

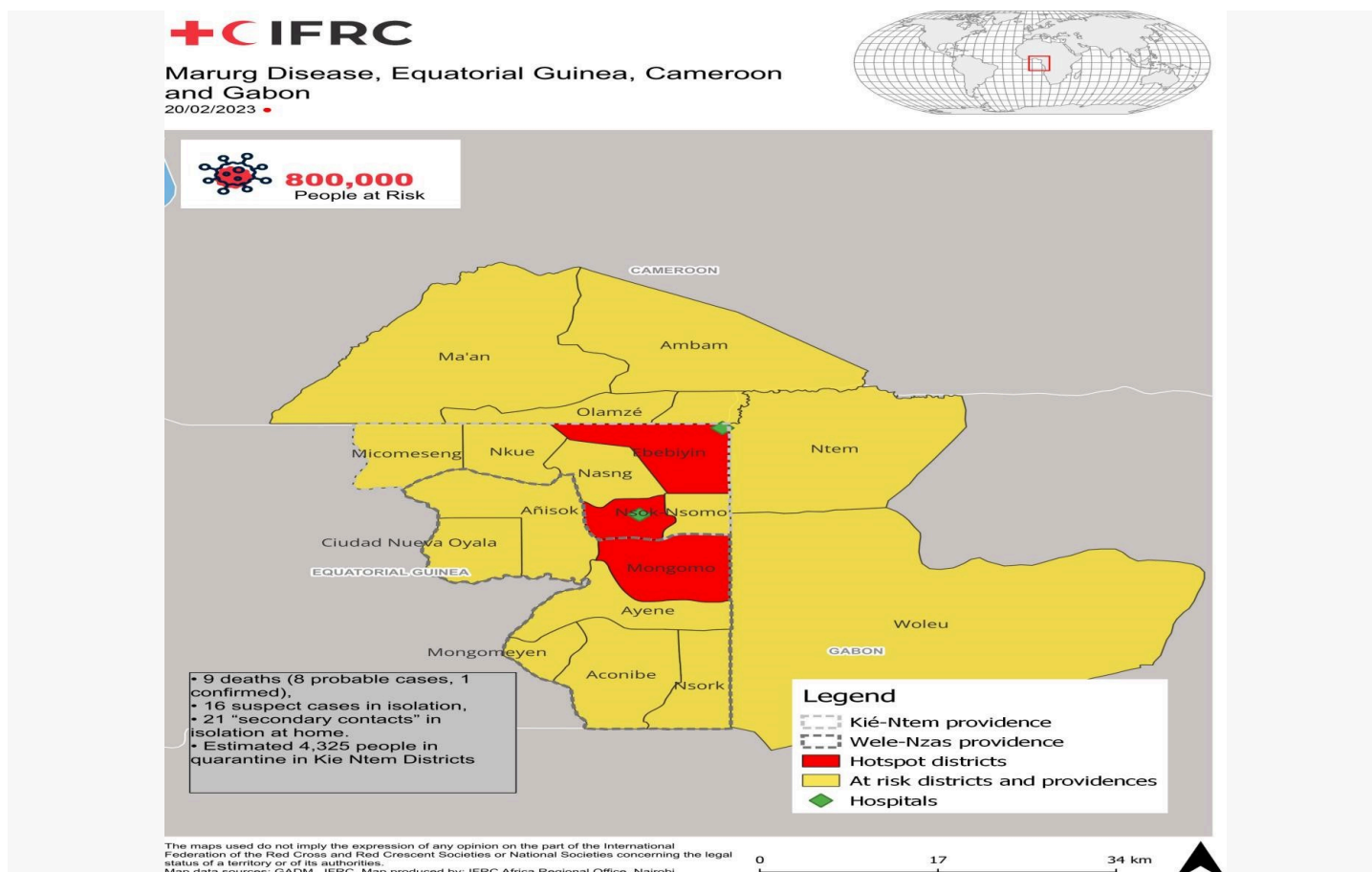


Safe and dignified burial training

Appeal: MDRGA009	Total DREF Allocation: CHF 149,282	Crisis Category: -	Hazard: Epidemic
Glide Number: EP-2023-000027-GNQ	People Affected: 608,104 people	People Targeted: 141,877 people	
Event Onset: Slow	Operation Start Date: 06-03-2023	Operational End Date: 31-07-2023	Total Operating Timeframe: 4 months
Targeted Areas: Woleu-Ntem			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Provide any updates in the situation since the field report and explain what is expected to happen.

In sitrep N°2 published on February 25, 2023, the authorities mentioned that since the alert of February 13, 2023, confirming a positive sample for Marburg disease, more than 163 people had crossed the land border between the 3 countries: Equatorial Guinea, Cameroon, Gabon. It should be noted that suspected cases have been detected in the two neighboring countries of Gabon. These official travel reports, therefore, remain of concern and support the additional actions undertaken by the Gabonese Red Cross (CRG) to strengthen preventive measures, the preparation of the NS and the community alert system in contribution to the mandate of the operational unit for Response to Epidemics (CORE).

On February 10, 2023, the Government of Equatorial Guinea reported the death of nine (9) people presenting the symptoms of hemorrhagic fever. On February 12, a sample of suspected cases was declared positive for Marburg disease and WHO officially confirmed the epidemic in Equatorial Guinea on February 13, while Cameroon has continued to record suspected cases since February 9, although none was tested positive.

As of 02.03.2023, triangulated information from the field reported contact cases of the various confirmed cases not yet traced in Equatorial Guinea. In bordering countries Gabon and Cameroon, DREF supported the anticipatory actions of the NSs to prevent the risk of spread across the countries. Throughout the first months of those interventions, deaths with similar symptoms continued to be reported at the community level, although not confirmed by laboratory tests. According to WHO, since the beginning of the outbreak and as of 21 March, a cumulative number of nine confirmed and 20 probable cases had been recorded in Equatorial Guinea with four cases in Littoral province and two in Centro Sur province in addition to the cases in Kie-Ntem. This wide transmission of the epidemic across the country was increasing the risk for neighboring countries, including Gabon. Through this DREF operation, Gabon RC contributed to spread the preventive measures declared by the Government in Gabon and enhanced its preparedness to epidemics. On 15th May, the Equatorial Government declared the epidemic over and confirmed in an international press release from 8 June 2023 that after two consecutive incubation periods (42 days) no new cases had been reported.





Volunteers training to CEA

Scope and Scale

On February, the Gabon Government declared the state of emergency alert in the country following the declaration of the first Marburg virus disease in Equatorial Guinea.

The province of Kie-Ntem, where the first case had been reported and the two others provinces where suspected cases were reported by communities (Centro sur and Littoral) share borders with Gabon. All the 3 provinces share a border with Woleu-Ntem and Estuaire provinces in Gabon. The Woleu-Ntem represent 80% of that border with 90% of exchanges and is a major point of entry from Equatorial Guinea. Estuaire Province is less at risk due to the little border distance and low level of exchanges. In addition, Woleu-Ntem is the place of the 3 borders with Cameroon-Equatorial Guinea, making this area a potentially high-risk area at the sub-regional level. According to the official reports of the Guinean Government as of February 27, 2023. the Province of Kie-Ntem in Equatorial Guinea which borders Gabon to the East already has a cumulative number of 9 reported MVD cases, all fatal, and several contacts cases,

The junction zone between the Kie-Ntem region in Equatorial Guinea, the South region in Cameroon and the Gabonese borders are a gateway to the Woleu-Ntem province for populations from these two countries. The entry points of the populations coming from these two neighboring countries are the Medzeng village via the city of Oyem and the Meboo village via the city of Bitam. The extreme porosity of the borders between Equatorial Guinea and Gabon increases the flow of populations between the two countries and was likely to accelerate the spread of the disease. The control and test posts at the border could not cover the extent of the border and the temperature tests were limited given the incubation time of the virus. According to Sitrep N°2, more than 163 people went back and forth between Gabon and Cameroon or Gabon and Equatorial Guinea although the borders were locked. This considerably increased the risk of importation of the disease in these countries in general and in the province of WOLEU NTEM which has more than 608,104 people. The overall population of this region bordering Equatorial Guinea being at immediate risk.

The mortality rate of the virus, the similarity of certain symptoms with other tropical diseases and the incubation time gave room for a considerable risk of rapid expansion in the country in the event of detection or confirmation of a case. The average fatality rate for MVD cases is around 50%, varying from 24% to 88% during the previous epidemic, depending on the viral strain and the clinical management of the cases. The incubation period ranges from 2 to 21 days and in fatal cases, death usually occurs within days 8 and 9, following massive bleeding and shock. Despite the few measures taken by the Gabonese government, the extreme porosity of the borders, and the family and friendly ties between the populations living on both sides of these borders, an exponential spread of the virus through contact cases could occur.

On 8 June 2023, when the Ministry of Health of Equatorial Guinea declared the end of the Marburg virus disease (MVD) outbreak, as per

the WHO recommendations, a total of 17 confirmed and 23 probable cases had been reported from five districts in four provinces. 12 of the 17 confirmed cases died and all of the probable cases were reported dead.

By the end of the operation, Gabon had had many suspected cases but none was tested positive.

Source Information

Source Name	Source Link
1. WHO publication of 9th June 2023	https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON472#:~:text=On%208%20June%202023%2C%20after,as%20per%20the%20WHO%20recommendations

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

IFRC Network Actions Related To The Current Event

Secretariat	<p>IFRC provided the CRG with technical support in planning priority actions aligned with the areas of intervention defined by the Government. Given the Movement's expertise in responding to MVD, the CRG benefited from constant support, and the staff deployed by the Secretariat contributed to enhance the response.</p> <p>The regional approach of the Secretariat in support of the NS in the risk zones also aimed to ensure preventive coverage in the zone of the three borders. In this context, the IFRC provided sub-regional strategic orientation meetings and contributed to strengthening the preparation and invention plans of the CRG within the framework of the MVD.</p> <p>A national delegation from the Gabonese Red Cross, supported by a representative of the IFRC office in Yaoundé, visited and had working sessions with technicians based at the border posts with Equatorial Guinea. The IFRC Cluster delegation supported the NS with technical functions in CEA/ EPIC/ Finance. The IFRC Surge response was activated at the IFRC regional office with an Operations manager, a Logistic's delegate, a PHIE coordinator, and an SDB specialist. Cameroon Red Cross deployed a health staff to support the Training and Monitoring of EPIC activities.</p>
Participating National Societies	There is no PNS in Gabon.

ICRC Actions Related To The Current Event

ICRC Delegation based in Yaoundé covers Gabon. They were not involved in this response.



Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Government requested the support of the various actors operating in the health sector.</p> <p>On February 15, 2023, the Epidemic Response Operational Unit (CORE) was activated, including the WHO and the Gabonese Red Cross as members, alongside the Ministry of Health, which leads this body. The CORE is responsible for developing the contingency plan on which the prevention and possibly response actions would be modeled, encompassing the actions of the various stakeholders.</p> <p>The Government also set up a cordon sanitaire at the Cameroon-Equatorial Guinea-Gabon border. As of February 25, 2022, 4 checkpoints were active. Surveillance activities were reinforced at the borders of the three countries under the coordination of the CORE with the support of the CRG branches.</p> <p>The mandate was given to the CORE to strengthen prevention measures, and ensure capacity building for all actors involved in preparedness and response activities at Oyem and in the tri-border area.</p>
UN or other actors	UNICEF, WHO, CDC participated in planning meetings for preparedness actions.
Are there major coordination mechanism in place?	
<p>Coordination meetings took place with the WHO, AfCDC and the Ministry of Health. A joint mission (WHO, Ministry of Defence, Ministry of Health) went to Bitam to carry out an assessment.</p> <p>The preparatory meetings held by the Minister of Health and Social Affairs made it possible to determine the first actions to be undertaken and the priority areas, namely: health, Wash, RCCE. The IFRC and National Societies supported the Ministry of Health in the production of sitreps. They were also able to support preparedness for RCCE activities.</p>	

Needs (Gaps) Identified



Based on the risk profile of the Ministry of Health and the priority actions defined to be put in place by the CORE, the needs in terms of preparedness by the time of the epidemic declaration were as follow:

- Risk Communication and Community Engagement: need for training and deployment. These volunteers will be integrated into ICS teams for enhanced efforts and increased impact;
- Community surveillance: need for training and deployment for surveillance and case detection
- Safe and Dignified Burials (SDB); Need for training, setting up intervention teams who will be on standby until the start of the intervention phase, and positioning SDB kits;
- Infection Prevention and Control (IPC) for ambulance services. The need to train ambulance service operators to support the transportation of suspected cases if detected by CBS teams. Based on the experience of the CRG in the management of the Covid-19 pandemic in the country, discussions will be undertaken for the ambulance to be made available if necessary.
- Psychosocial Support (PSS): need for sensitization on Psychosocial First Aid (PSP) and EOC MHPSS briefing.
- EVD Key Messages and Preparedness
- Using a hotline use to increase public engagement
- Training on health risks related to VHF when SBC systems are already in place.
- Developing or updating NS contingency plan for MVD, including staff health and volunteer protection (with a protocol in the event of staff or volunteer infection).
- Increasing the community risk communication with different channel if the EVD response phase is triggered.

The official declaration of the end of the epidemic gave priority to strengthening the general preparedness of the SN itself, while the priority at community level was higher during the emergency phase, but unfortunately, with the delay in implementation, not all activities were completed.





Water, Sanitation And Hygiene

The needs in terms of water, sanitation and hygiene promotion were as follows:

- Hygiene promotion, including hand washing (with the WASH sector), including the establishment of stations in border areas.
- Hygiene Promotion training for rapid activation.



Protection, Gender And Inclusion

There was a need to train governance, staff, and volunteers in PGI. The systematic involvement of the gender focal point(s) and their participation in the planning is an important requirement.

It is worth noting that the Gabonese Red Cross does not have a national policy and strategy in terms of PGI and PEAS (Protection and prevention against Sexual Exploitation and Abuse).



Community Engagement And Accountability

The needs identified based on the assessment of the capacity at the provincial level and the situation at the community level included:

- Training needs to increase knowledge of the disease and the capacity of the response system. This covers combined MVD and RCCE/CEA training for volunteers and/or health promotion/hygiene training for rapid activation.
- RCCE/CEA active in high-risk areas and border areas
- Establish community feedback mechanisms (through social mobilization activities, hotline, social media, radio shows, etc.)
- Establish communication channels such as interactive radio shows, television, hotline, SMS, social media channels, posters, community meetings, etc. to engage communities in dialogue.

Operational Strategy

Overall objective of the operation

This DREF operation aimed to contribute to avoid the spread of the virus on the national territory by:

- Anticipating the preparedness for response by sensitizing the populations on the risks in accordance with the priority axes of the Government and the NS mandate.
- Strengthening the NS capacity and building competencies of the emergency operation team on VHF diseases, especially Marburg by ensuring the mobilized personnel are able to achieve the early detection of suspected cases.

Operation strategy rationale

The intervention was aligned with the objectives of the contingency plan put in place by the members of the CORE, of which the SN is a member. This included support in the implementation of the alert and prevention measures defined by the Government since February 15, 2023, aimed at avoiding any case of Marburg virus disease on national territory by ensuring epidemiological surveillance, hygiene and sanitation, diagnosis and above all risk communication and community involvement (RCCE).

To achieve its objective, the CRG engaged in preparedness activities in the following areas:

1. Promoting community health through Risk Communication and Community Engagement (RCCE) by training volunteers on the EPIC program. They would then be deployed to ensure community awareness of the risks of MVD and the means to prevent it. They would thus be able to limit the spread of rumors and infodemics. . Community feedback mechanisms (through social mobilization activities, hotline, social media, radio shows) would be put in place, as well as communication channels such as interactive radio shows, TV, hotline, SMS, social media channels, posters, community meetings, etc.
2. Community Based Surveillance (CBS) ensuring preparedness and response to outbreaks in communities; Volunteer training and deployment to support case detection in the community and referral to relevant health facilities. In addition, the SBC teams would alert the SDB teams if necessary and as agreed in the protocol with the community health units. CRG would build on existing capacities through the program to support the implementation of this key activity. Note that the EPIC training includes CBHFA, MVD, CEA (including community feedback) and basics on PFA.



3. Preparation for safe and dignified burials (SDB) by :

- Providing training at the national level and at the provincial committee level (Cascade training for the teams of the branches of the committee).
- Setting up SDB teams ready to react in the event of detection of a suspicious death.
- Procurement of SDB training kits to ensure adequate training as well as SDB starter kits for the protection of teams in the event of deployment.

4. Promotion of water, sanitation and hygiene: in rural areas, people experience enormous difficulties in obtaining drinking water and taking care of their hygiene in times of crisis, hence the necessity to organize hygiene promotion activities, in particular hand washing (with the WASH sector), including the establishment of stations in border areas and training on the Promotion hygiene for rapid activation.

5. Developing NS contingency plan for MVD taking into account the health of staff and the protection of volunteers (with a protocol in the event of infection of staff or volunteers).

RCCE, sensitization, EpiC were only completed as trainings and all related actions initially planned at community level were not done with consideration of the situation in Equatorial Guinea and the risk lecture. This include:

1. RCCE
2. Community based surveillance
2. WASH activities

A lesson learnt workshop was organised to make the operational review of the NS preparedness for epidemic risk and recommendations were drawn for future intervention.

Targeting Strategy

Who was targeted by this operation?

CRG aims to targeted 141,877 people with key prevention messages in two departments bordering Equatorial Guinea, the department of Woleu (oyem) and the department of Ntem (bitam)

Explain the selection criteria for the targeted population

The reason for this geographic targeting was that the province of Woleu-Ntem borders Equatorial Guinea where cases had been declared and the high level of socio-economic interactions between the people from these areas.

Total Targeted Population

Women	62,426	Rural	-
Girls (under 18)	-	Urban	-
Men	79,451	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	141,877		

Risk and Security Considerations

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

Risk	Mitigation action
Risk of inaccessibility to the intervention area	Redaction of administrative letters, integration of the CRG into



	the CORE.
Risk of contamination for team members	Compliance with security measures
Risk of death of a team member	Appropriate briefing on the risk and provision of adequate protective equipment

Please indicate any security and safety concerns for this operation

For a safe intervention, it will be necessary to ensure compliance with the protocols in force, to systematically ensure the disinfection or destruction of soiled equipment. Be reassured of the good quality of the equipment used. It will be imprudent to drive at night and to exceed 80 kilometers per hour during the movements of the teams. Teams will sign the code of conduct and receive safer access training.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Budget: CHF 73,179

Targeted Persons: 141,877

Assisted Persons: 32,761

Indicators

Title	Target	Actual
Number of trained volunteers	90	90
number of KAP surveys conducted	1	1
Number of descents	2,944	4
Number of EDS teams trained	1	1

Narrative description of achievements

1. Rapid KAP survey: From April 15 to 21, 2023, a KAP survey to assess the knowledge of the population regarding the Marburg virus was conducted in Oyem and Bitam. 487 households were interviewed by 50 volunteers from the CRG. Key findings were :

- Both radio and community sensitization are channels that could be used to reach the population, as 60% of households listen to the radio, while 37% do not and could be reached through social mobilization activities.
- The preferred channels through which households want to receive health information are television (38%) and radio (23%).
- Community health workers and red cross volunteers are the most reliable source of information when it comes to providing health-related information.
- Households prefer to share their reactions face-to-face and in private with Red Cross volunteers, as indicated by 46% of them. 72% of households refer to Marburg as the virus from Equatorial Guinea.
- 66% of households do not know what to do if someone dies from Marburg, while 33% simply say that the person should be buried.

2. EPIC training : From May 11 to 15, 2023, a training session (95 individuals including 35 women and 60 men) was conducted in collaboration with the Federation, the Cameroon Red Cross, and the participation of 4 staff members from the Red Cross of Equatorial Guinea. The training included the following modules:

- Community-based First Aid and Health (PSSBC)



- Water, Sanitation, and Hygiene (EHA/WASH)
- Communication for Behavior Change (CCC)
- Community Engagement and Accountability (CEA)
- Risk Communication and Community Engagement (CREC)
- Epidemic Control for Volunteers (ECV)
- Psychological First Aid (PSP)

3. Deployment of volunteers in communities for data collection and health promotion: There were 4 deployments of 64 volunteers each in Oyem and Bitam. Each morning, volunteers underwent a briefing to collectively assess strengths and weaknesses in the presence of the mission team from the national headquarters and the provincial committee. Each briefing served as a review of the previous day and provided directives for the day. 32,761 people were reached directly in 29 areas.

4. Preparation for safe and dignified burials: The main activity here was a training on Safe and Dignified Burials (SDB) aimed at better preparing the staff and provincial committee. 23 people took part to this training: 7 executives from sectoral ministries (Internal Affairs, Health, Water and Forests, Defence), i.e. 9 executives from the Gabonese Red Cross, and 4 volunteers from Oyem and 3 from Bitam. The committee-level training enabled the CRG to have SDB teams to be ready to respond in case of detecting a suspicious death, using practical knowledge acquired during the training. This training complemented the EPIC and WASH training. The training covered:

- General knowledge of the Marburg virus disease.
- Comprehensive content of the Dignified and Safe Burials Protocols, including the donning and doffing of Personal Protective Equipment (EPI).
- Basic elements of Community Engagement and Psychological Support for Dignified and Safe Burials (EDS).
- Health and safety at work in the context of Marburg.
- Preparation of chlorine solutions.
- Strengthening organizational capacity in managing alerts and waste related to hemorrhagic fever diseases.

Lessons Learnt

- NS needs to strengthen its volunteer's database and management
- NS need to have EPIC Trainers;
- Involvement Of Traditional Practitioners in The Trainings would be an added value

Challenges

- The recruitment criteria for volunteers, such as age, academic/intellectual level and gender, balance were not taken into account by the provincial committee
- A consequence of the above was an average quality of volunteers' work (careless or incomplete)
- There was a lack of provincial supervisors to provide more information to volunteers in the field
- There were not enough community groups meetings



Water, Sanitation And Hygiene

Budget: CHF 1,206

Targeted Persons: 141,877

Assisted Persons: 32,761

Indicators

Title	Target	Actual
Number of households sensitized on the promotion of hygiene and hand washing	2,414	4,181

Narrative description of achievements

- 95 people benefited from EPIC and WASH training, including 90 volunteers, 2 supervisors, and 3 staff from the Equatorial Guinea Red Cross.
- Gels were purchased and distributed at points of entry between Equatorial Guinea and Cameroon. During this distribution, awareness-



raising sessions were held on MVD, other diseases, and water treatment, hygiene, and sanitation.

- 64 volunteers were deployed over 4 days in 29 areas in Oyem and Bitam to raise awareness on vector-borne diseases, water-borne diseases, infectious diseases, vaccine-preventable diseases and STDs, with the following results:
 - 20,909 people were reached during households visits
 - 11,852 people were reached during community talks
- 6 Focus group discussions were organised with 46 men and 28 women including administrative authorities, hunters associations, farmers associations, traditional and religious leaders.

Lessons Learnt

- It is crucial to involve community leaders in field activities after training to ensure ownership by the community.
- Regular radio broadcasts
- Basic volunteers courses should always be included as refreshers in any training to remind volunteers of RC movement mandate and their role in the community.

Challenges

- Absence of local supervisors in the field
- Lack of organisation in the NS as work schedule were not respected
- Not enough time for awareness raising as the transfer to NS was late and the activities had to be stopped when the epidemic was declared over.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 141,877

Assisted Persons: 1

Indicators

Title	Target	Actual
Percentage of sensitive feedback collected related to PGI concerns that are treated	100	0
#Of volunteers trained on PGI minimum standard	94	104

Narrative description of achievements

PGI was included in the training modules and the awareness-raising sessions included PGI awareness.

Lessons Learnt

- Nothing to report specifically related to PGI.

Challenges

- Nothing to report specifically related to PGI.



Community Engagement And Accountability

Budget: CHF 5,886

Targeted Persons: 141,877

Assisted Persons: 32,761



Indicators

Title	Target	Actual
Number of focus groups conducted	31	6
Number of contracted radios	2	2
Feedback mechanism adopted	1	1
Message translation workshop	1	0

Narrative description of achievements

- 06 focus groups were held in Oyem with youth and disabled people's associations, agricultural leaders, hunters, neighbourhood chiefs and religious leaders. The aim was to discuss and raise awareness with a group of community members about the Marburg virus, their experiences, how the community perceived the disease in Woleu-Ntem Province, the means of prevention, communication about the risks and community involvement, and the health needs of households. The main objective of this activity was to raise collective awareness about the responsibility of communities in the face of epidemics, their means of propagation and prevention.
- 12 radio and TV journalists, including 6 in Oyem and 6 in Bitam, and 21 community leaders, including 14 in Oyem and 7 in Bitam, were trained on Marburg Disease.
- A feedback mechanism was set up through local volunteers and enabled monthly feedback reports to be produced. A total of 78 feedbacks were collected and analysed to produce two reports which covered 28% of women and 72% of men. Most of the feedback related to questions, appreciations, refusals and observations of the sector and the subjects concerned were transmission, denial of the MVD epidemic, encouragement to continue the work and others . The word "MARBURG", which is a scientific name, is not very well known. However, when people talk about the disease that has been declared in Guinea, they understood.
- The awareness-raising messages and images were released by the MoH following a message validation workshop organised by the CRG.

Lessons Learnt

- For next operations it will be crucial maintain a regular communication channel between the provincial committee and the Bitam branch
- When planning an operation, the branch specific needs should be taken into account such as visibility equipment

Challenges

- The Bitam team was unable to mobilise community leaders or organise FGD
- 3/4 of the volunteers identified by the Provincial Committee were students, which means that they were not always available to go on the field
- Timetable defined initially was not respected, which delayed the activity and led to an underperformance
- There was lack of visibility material at the Bitam office



Secretariat Services

Budget: CHF 49,370

Targeted Persons: 104

Assisted Persons: 104

Indicators

Title	Target	Actual
#Of surge deployed to support NS capacity and intervention	2	2



#Of Monitoring and support missions conducted	3	5
#Of coordination meeting conducted for technical and operational orientations with the NS	10	10

Narrative description of achievements

- Regular meetings were held during the operation between IFRC and NS operations staffs
- Multiple staff members were deployed to strengthen Gabonese Red Cross capacity and response. The deployed staff included the Feedback Officer, the Senior Officer for Community Engagement and Accountability (CEA), the PMER (Planning, Monitoring, Evaluation, and Reporting) officer, the Communications Manager, the Health and Care Coordinator, and financial people.
- Two surges were deployed to support the operation the regional operations manager and the logistical surge to strengthen the logistical department of the NS.
- Additionally, the cluster organized an exchange meeting among the three National Societies regarding the Marburg epidemic. Presidents and general secretaries participated in this meeting. Peer-to-peer support was established between Cameroon, Gabon, and Equatorial Guinea, with a staff member from the Cameroonian Red Cross made available to support the Gabonese Red Cross. Furthermore, three staff members from the Red Cross of Equatorial Guinea took part to the EPIC (Epidemic Preparedness and Intervention Capacity) training in Gabon.

Lessons Learnt

- Peer to peer support was more efficient and less time-consuming than surge request

Challenges

- It was difficult to find surges with the required profile



Budget: CHF 19,641

Targeted Persons: 104

Assisted Persons: 104

Indicators

Title	Target	Actual
#Of mobilised staff and volunteers who received the necessary EPiC training with all relevant component	104	104
#of staff engaged in the response	10	10

Narrative description of achievements

- 90 volunteers 10 staff and 4 supervisors were trained to the various intervention domains of this operation.
- The CRG received technical support from Cameroon RC, which deployed its staff for a month to carry out the training sessions.
- The CRG took part in several meetings on preparing for and responding to the MARBURG epidemic with the other NSs concerned with this disaster i.e. Cameroon and Equatorial Guinea.
- The CRG took part in several coordination meetings on preparing for the MARBURG epidemic under the lead of the Ministry of Health.

Lessons Learnt

- Teams must be formed from the onset of operations
- When planning, NS should take into account existing human resources and ask for support if need be.



- To avoid delays in funds transfer, the NS should closely follow up the transfer and report to the Delegation when the money is not received on time, as this has proved to be a recurrent pattern.

Challenges

- Absence of regional health manager
- Last-minute change of operational team
- Funds transfer delays



Financial Report

Please explain variances (if any)

Relief Items Construction, Supplies

The 0% expenditure recorded for relief items, including medical and first aid supplies, teaching materials, and other related supplies, is due to a reclassification of these expenses. Instead of being booked under the relief items category, these expenditures were recorded under office costs. This reclassification occurred because the materials were procured and provided at the headquarters (HQ) and local committee offices before being directly distributed as relief items in the field.

Logistic , transport & Storage

The 50,6% variance in transport expenditure was primarily due to underestimation of costs related to vehicle rental and fuel. This underestimation occurred because the actual needs and conditions on the ground were more demanding than initially anticipated. Poor road conditions and a rainy climate led to frequent breakdowns of vehicles, necessitating unplanned repairs and additional fuel expenditures. These factors collectively contributed to the significant increase in transport costs, resulting in a 150% variance from the budgeted amount.

Personnel

International Staff - 0% Expenditure:

Despite having budgeted for international staff in this operation, there were no expenditures recorded in this category. This is because the cluster decided to leverage the international staff already deployed for the Equatorial Guinea operation. These staff members were unable to enter Equatorial Guinea and were instead reassigned to support our country's efforts. As a result, there was no need to incur additional costs for new international staff for this operation.

The low expenditure on national staff volunteers is attributed to their receipt of per diems during training and workshops. On the other hand, volunteers also received per diems during field activities to offset their transportation costs. This approach contributed to higher expenditure levels in workshops and training sessions.

Workshop & training

The 56% variance in workshop expenditures is attributed to the fact that volunteer per diems were booked under the "workshop" category instead of the specific "volunteer" category. This decision was made because volunteers received their per diems during the training sessions and workshops they attended.

This strategy was chosen to streamline expense management and ensure volunteers were adequately reimbursed for their participation costs, while also maintaining clear accountability for training and workshop activities.

General expenditure

The travel expenditure significantly exceeded the budget, reaching 90% of the planned amount. This overrun is directly related to the reassignment of the international staff originally intended for Equatorial Guinea. The costs associated with their travel, including flights, accommodations, and other related expenses, were higher than initially anticipated due to their sudden redeployment and the logistical challenges involved. These unexpected costs contributed to the significant variance in travel expenditure. Additionally, cost of volunteers and staffs were instead included under general expenditure.



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[Click here for reference](#)



DREF Operation

Selected Parameters			
Reporting Timeframe	2023/1-2024/2	Operation	MDRGA009
Budget Timeframe	2023/3-6	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 04/Apr/2024

All figures are in Swiss Francs (CHF)

MDRGA009 - Gabon - Anticipatory actions for Marburg risk

Operating Timeframe: 06 Mar 2023 to 31 Jul 2023

I. Summary

Opening Balance	0
Funds & Other Income	149,282
DREF Anticipatory Pillar	149,282
Expenditure	-136,290
Closing Balance	12,992

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	73,179	68,981	4,198
PO05 - Water, Sanitation & Hygiene	1,206		1,206
PO06 - Protection, Gender and Inclusion			0
PO07 - Education		396	-396
PO08 - Migration		996	-996
PO09 - Risk Reduction, Climate Adaptation and Recovery	147	56	91
PO10 - Community Engagement and Accountability	5,886	1,833	4,053
PO11 - Environmental Sustainability			0
Planned Operations Total	80,418	72,261	8,156
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	49,374	56,302	-6,928
EA03 - National Society Strengthening	19,491	7,727	11,764
Enabling Approaches Total	68,864	64,029	4,836
Grand Total	149,282	136,290	12,992

DREF Operation

Selected Parameters			
Reporting Timeframe	2023/1-2024/2	Operation	MDRGA009
Budget Timeframe	2023/3-6	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 04/Apr/2024
All figures are in Swiss Francs (CHF)

MDRGA009 - Gabon - Anticipatory actions for Marburg risk

Operating Timeframe: 06 Mar 2023 to 31 Jul 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	11,748		11,748
Medical & First Aid	1,133		1,133
Teaching Materials	2,310		2,310
Other Supplies & Services	8,305		8,305
Logistics, Transport & Storage	7,248	10,919	-3,671
Storage	7,248		7,248
Transport & Vehicles Costs		10,919	-10,919
Personnel	57,057	4,746	52,312
International Staff	30,200		30,200
National Staff	20,855	1,773	19,082
Volunteers		2,972	-2,972
Other Staff Benefits	6,002		6,002
Consultants & Professional Fees	1,963		1,963
Professional Fees	1,963		1,963
Workshops & Training	36,149	56,565	-20,416
Workshops & Training	36,149	56,565	-20,416
General Expenditure	26,005	55,742	-29,737
Travel	18,769	35,692	-16,923
Information & Public Relations		2,221	-2,221
Office Costs	453	10,900	-10,447
Communications	1,513	1,683	-170
Financial Charges	5,270	5,246	24
Indirect Costs	9,111	8,318	793
Programme & Services Support Recover	9,111	8,318	793
Grand Total	149,282	136,290	12,992