous fluids - and treatment of specific symptoms improve survival.

Scope and Scale

The Marburg outbreak declared on 13 February 2023 is the first VHF outbreak in Equatorial Guinea. At present, the epidemiological situation is as follows:
•1 case confirmed, 9 deaths (8 probable cases, 1 confirmed), 16 suspect cases in isolation, 2 of those in isolation are showing signs and symptoms. 21 are considered "secondary contacts" and are in isolation at home.
•Estimated 4,325 people in quarantine and restricted access to Kie Ntem District.
However, given the low levels of contact tracing, the reduced number of samples collected, the lack of testing capacity in country, the time required to collect and send samples to other countries, and the delays in obtaining results, these numbers may not reflect entirely the reality of the outbreak. The attack rate is also considerably high, at 23% for relatives and 81% for those providing direct care to infected persons when precautions are not strictly practiced. Moreover, case fatality ratios from past outbreaks have ranged from 24% to 88%, depending on the case management. The above, associated with the time elapsed between the identification of the first symptoms (7 January) and the confirmation of the virus (13 February), considerably heightens the potential of a widespread infection and poses challenges to the response and overall control of a very virulent outbreak.

According to government information, initial alerts and deaths have been traced back to public events which, according to local religious and cultural customs, bring together several dozen and sometimes hundreds of people. Untraced contacts in the community, rumours and lack of information within the communities could be an important transmission lever that needs to be managed urgently.
The level of vulnerability of the population and the risk of the situation deteriorating are therefore greater for the whole population in the Province but also in the country, particularly in the province of Wele-Nzas, neighbouring Kie-Ntem where some contact cases had been traced. The total population of Kié-Ntem, according to 2015 estimates, was 183,664, and that of Wele-Nzas 192,017. The country has two regions (the island region and the mainland region) and eight provinces, Kié-Ntem and Wele-Nzas are provinces in the mainland region of Equatorial Guinea.
The health risk posed by this disease extends well beyond the two provinces to the sub-regional level, as the affected province borders Cameroon and Gabon. The population in the areas immediately at risk is approximately 800,000 people. The numerous communication and trade routes between Equatorial Guinea, Cameroon, and Gabon should be taken into account in the chain of transmission, with numerous movements by land and sea increasing the risk.

Access for humanitarian actors to the quarantined zone is only allowed with a letter of permission from the government. The National Society is assured they would be able to operate with a letter, however, a formal request for support has not yet been issued by the Ministry of health.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**No**
Did it affect the same population groups?	**No**
Did the National Society respond?	**No**
Did the National Society request funding from DREF for that event(s)?	**No**

If yes, please specify which operations	-

Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation
This is the first VHF (Marburg) outbreak ever declared in Equatorial Guinea, hence the National Society does not have the specific experience nor learning to share in the management of this type of outbreak. However, some lessons learned from the implementation of previous DREF (MDRGQ002) and COVID-19 operations, can be extrapolated. The following points will be monitored closely and have been anticipated in the planning.

The National Society should make an effort to mobilize a considerable number of community volunteers for this response, given the necessity to scale up immediately risk communication and community engagement activities in the different communities affected and at risk.

The National Society staff in HQ and branches must be consistently supported for appropriate management of the outbreak response, including technical and support services.

Volunteers from the affected and at-risk communities must receive solid capacity strengthening in the different technical areas, prior to engaging in the different activities planned.

The NSDiE plan will be developed to support the National Society in building sustainable solutions for the management of emergency operations, including finance, logistics and procurement, and volunteer management, among others, assessed critically.
The presence on the ground of an IFRC surge and Yaoundé cluster staff will be deployed to support the NS response and reinforce their capacities. At present, staff from the Yaoundé Cluster delegation are already in-country to support the planning and response. A constant presence will also be needed throughout the operation.

Current National Society Actions

Health	As of 16/02/2023, the Ministry of Health had requested the National Society to deploy their volunteers for RCCE and hygiene promotion. The IFRC is expediting support in trainings and appropriate PPE to ensure this can be done with the right quality and duty of care.
National Society Readiness	The National Society has about 26 employees, 500 volunteers and is divided into a national headquarters (Malabo), 5 provincial committees, 10 district committees and 1 municipal committee. Due to instability, Equatorial Guinea Red Cross has experienced challenges in carrying out its mandate. Staff and volunteers need support from the IFRC in different managerial areas, as well as technical capacity building. Nevertheless, the National Society has remained active in disaster response (Bata explosion), and COVID-19 response, as well as attending to the general public with first aid services. The Kie Ntem provincial committee which is based in Ebebiyin. The Nsok-Nsomo district committee, which is the affected area, has 5 staff and 14 volunteers. The Wele-Nzas provincial committee based in Mongomo has 12 volunteers. Volunteers in these areas, already trained in first aid, were briefed on health promotion and community engagement during the COVID-19 operation in 2020. However, further training and refresher courses are more than necessary. The NS has volunteers trained in CBHA in 2019 but no volunteers trained in EPiC. The support of the IFRC will entail the deployment of staff from the Yaoundé

	cluster delegation, as well as surge deployments from its roster of experts, including support in National Society development in emergencies (NSDiE).
Coordination	The NS, as an auxiliary, maintains continuous contact and coordination with the concerned authorities, in particular the Ministry of Health and its provincial and district divisions. With the support of the IFRC, the National Society is strengthening coordination with WHO, UNICEF, and Africa CDC representatives recently deployed. All entities involved in the response are supporting the MoH in the development of the emergency plan of action, including the definition of roles and responsibilities of partners (including the National Society) as well as establishing coordination mechanisms. Given the ongoing planning process in country, this DREF may be adjusted to reflect the agreements between the National Society, IFRC, MoH and relevant parties.

Movement Partners Actions Related To The Current Event

IFRC	The IFRC supports the National Society in strengthening response coordination, including liaising with external actors - MoH, WHO, UNICEF, AfCDC, and other NGOs/actors present in country. Through the Yaoundé Cluster delegation, the IFRC will extend support to the National Society in areas of governance and management of emergency operations. An emergency deployment was made in compliance with security measures to accompany the NS in the management of this crisis and to provide technical support for the planning and launch of activities pending the arrival of the surge teams. The IFRC's surge team will provide technical support throughout the implementation of the operation from the start. Also, operational meetings are held daily between the Cluster, Regional Office, and Geneva teams to ensure system-wide support for the response. Currently, there are no other Partner National Societies operating in Equatorial Guinea. Depending on the course of the epidemic, the IFRC secretariat may request additional support from members of the host National Society.
ICRC	No presence of ICRC in the country.
Participating National Societies	Not present in the country, the ICRC covers Equatorial Guinea from its Central Africa office in Yaoundé. The ICRC is informed through exchanges with the IFRC at their respective headquarters in Yaoundé. Like the NSPs, the ICRC will be informed and coordination meetings will be held online with the IFRC in which they can participate. Possibilities of support will be discussed and updated at this time, as well as possible security concerns.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
	Upon declaration of the suspected cases, the government has restricted the activities of local and international actors related to this epidemic to avoid

National authorities	panicking the population while waiting for the confirmation of the tests. Various cases are being investigated and pending the results, the government has closed the borders/roads that connect the area in question with other localities in the country. Until the confirmed case was declared, the Government called for the suspension of all forms of national and international action. The samples collected were sent by the Government with the support of WHO to Port Gentil (Gabon) on Friday 10 February 2022 and came negative for Ebola. Another sample sent to Institute Pasteur in Senegal came positive for Marburg on 13 February. The confirmation of a positive case of Marburg was then made public. All interventions will be subject to the response plan that will be made public by the Government.
UN or other actors	External movement partners present in the country include WHO, Africa CDC, and UNICEF. •WHO: The support of WHO has enabled samples to be sent for testing •WHO identified the cases and contact cases. They tested them and then put them in containment. •Other partners waiting for the government's plan have not yet launched interventions. An MSF team will also be deployed in the near future.

Are there major coordination mechanisms in place?

From 7 to 11 February, the government had put in place a low profile measure to avoid disinformation and rumours. But since the alerts began, the government has set up a crisis management committee to define the response strategy. Technical meetings are held at the Ministry of Health with WHO and other government actors for epidemiological updates and planned actions.

However, strategic meetings have been held by the NS with the support of the IFRC to get closer to the actors present in the country and to ensure information sharing.

Needs (Gaps) Identified

Community Engagement And Accountability

As the disease is new and a few days have passed before the origin of the deaths recorded since early February has been confirmed, the risk of rumours has already been assessed by the government and local authorities. The initial assessment by UN staff on the ground has also confirmed this. Misinformation and lack of knowledge on the part of communities is a significant risk that needs to be addressed from the outset through a strong feedback management system and engagement at both community and institutional levels through local leaders, stake-holders, and actors. Data collection and management will be an important pillar in addressing awareness raising. A feedback system needs to be put in place to ensure appropriate collection, management, and response.

During the response to the Bata explosion in 2021, 40 volunteers, 4 supervisors, and the national disaster management team were briefed on cumulative impact assessment to give them strategies for community engagement and accountability.

The feedback system used for the COVID-19 operation and previous intervention correspond to the NS capacity, which is a paper data collection system, that fits the current NS capacity and local realities. The challenges and changes of focal points at the NS level have destabilized the feedback mechanism established in the past. As such, there is a need for new Focal points to be trained on managing that feedback mechanism and also sensitive feedback. The appropriate system will then be established.

Protection, Gender And Inclusion

In epidemics, affected people and their families may suffer from severe forms of stigmatization and exclusion. There is a need to maintain communities informed and advocate with community leaders and actors to ensure that those affected will be accepted and reintegrated in their communities.

Health

i) Community health: This is the first outbreak of Marburg in the country and even in the sub-region. The mortality rate of this disease, combined with the lack of awareness of the disease, poses a significant risk to the country and its surroundings. Guinea's borders are trading areas that frequently host cross-border traders, both formal and informal, compounding the challenge of ensuring effective contact tracing for a disease with a mortality rate of 25% to 88%. Marburg virus disease is a highly virulent disease that causes haemorrhagic fever, a similar symptom observed in all deaths recorded since 7 February 2022 in the province.
Marburg disease is of the same family as the virus that causes Ebola disease. The disease caused by the Marburg virus begins abruptly, with high fever, severe headache, and severe malaise. Many patients develop severe bleeding symptoms within seven days. The virus is transmitted to humans by fruit bats and spreads among humans through direct contact with the body fluids of infected people, surfaces, and materials.

ii) Health structure, capacity, and gaps
There is no approved vaccine or antiviral treatment for the virus. However, supportive care - oral or intravenous rehydration - and treatment of specific symptoms improve survival. No concrete immunisation exists.
The country's health facilities are currently very weak. The provincial health centre would not be able to cope with this level of emergency and the management of cases that may result from this outbreak. The condition of the previously hospitalised and recently deceased patient also raises concerns about the level of protection of health workers and any supporting partners such as the EGRCS. The 2 most important health structures in the Kie-Ntem

zone are:
- In the districts of Nsok-Somo and Mongomo, one district hospital covers the entire population.
- The district of Ebebiyin where the provincial hospital is based because the district is the capital of the province.

The country has no laboratory capacity and therefore samples were sent out to others countries as described in the event section. The nearest testing capacity is in Gabon and Cameroon but also in Senegal.

National Society health response capacity:
National Society capacity needs additional skills and ongoing technical and coordination support. Most importantly, volunteers will need to be trained in CBHA in 2019 but no volunteers have been trained in EPiC.

Water, Sanitation And Hygiene

Hygiene Promotion and awareness need to be strengthened in health centres and communities, as the most effective way of preventing the spread of the disease. The DHO does not have sufficient resources for disinfection when a suspected case is notified. Although quarantine and isolation have been established, there is a need to support health centres and communities to reduce the spread of the disease.

Operational Strategy

Overall objective of the operation

The overall objective is to reduce mortality and the risk of transmission by supporting the management of the outbreak, especially focusing on RCCE, Hygiene Promotion, Safe and Dignified Burials, in KIE-NTEM province while coordinating for effective early actions in the Surrounding Province of Wele-Nzas mainly and Centro Sur later on.
This intervention is also part of what is expected to be an MoH-coordinated response strategy to the sub-regional risk of expansion of the Marburg disease. Due to the location of the outbreak, this response will also be integrated with a crossborder preparedness effort for MVM prevention and rapid identification/ response in Cameroon and Gabon

Operation strategy rationale

This plan is established based on standard response for hemorrhagic disease and proposed support and operation teams follows the capacity of the branches. EGRCS will revise this plan in case of priority change of Government National response plan and WHO and MoH specific request for this outbreak which is yet to be delivered.
This operation give path to strengthen NS leadership and positioning in the humanitarian coordination system and also to fit request from Government following auxiliary role of the Government. The participation to the coordination mechanism in place will also play key role in this response as well as setting an integrated approach to complement the gaps in the field.
The EGRS plan will ensure the health response is cover at community level and prevention is strengthen in the various entry points and in the affected and at risk districts. This involve an adequate RCCE strategy and ensuring data collected through feedback system, volunteers and stakeholders are analysed and support addressing the contact tracing and prevention system. The WASH gaps should be addressed as well.
Below are the approach for each pilars:

i)Coordination:
NS will partake in various coordination meetings at national and district levels, to ensure alignment between its strategy and that of MoH for best impact. This will be led by the Director of Health and Social Services at national level and by the Public Health officer with support from NDRT at district level. They shall all work under

general supervision of operation management in Malabo. Structure is set to ensure NS is integrated in operational coordination and high-level discussion in county and branch level. IFRC have supported a FastTrack deployment of operation coordinator health specialist to support the positioning of NS in the coordination system.
NS EOC team will be mainly based on Ebibeyin where the field coordination is ongoing.

ii)Community Health
Health intervention will be a collective strategy for increasing community health literacy and early detection for MVD, as well as interrupt the transmission. Key pillars of NS intervention on this operation will include: EPiC, Surveillance and Contact Tracing, RCCE.

EPiC
An EPiC training will be organized in a cascade approach to ensure from staff to field team, everyone engaged on the operation receive the competencies required to safely and effectively intervene.

A Training of Trainors (ToT) will be organized with staff and branches focal point and supervisors. Made of 20 trainers. Training for 120 volunteers and CHW and 9 supervisors will then later been conducted.
•All trainings to be completed on week 2 from this planning phase to quickly help operation teams, understand the basic principles of epidemics, disease prevention and control. Volunteers will be capable of early action, effective communication with communities and collecting feedback. They will also be able to conduct local needs assessments, health education, behavior, and social change, and engage their communities for early action for potential outbreaks. In a nutshell, the EPiC training includes modules on ECV, CBHFA, CEA, and PFA.

Surveillance and contact tracing preparedness and deployment as necessary in possible development scenario.
•The trained 120 volunteers will also support active case finding as part of regular community health activities
•Contact tracing will be coordinate with MoH and WHO system.

Risk Communication and Community Engagement (RCCE):
All the operation team will receive a training on CEA in emergency module to enter communities and approach people in the best acceptable way. Language consideration, assessed in previous operation as an important parameter will be always check and adapted to local preferences. Communication channels and activities will follow the communities activities and availability, especially during focus group and sensitization in the communities. Throughout the project and even at the distribution site, beneficiaries were made aware of the project's objectives, the vulnerability criteria and the different channels for reporting complaints. In addition to the channels already available, a helpdesk was set up at the distribution site. All beneficiaries wishing to give positive or negative feedback were asked to go there.

iii)Hygiene promotion , Wash in health centers and communities : the operation teams will received specifics trainings on hygiene promotion , wash in emergencies. After they will be able to support communities and health centers on disinfections where suspected cases have been identified.

iv)Promote the practice of protection, gender and inclusion,
PGI main focus be to prevent the families with affected people, volunteers engaged in this response and survivors of the disease to face stigmatization and rejection from the communities. PGI standards will be incorporated to the promotion messages. Trainings will be conducted as part of the EPiC to ensure volunteers mobilized can effectively addressed the feedback on the above concerns and also volunteers can handle their work in the context of prevention and support for victims of gender-based violence, sexual and abuse.

vi)Safe and Dignified Burials (SDB):
IFRC support will be engaged for quick mobilization and availability of SDB in the country. Considering the period for the procurement, support might be requested from nearest country as DRC and replenishment done through this operation.
A full package training of 4 days will be needed as this is new for the NS.
IFRC regional health will be deployed for quick startup while surge unit is mobilized for the research of the profiles listed below.

Targeting Strategy

Who will be targeted through this operation?
This operation will focus on 2 priority areas:
•Priority one will be the Province with ongoing outbreak declared: Kiet-Ntem (district of nsok-Somo and Ebebyn). Particular accent will be put to the villages where the communities have been reported part of the funeral ceremony (d'EBU NSOK MOKOMO, Ngumu) and all villages surrounding in districts of NSOK NSOMO.
•Priority two will be surrounding Provinces of Wele-Nzas (district of Mongomo) through an awareness campaign, intensive and diverse with various platforms and channels.

The direct target (220,265 people) to be reached by volunteer activities will be 37,920 people in Nsok-Somo; 88,326 people in Mongomo and 94,019 in Ebebiyin. The overall target extended to a total of 300,000 people that will be reached with mass media and large communication radio.

Explain the selection criteria for the targeted population
The entire population of the affected area will be targeted for all activities, as they all are exposed in the same manner.

Total Targeted Population

Women:	**132,000**	Rural %	Urban %
Girls (under 18):	**-**	**%**	**%**
Men:	**168,000**	People with disabilities (estimated %)	
Boys (under 18):	**-**	**%**	
Total targeted population:	**300,000**		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
6. Access: The major difficulty for this operation is access to Equatorial Guinea. Although ECCAS countries benefit from the free movement of people and goods among themselves, Equatorial Guinea is in most cases restricted.	To remedy this situation, the RC of Equatorial Guinea will have to start exchanges with the diplomatic services to facilitate the obtaining of travel documents and entry into the country. In addition, the ECCAS note inviting other countries in the sub-region to provide support to Equatorial Guinea could be an element in facilitating this access.
1.COVID 19	EGRCS has been part of COVID EA and all volunteers and staff are aware of preventive measures. COVID protection PPE will also be provided during the operation and social distance will be respected. COVID 19 risk will be part of the security and safety briefing for all engaged team.

2. Risk of a MARBURG case detected among volunteers linked to conducting community health promotion actions.	NS will ensure volunteers and all the team are well trained, social distance are maintained.
3. Movement of populations through EG Cameroon and Gabon	Entry point in different borders will be closely monitor with special attention during sensitization.
4. Limited Marburg knowledge identified during the discussion with communities and volunteers prevention activities.	The RCCE approach will ensure to addressed this risk and trainings to volunteers too.
5. Language barrier: The official language in Equatorial Guinea is Spanish and is a hindrance or barrier to communication, especially with regard to the deployment of support staff from the sub-region.	The IFRC can provide personnel with adequate language skills either from delegation and/or surge desk. The language will be requirement and human resource profiles will be required the ability to speak Spanish or French as secondary option as this is an asset to facilitate the operation. The IFRC, through its deployment system, will be able to provide the RC of Equatorial Guinea with Spanish speaking resource persons from its database who meet the skill sets required for the operation. The isolated areas and people in the affected areas are commonly using "Fan", a local language which helps for integration. The need for support will be explore at sub-regional level where same languages are spoke.

Planned Intervention

	**National Society Strengthening**	**Budget**	CHF 19,597
		Targeted Persons	155
Indicators		**Target**	
Number of road-map with timeframe		1	
Number of NSDiE plan with concrete action points		1	
#of staff and volunteers involved		149	
Priority Actions:		• National Society will deploy an operation team constituting of mixed NS staff and volunteers as well as IFRC team members to reinforce the technicalities of the response. • EGRCS will deploy the Operations team to the field and ensure all have been well trained and receive COVID protection and security briefing. • Branches will be the first line of response, supervision to the branches to be the HQ program manager will be the health Director of the NS. All the operations are under the high responsibility and leadership of the Vice President of the NS who has experience in epidemic response. • Support will be through missions and the nearest comities available will be the EOC for 5 months. Meaning: NSOK-SOMO and MONGOMO. • NSD will also be supported by the secretariat as detailed under the secretariat section.	

	**Secretariat Services**	**Budget**	CHF 103,151
		Targeted Persons	155
Indicators		**Target**	
#of staff receiving capacity strengthening during this operation		24	
#of surge deployed to sustain the intervention		5	
		The Secretariat will sustain NS capacity and ensure leadership and strategic positioning of the NS in the wilder response and as a humanitarian actor in country The IFRC will support EGRCS in developing its Emergency Response Systems and Procedures, particularly in Finance, Logistics and Procurement, Staff and Volunteer Management, and PMER	

Priority Actions:	(others may be included as necessary). This will be done via a dedicated NSDiE delegate who will work with EGRCS through the different stages: assessment of systems and procedures, identification of priorities, and definition and role out of a plan of action that will be integrated into the IFRC-supported operation. Planned Intervention for National Society Strengthening from Secretariat will include priority actions below: oDesktop Review of relevant laws, RC statutes, policies oAssessment of the NS emergency response systems and procedures oDefinition of NSDiE priorities and establishment of a plan of action oRoadmap with timeframe and roles and responsibilities attributed • 5 Surges to be deployed to support this intervention and also contribute to NS capacity strengthening. • IFRC Regional staff (Health and Ops manager) will coordinate from the technical side operations, liaising with the IFRC program manager based in Delegation of Yaounde. • Close monitoring will be ensured both financial and operational to maintain effective timely response and reporting. • Support to the operation is engaged early with emergency deployment requested by NS and will be covered through this operation. Deployment of IFRC operations has been a big support to ensure NS receives early guidance and assistance in the planning stage. • Monitoring from IFRC will involve both local mechanisms with data collection-analysis and reporting, delegation missions, and remote support by all needed secretariat technical teams using regular meeting•

Community Engagement And Accountability

Budget	CHF 13,839
Targeted Persons	300000

Indicators	**Target**
#of feedback system in place	1
Percentage of feedback received and treated	100
#of volunteers and staff trained on RCCE and community feedback management	149
Number of FGD conducted in the overall 3 districts	24
	CEA is playing a big part under this intervention, and modules on CEA are well integrated into the EPiC training. A 1-day module on community feedback will be added to the EPiC training to give staff support on operationalizing the feedback tools. CEA branch-level trainings could be rolled out with volunteers who have not received any CEA trainings before.

Priority Actions:	The activities to implement after completing the trainings are as follow: •Regular briefings with communities and leaders (including religious leaders/ traditional healers) to engage them earlier on NS actions, promote the emblem and discuss upcoming activities and how they can be adapted to the context and needs of the affected communities will be held - Consultation with representative community members on their preferences for how information and feedback will be collected and shared •Sharing of timely 2-way information through trusted channels of communication on signs and symptoms of the disease, where to seek care and treatment, and to address rumours or misinformation •Establish a complaint and feedback mechanism based on community preferences and through the existing volunteer network, and ensure feedback analysis is regularly discussed during coordination meetings and acted upon.

	**Water, Sanitation And Hygiene**	**Budget**	CHF 5,784
		Targeted Persons	300000

Indicators	**Target**
#of minimum unit for desinfection to conduct	48
#of districts covered with desinfections	3
Percentage of HH receiving desinfection after a cases suspected and confirmed	100
Percentage of alerts covered for which desinfections have been conducted	100
Priority Actions:	Following gaps identified by the initial assessment conducted by NS, WASH actions will include •Wash promotion training •Procurement of disinfections kits •Conduct disinfection following alerts and request •Promotion of handwashing sessions

	**Health**	**Budget**	CHF 157,558
		Targeted Persons	300000

Indicators	**Target**
Percentage of volunteers and supervisors trained on EPiC package	100
	149

# of volunteers and supervisors deployed for EPiC activities	
#of SDB kits delivered for the response	9
#of SDBs conducted	400
#of teams trained and deployed to conducted SDB	3
#of people reached with prevention messages	220265
#Number of people reached with radio and mass communication	300000
Priority Actions:	Health activities will include: Coordination: •Coordination meetings at national and district levels •High level National coordination meetings and partners meetings Community Health: •Conduct EPiC training including modules on ECV, CBHFA, CEA, and PFA for trainers. Made of 20 trainers including the 9 supervisors. •Conduct EPiC training including modules on ECV, CBHFA, CEA, and PFA for 120 volunteers. •Active case finding linked to community health activities with refferal as per government guidelines •RCCE activities for community engagement and to promote the adoption of protective behaviours •Collection, analysis, and use of community feedback, with particular attention to rumours. •Regular FGDs with community groups to understand social norms, cultural practices, and beliefs around critical behaviours SDB •Discussion and agreement with MoH on roles and responsibilities with regards to SBD •Procurement and positioning of 9 kits SDB - Safe and Dignified Burials with 3 training kits, 5 starter kits, and 1 replenishment kit.) •Mobilisation of SDB teams in Kie-Ntem districts. 3 SDB team ready to support alerts •Coordination with MoH and WHO for community health actions PSS •PSS support will be required for volunteers. PSS training will provide the capacity to conduct psychosocial support to SDB teams and other volunteers who need it. •Affected communities, including families who have lost loved ones with suspected cases and other witnesses to the death, will also receive PSS support if needed.

		Budget	CHF 0

	Protection, Gender And Inclusion	**Targeted Persons**	220265
Indicators		**Target**	
	Priority Actions:	The PGI activities will be blended into the health intervention to ensure all actions are inclusive and promote community sensitivity, gender, minorities, acceptance, and protection concerns resulting from stigma and exclusion for affected families and others. In all actions, NS will ensure to promote of the practice of protection, gender, and inclusion. As such, Activities will involve: •Training of volunteers and staff to understand their role, and responsibility in addressing Protection, gender, and inclusion risk in the community. During the EPiC training ensure minimum standards are fully understood and applied during the awareness, contact tracing, management of feedback, etc. •Completing some printing and dissemination of minimum PGI standards •Re-activate the feedback system in place for COVID and ensure briefing on that with the operation team. Complaints will also be heard. •Management of feedback with all sensitivity and minimum consideration •Response team to ensure PGI is effective in the planned intervention •Key messages will be taught to the volunteers and staff on protection from sexual exploitation and abuse and they will sign the code of conduct.	

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.
120 volunteers and 9 supervisors will be engaged in the various actions to be implemented.
The operation will be led by the Director of Health and Social Services at the national level and by the Public Health officer with support from NDRT at the district level and Volunteers. They are all under the supervision of operation management in Malabo. The HQ of NS will support the branch staff. Overall 20 staff branches and HQ will contribute to successful implementation. Overall 149 people from NS and 5 surges in addition to supporting from IFRC Operations and support team.

Will surge personnel be deployed? Please provide the role profile needed.
For this operation, we need to deploy urgently support team as :
- 01 Surge Public Health in Emergencies Coordinator with Solid experience in set up of RCRC Viral Hemorrhagic Fever (VHF) response systems including Safe and Dignified Burial (SDB) experience
- 01 CEA or possibly support directly from delegation
- 01 finance and 01 Logistic managers as rooving to cover the possible 3 operations Guinea, Cameroon and Gabon
- 01 Information Manager to be deployed

Priority will define the time of deployment but IFRC is already on the field with NS to coordinate the intervention.

If there is procurement, will it be done by National Society or IFRC?
EGRCS will be reinforcing its structure in some core areas – finance, logistics, volunteer management, and generating some capacity. In that process, EGRCS will take advantage of technical expertise from Secretariat for all the procurement to be supported by IFRC. All procurement of SDB kits will go through IFRC logistic chain and a safer

and quicker delivery mechanism will be explored. IFRC will also support NS on procurement to be done. Based on market assessment conducted under MDRGQ002, procurement will likely de deliver to the country by road from Cameroon in case of unavailability in the country as it was the case in previous operations.

How will this operation be monitored?

A monitoring mechanism will be set up at several levels in the form of chain.
At the Yaoundé Cluster level, the technical team ensures operational coordination with the teams in the country, the health actors in the sub-region and makes the link with the regional office. Then, at the country level, the team in Malabo will support the National Society in the coordination with other actors, the planning and monitoring of activities taking place at the field level (area of operation) and will feed back information to the cluster level. The field team will establish a mechanism with the volunteers for the detailed planning of activities and coordinate with the authorities in the field and report to the national headquarters in Malabo and even to the cluster level.
For a better coordination of this mechanism, a platform will be set up for weekly meetings with the cluster team and the field team. At the end of this meeting, a weekly sitrep will be produced and shared with the regional office.

The monitoring mechanism will also ensure regular engagement with the Ministry of Health, both at the national and field (district) levels, and also have the involvement of the authorities to ensure close collaboration and timely support. The same applies to close collaboration and coordination with other national and international actors to avoid duplication and increase synergy and complementarity.

An extended support with surges and Direct support from delegation and regional office will also support the monitoring of the situation..

Please briefly explain the National Societies communication strategy for this operation.

The SN will be supported by the IFRC communication department to produce media content on the operation (spots, programme production guides) and to promote SN activities on Twiteer, WhatsApp etc. In collaboration with the CEA team, there will be the production of question and answer sheets on community feedback, information on RC services and activities).

Budget Overview

DREF OPERATION

MDRGQ003 - Equatorial Guinea
Marburg outbreak

Operating Budget

Planned Operations	**177,181**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	157,558
Water, Sanitation & Hygiene	5,784
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	13,839
Environmental Sustainability	0
Enabling Approaches	**122,748**
Coordination and Partnerships	0
Secretariat Services	103,151
National Society Strengthening	19,597
TOTAL BUDGET	**299,929**

all amounts in Swiss Francs (CHF)

Contact Information

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

- **National Society contact:** Mariano Essono, Health operation manager, +222267156
- **IFRC Appeal Manager:** Adesh Tripathee, Head of Delegation Yaounde, adesh.tripathee@ifrc.org
- **IFRC Project Manager:** Aime MBONDA NOULA, CP3 coordinator, aime.mbonda@ifrc.org
- **IFRC focal point for the emergency:** Rui Alberto Oliveira, Operation Lead, rui.oliveira@ifrc.org
- **Media Contact:** Muriel Atsama, Communications Officer, muriel.atsama@ifrc.org

Click here for the reference