

# EMERGENCY APPEAL

## REVISED OPERATIONAL STRATEGY

Appeal №: <b>MDRGQ003</b>	To be assisted: <b>380,000 people</b>	Appeal launched: <b>25/03/2023</b>
Glide №: <b>EP-2023-000027-GNQ</b>	DREF allocated: <b>800,000 CHF</b>	Revised Operational Strategy date: <b>30/11/2023</b>
		Disaster Categorization: <b>Orange</b>
Operation Start date: <b>23/02/2023</b>	Operation End date: <b>31/12/2023</b> <b>EA activities will transition to the Country Unified Plan 2024.</b>	



*Sensibilization Risk Communication and Community Engagement (RCCE) activity in the community of Mongomo, Photo by: Red Cross of Equatorial Guinea.*

**IFRC Secretariat Funding requirement: 3,000,000 CHF**  
**Federation-wide funding requirement: NA**

## TIMELINE

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- 6 February 2023:** 9 suspicious deaths are reported to the Ministry of Health of Equatorial Guinea, with symptoms similar to viral hemorrhagic fever infection.
  - 13 February 2023:** Equatorial Guinea's Ministry of Health officially declares an outbreak of Marburg Virus Disease, after one test result turned positive. This is the first MVD in the country.
  - 16 February 2023:** The IFRC deploys experts to the affected area to support RCEG in setting up the response, including Health, CEA, Operations, and support services.
  - 23 February 2023:** 299,929 CHF allocated from the IFRC's Disaster Response Emergency Fund (DREF) to ensure resources to respond.
  - 23 February 2023:** IFRC Surge Capacity enacted – Public Health, Safe and Dignified Burials, CEA, Logistics, Finance. Staff started supporting remotely waiting for visas.
  - 21 March 2023:** 8 new cases and 20 deaths are reported by the Ministry of Health. The cases are spread to all provinces of mainland Equatorial Guinea.
  - 25 March 2023:** Following the increasing number of community deaths and the geographic spread of the virus, the IFRC issued an Emergency Appeal seeking 3 million CHF for 380,000 people.
  - 15 May 2023:** The authorities announce there are no new cases.
  - 8 June 2023:** The outbreak was declared over after no new cases had been reported for 42 days.
  - 31 December 2023:** The activities and funds from the Emergency Appeal will transition and be part of the Equatorial Guinea Unified Plan 2024.

# DESCRIPTION OF THE EVENT

On 13 February 2023, the Ministry of Health (MoH) of Equatorial Guinea received reports of a cluster of deaths due to an unknown illness in two northeastern districts of the continental region of Equatorial Guinea (Nsok-Nsomo and Ebebiyin). A total of nine people died from 7 January to 6 February with symptoms like a viral hemorrhagic fever infection. On 13 February, the MoH declared an outbreak of Marburg virus disease (MVD), a highly virulent viral haemorrhagic fever. It was the first time the disease had been detected in the country.

Samples were collected and sent for testing in Dakar, Senegal. One tested positive for Marburg virus disease (MVD). According to government information, initial alerts and deaths were traced back to public events which, according to local religious and cultural customs, brought together dozens of people.

The most affected area was Bata, the most populous city in Equatorial Guinea with approximately 300,000 people. National response coordination moved to Bata under instructions of the Ministry of Health. This included all sub-commissions.

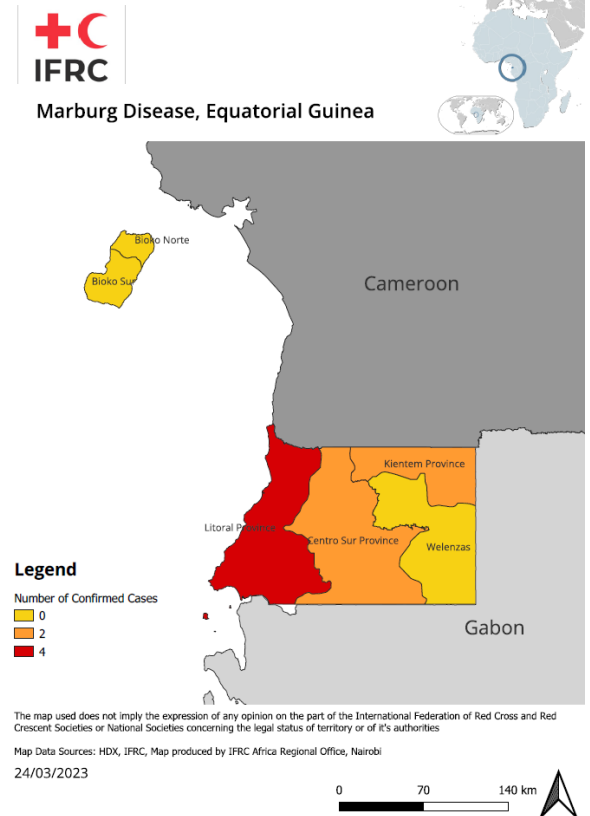
The outbreak lasted for four months and affected five districts in four of Equatorial Guinea's eight provinces. A total of 17 laboratory-confirmed cases (5 healthcare workers) and 12 deaths were recorded. All the 23 probable cases reported died. Four patients recovered from the virus.<sup>1</sup>

On 26 April 2023, the last confirmed case of MVD left the treatment centre after testing negative for MVD twice. No new confirmed cases have been reported since then. The outbreak was declared over on 8 June 2023, after no new cases had been reported for 42 days.

At the request of the Ministry of Health, several agencies deployed to the affected area in Equatorial Guinea to support the set-up of the response, including the Equatorial Guinea Red Cross Society (EGRCS) and IFRC, with an initial DREF allocation. This included setting up surveillance systems, case management, infection prevention and control, laboratory capacities, and risk communication and community engagement (RCCE).

<sup>1</sup> [Proceso de revisión de las intervenciones realizadas durante la Epidemia de la Fiebre Hemorrágica por virus Marburg en Guinea Ecuatorial \(RAA\).](#)

<sup>2</sup> <https://www.afro.who.int/countries/equatorial-guinea/news/marburg-virus-disease-outbreak-equatorial-guinea->



The World Health Organization (WHO) praised the Equatorial Guinean government for its swift and effective response to the outbreak. The WHO also noted that the outbreak was a reminder of the importance of preparedness for epidemics and pandemics.<sup>2</sup>

## Severity of humanitarian conditions

### 1. Impact on accessibility, availability, quality, use and awareness of goods and services.

Marburg is the first Viral hemorrhagic fever (VHF) outbreak in Equatorial Guinea, which posed challenges to the response, as systems were not in place beforehand, and must be set up during the response. With the support of partners, the government defined a plan to control the epidemic, which focuses on the following pillars: 1) Coordination; 2) Surveillance; 3) Laboratory; 4) Case Management; 5) IPC (including Safe and Dignified Burials); 6) Logistics; and 7) RCCE.

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The EGRCS greatly contributed to stall the epidemic via the RCCE pillar, as well as coordinating with authorities and communities to strengthen the surveillance system. Despite having volunteers engaged in some of the SDBs under WHO training and coordination, EGRCS could not carry out the Safe and Dignified Burial (SDB) training as per IFRC protocols since the Kits were not able to enter the country in time. The kits have been procured and are currently in Yaoundé, prepositioned for future outbreaks. The EGRCS will follow up on this case to be able to receive them in-country and conduct trainings as part of the Epidemic Preparedness and Readiness plan of the NS.

## **2. Impact on physical and mental well-being.**

The mental health impact has not been fully assessed due to government and community acceptance issues, despite the plan that the NS and UNICEF had to support it, under the MHPSS action plan. Mental health services across the country are also very limited. The national mental health workers ratio is 6 /100.000 population, and no mental health promotion and prevention programs exist. Lack of familiarity with MHPSS recommended interventions for these types of outbreaks. For the NS Epidemic Preparedness Plan, strengthening this area will be a component of the activities, especially for communities, health workers' well-being and mental health in the immediate and long-term.

## **3. Risks & vulnerabilities**

Continued transmission of the virus: Although the epidemic was declared over, there is still a risk of future outbreaks, especially in areas where there is limited access to healthcare and sanitation.

Lack of resources: Since the epidemic is over, it is likely that donors will shift their funding to other

priorities. This could lead to a shortage of resources for the IFRC to continue its work in Equatorial Guinea.

Operational risks: The IFRC operation may also face operational risks, such as insufficient technical capacity, security concerns, and logistical challenges.

## **Mitigation Strategies**

The IFRC and the EGRCS will continue to monitor the epidemiological situation in Equatorial Guinea and neighboring countries, assess existing capacities with government and partners, and position itself clearly for future outbreaks. This will allow the early identification and action in any potential outbreaks.

The NS will support survivors of MVD and communities to reduce stigma and increase awareness. This could include providing information on the disease, MHPSS support, training community members on MVD, and advocating for the rights of survivors.

The IFRC should strengthen its operational capacity in Equatorial Guinea to mitigate operational and managerial risks of the NS. This could include investing in organizational development, staff training, security risk management, and logistics planning. This will help to ensure that the IFRC's programs and services are targeted and effective.

The NS and the IFRC should reflect on the lessons learned from the response to Marburg epidemic to improve its preparedness and response to future outbreaks. This could include developing new training programs for staff and volunteers, updating operational plans, and strengthening partnerships with other humanitarian organizations.

# **CAPACITIES AND RESPONSE**

## **1. National Society response capacity**

### **1.1 National Society capacity and ongoing response**

The National Society has about 26 employees, and 500 volunteers and is divided into a national headquarters (Malabo), eight provincial committees, 17 district committees and one municipal committee. This coverage of the country makes the Red Cross of Equatorial Guinea one of the privileged humanitarian actors of the Government, with whom it maintains close coordination, and has responded swiftly to disasters (shipwreck and Bata explosion), epidemics (COVID-19 and Marburg Virus), as well as supporting the public with first aid services

and basic social services (schools, etc.). EGRCS has a recognized status in country and benefits from the exemption from taxes on the entire territory. Nevertheless, EGRCS has experienced internal challenges which has posed difficulties in overall organizational management. The National Society, its staff and volunteers require strengthened and continued support from the IFRC Secretariat and other sister societies in enhancing different managerial areas and technical capacities, as per the plan defined jointly between the NS and the Secretariat.

<b>NS capacity</b>	
Number of staff:	<b>26</b>
Number of volunteers:	<b>500</b>
Number of branches	<b>26</b>

### **Response to Date**

EGRCS was called by the government to join the coordinated response to the Marburg Virus Disease, immediately upon confirmation of the 1<sup>st</sup> case. From 23 February, the first IFRC team composed of a CEA Senior Officer and Health Coordinator was deployed to Equatorial Guinea to support the NS in setting-up the response internally as well as in line with the government’s plan. The IFRC team supported EGRCS designing its response strategy, including volunteer trainings, according to its expertise and the request from the Government through the Ministry of Health (MoH) and the Ministry of Social Affairs (MoSA).



Joint visit with NS, UNICEF and IFRC in Nsok Nsomo. Source: Red Cross of Equatorial Guinea.

As the teams expanded, a peer-to-peer system was established between the IFRC and the National Society. Each NS member had a clear counterpart within the IFRC team who would be responsible to provide managerial and technical support to the NS when needed. Coordination structures were also put in place internally, with daily meetings with all team members to ensure tasks were well planned and aligned to the overall objectives set. The NS and IFRC teams participated daily in strategic and operational coordination meetings organized by the government, to which all national and international stakeholders were invited. The National Society’s participation in these meetings ensured alignment with the country’s priorities and its complementary with other actors.

As per government’s request to the NS, priority was to scale up the capacity and reach of the risk communication and community engagement (RCCE) activities (jointly with UNICEF), as well as Infection Prevention and Control (ICP) and community-based surveillance (CBS). The IFRC supported the training of 100 volunteers and 4 supervisors on risk communication and community engagement (RCCE) activities in Ebebiyin (40), Mongomo (40) and Nsok-Nsomo (20). In addition, 24 volunteers were trained in Bata, once the first case was confirmed. A simple volunteer coordination and management system was set-up, ensuring that each of the intervention areas were covered, and volunteers were properly identified. In addition, WHO supported the trainings of 20 volunteers in the disinfection of houses, health facilities and other structures where an infected person had been, as well as Safe and Dignified Burials – which were carried-out exclusively to confirmed cases, as per the government’s protocol.

On the RCCE pillar, messages and approach was established by the RCCE sub-working group, which the NS was also part of. The volunteers disseminated messages to raise awareness of the risks, the modes of transmission, preventive measures, and most essentially to inform and reduce the stigma of communities regarding infected people, their families, and contacts. Outreach activities like educational talks in schools, churches and mosques were conducted and communication materials were distributed. Mass awareness activities such as animations of radio broadcasts, and broadcasting of messages with megaphones contributed to overall awareness.

To ensure the participation of volunteers in the implementation of actions aimed at breaking the chain of transmission in case of death, and at the request of government and WHO, the National Society identified potential volunteers who would work in safe and dignified burial (SDB), one of the areas in which the Government requested support. SDB starter, replenishment and training kits including body bags were procured and are prepositioned. Additionally, five disinfectant kits were procured, and the National Society donated them to the government.

EGRCS contribution to the MVD epidemic response was rooted in its community work and reach, greatly influencing to the government's efforts to halt the epidemic.

The National Society facilitated the entry of the necessary technical resources to accompany the response actions and the mobilization of additional resources that ensured the response actions. A National Society Development consultant is in the country with the objective of ensuring that the National Society is equipped to respond to emergencies through a holistic and risk-informed approach to National Society disaster and crisis preparedness. This consultancy aims to support and strengthen the National Society on governance, organizational structure, financial sustainability, preparedness, to the auxiliary role of public authorities.

The IFRC has supported the National Society with deployments of staff from the Yaoundé cluster delegation, regional office, and headquarters, as well as surge deployments from IFRC roster of experts. A lessons learned workshop was held on 13 June 2023 in Yaoundé and operational achievements and challenges were discussed. The main recommendations moving forward were:

1. Provide Epidemic Control training to staff and volunteers, ensuring technical capacity for future responses.
2. Invest in continuous capacity building for volunteers, including Disaster Preparedness and Management.
3. Establish clear processes and SOPs for finance, administration, human resources, logistics and other departments, and train staff and volunteers on the same.
4. Develop a National Society Human Resources plan, according to the minimum standard functions and segregation of duties.
5. IFRC must strengthen support to the NS in clarifying the roles and responsibilities of governance and the executive.
6. IFRC must continue to strengthen the auxiliary role of EGRCS with the public authorities, including its laws and regulations.
7. IFRC will increase support to the NS in capacity building in operational areas such as Health, Disaster Management, ERP, CEA and overall National Society Development.
8. Support the NS in strengthening the capacity of the branches (committees).
9. The IFRC should establish a permanent presence in Equatorial Guinea.
10. Develop an Epidemic Preparedness plan in agreement and in coordination with the local authorities and other humanitarian agencies.
11. Support the NS in developing a Strategic Plan.

Based on the above recommendations, a decision paper was approved to re-open the IFRC Office (a program coordination office to be embedded into Equatorial Guinea Red Cross) and to obtain the IFRC's legal status agreement (LSA) in the country. Since September 2023, a programme and operations manager and NSD consultant have been in the country supporting the planning of the Emergency Appeal epidemic preparedness actions and NSD activities for the next two years. This revised Operational Strategy, and all its activities will transition to the Equatorial Guinea Unified Plan 2024.

## 1.2 Capacity and response at the national level

The response to the Marburg Outbreak was led by the EG Ministry of Health – Public Health DG, with support from WHO. National coordination and field coordination meetings were held in Ebebiyin and Mongomo with the participation of WHO, UNICEF, AfCDC, EGRCS and IFRC.

The WHO and partners continue to work with the Equatorial Guinean government to maintain measures such as surveillance and testing to enable prompt action should flare-ups of the virus occur. The training provided

during the outbreak is helping to strengthen readiness capacity. The outbreak has been contained and the government is taking steps to prevent future outbreaks. However, it is important to remain vigilant and to continue to monitor for new cases.<sup>3</sup>

The United Nations (UN) is working with the Government of Equatorial Guinea and other partners to achieve the Sustainable Development Goals (SDGs) to end poverty, strengthen human capital and governance systems, diversify the economy, create jobs, protect the environment and the earth's climate, and ensure that people can enjoy peace and prosperity and have their human rights respected. The [Equatorial Guinea 2035 Agenda](#) is the long-term development strategy for Equatorial Guinea. It contains a global vision for Equatorial Guinea and its role at the international level, and it concretizes the priority axes on which this development will be based towards the 2035 horizon.

The EGRCS will join and participate in the monthly HCT meetings to align plans, share and obtain information and collaborate with humanitarian partners.

## 2. International capacity and response

### 2.1 Red Cross Red Crescent Movement capacity and response

#### IFRC membership

There is no presence of members in the country. However, several members expressed willingness to support the operation during the outbreak multilaterally and by providing experts via the surge system. The IFRC is in the process of setting up a presence in Equatorial Guinea.

#### ICRC

The ICRC has no presence in the country. Equatorial Guinea is covered by the ICRC through its regional delegation for central Africa based in Yaoundé. The Head of delegation is accredited to Gabon, Equatorial Guinea, Sao Tomé and Principe and Cameroon.

### 2.2 International Humanitarian Stakeholder capacity and response

Below is the table of partners and activities carried out during the outbreak:

Sector	Partners	Main activities
<b>Surveillance</b>	WHO AfCDC CDC EGRCS	<ul style="list-style-type: none"> <li>Active surveillance in health facilities</li> <li>Community Surveillance</li> <li>Control points – across the quarantine belt and borders</li> </ul>
<b>Case Management</b>	WHO	<ul style="list-style-type: none"> <li>Treatment units and Intensive Care Units</li> </ul>
<b>RCCE</b>	IFRC EGRCS WHO UNICEF	<ul style="list-style-type: none"> <li>Information sessions with community leaders, journalists, among other stakeholders</li> <li>Community sensitization and community feedback management</li> <li>Sensitization in Health facilities, schools and other points of interest</li> <li>Radio spots and “megaphone services.</li> </ul>
<b>IPC (including SDB)</b>	WHO	<ul style="list-style-type: none"> <li>Disinfection of households of suspected deaths/cases</li> <li>Safe and Dignified Burials (for all suspect cases)</li> </ul>

<sup>3</sup><https://www.afro.who.int/countries/equatorial-guinea/news/marburg-virus-disease-outbreak-equatorial-guinea-ends>

		<ul style="list-style-type: none"> <li>• IPC in health facilities (evaluating), and screening system.</li> <li>• Training of health workers</li> </ul>
<b>Laboratory</b>	AfCDC	<ul style="list-style-type: none"> <li>• mobile testing units</li> </ul>
<b>Logistics</b>	UNICEF	<ul style="list-style-type: none"> <li>• Integrated logistics management</li> </ul>
<b>MHPSS</b>	WHO, UNICEF IFRC EGRCS	<ul style="list-style-type: none"> <li>• Cross-cutting pillar, supporting SDB, Surveillance</li> </ul>

### 3. Gaps in the response

The MVD outbreak was contained 4 months after its declaration in February 2023. Overall, the response was deemed effective in controlling the outbreak, with suspected cases rapidly identified by partners and an appropriate control of chains of transmission. Nevertheless, there are improvements acknowledged by the government and partners. Good outbreak control relies on using a range of interventions, namely case management, surveillance and contact tracing, a good laboratory service, safe and dignified burials, and social mobilization, which should function in tandem to produce the expected results. Community engagement is key to successfully controlling outbreaks.

The following areas need to be prioritized for the next months to prevent further outbreaks<sup>4</sup>:

1. **Strengthening surveillance and early warning systems:** This includes improving the capacity of health workers to detect and report cases of disease, as well as establishing systems to track and monitor disease outbreaks.
2. **Improving infection prevention and control (IPC) practices:** This includes training health workers on how to prevent the spread of infection, as well as providing them with the necessary equipment and supplies.
3. **Engaging communities for effective disease prevention and control measures uptake:** This includes engaging communities and local structures to understand and uptake risk reduction measures such as handwashing, avoiding contact with sick people, and cooking meat thoroughly.
4. **Improving access to healthcare:** This includes ensuring that people have access to quality healthcare, regardless of their income or location.
5. **Support for mental health and psychosocial support services:** Marburg Disease is a highly contagious and deadly disease, and the outbreak has caused a great deal of anxiety and stress among people in Equatorial Guinea. MHPSS can help people to cope with the psychological and emotional effects of the outbreak.

<sup>4</sup> Situational Analysis: Marburg Virus Disease in Equatorial Guinea and Tanzania – IDS, Marburg Virus Disease outbreak in Equatorial Guinea - World Health Organization (WHO)

Additionally, the government needs support to develop and implement a national preparedness and response plan for infectious diseases. This plan should include strategies for surveillance, early warning, IPC, and a cross-cut community engagement approach to support local actions and community-led solutions.

Work with communities is needed to develop and implement their own disease prevention and control plans. This could involve supporting community groups and individuals in ways of identifying and reporting cases of disease, as well as how to implement basic Wash measures. Providing technical assistance to the government and other partners on disease prevention and control, particularly to community Health workers. This could involve providing training, developing guidelines, and conducting research. By focusing on these areas, the IFRC and Red Cross of Equatorial Guinea can help to reduce the risk of future outbreaks of infectious diseases in Equatorial Guinea.

It is important to note that preventing infectious disease outbreaks is a complex challenge. It requires a coordinated effort from governments, health workers, communities, and other stakeholders. The IFRC and EGRCS can play a key role in this effort by providing technical assistance, training, and support.


On 13 June 2023, a lessons learned workshop was held in Yaoundé, where the RCEG and IFRC staff involved in the operation shared experiences, achievements, and challenges of the operation. The main recommendations of the workshop were to provide EPIC and CEA/RCCE trainings to staff and volunteers, to preposition PPE and supplies, to disseminate the code of conduct and provide overall capacity building to the NS, review the internal processes and human resources plan amongst others.



An RCEG volunteer conducting Risk communication and community engagement (RCCE) activities in Nsok Nsomo.

Considering the workshop recommendations and the declaration of the end of the epidemic, the NS wants to focus on EPIC training, capacity building activities in governance, finance, logistics, health, disaster management, CEA and other NSD support. The NS will develop a multi-hazard contingency plan and a Strategic Plan. To do so, and following the identified NS challenges, activities will continue under the unified Plan until December 2024.

Areas the EGRCS, with support from the IFRC, will focus on until the end of 2024 are:

Strategic Priorities	Needs
 <p><b>Health &amp; Care including Water, Sanitation and Hygiene (WASH)</b></p>	<p>During the response to the outbreak, the IFRC supported the National Society in scaling up its capacity to respond to epidemics. The following are achievements:</p> <ul style="list-style-type: none"> <li>• 124 volunteers trained in Risk Communication and Community engagement for epidemic response and deployed to the field for a period of 3 months;</li> <li>• Visibility materials for volunteers as well as mass awareness equipment (brochures, megaphones, etc.)</li> <li>• Alongside the RCCE activities, volunteers would also undertake active case finding with the communities.</li> <li>• 20 volunteers trained in IPC and Safe and Dignified Burials alongside UNICEF and WHO SDB teams, including Infection Prevention and Control.</li> </ul>

**Mental Health and Psychosocial Support (MHPSS)**

- Procurement of SDB and IPC kits were carried out through the IFRC and are prepositioned for future epidemics.
- SDB protocol was designed and translated to Spanish and formalized with the government.

In order to reinforce the activities carried out during the active epidemic phase and ensure retention of capacity for future epidemics, the following activities are proposed:

- Prepare a National Society **epidemic preparedness and response plan.**
- Strengthen NS preparedness to respond to future epidemics like increasing the capacity of volunteers and local branches.
- Train volunteers on Community epidemic and pandemic preparedness (EPIC) approach.
- Develop a health and WASH in emergencies strategy.
- Safe and dignified burials (SDB) preparedness trainings.
- Strengthen NS capacity in the SDB pillar (appoint an SDB Focal point)
- Hygiene promotion activities.

During the response phase, the National Society was approached by UNICEF to (lead of the MHPSS working-group) to support the roll-out of the MHPSS strategy for the response. 20 volunteers and CHWs were briefed on MHPSS activities with the intention of supporting relatives of those that have been detected MVD positive or have perished.

The work did not roll-out at the community level as soon the epidemic was declared over. However, to sustain trained volunteers, the following activities will be foreseen:



- Strengthen the NS MHPSS capacities, define an MHPSS strategy focused on epidemics, and establish a well-being and care system for volunteers and staff.



**Disaster Preparedness: Preparedness and Readiness (PER)**

Considering the lessons learned during this epidemic, the status of the National Society organizational capacity and the recommendations that stemmed from the response workshop, the IFRC must support the National Society in strengthening its disaster preparedness. Priority activities have been set as follows:

- Start a PER process to and analyze the strengths and gaps of the NS preparedness and response mechanism to Epidemics and have a work plan.
- Work with communities to understand the needs of those most at risk, the gaps, and coping mechanisms (eVCA)
- Enhance NS participation in coordination meetings with national authorities and partners.

	<ul style="list-style-type: none"> <li>• Train volunteers on the different kinds of disasters and responses.</li> </ul>
 <p><b>Risk Communication &amp; Community Engagement &amp; Accountability (CEA)</b></p>	<p>The community outreach of the National Society has proven one of the most significant resources to support the fight against epidemics. The 124 volunteers that have worked have reached all affected and at-risk locations in 3 districts (Ebebiyin, Mongomo and Nsok-Nsomo), and the city of Bata, for 3 months the epidemic was active. This outreach also served to collect community feedback which was then used to adapt the RCCE strategy in the response.</p> <p>Moving forward, the National Society wishes to strengthen its RCCE capacity, and will:</p> <ul style="list-style-type: none"> <li>• Carry out a CEA self-assessment.</li> <li>• Advocate and strengthen the capacities of the NS governance, staff and volunteers on CEA approach.</li> <li>• Carry out a ToT on CEA and peer-to-peer learning for volunteers and staff.</li> <li>• Develop a CEA strategy that is integrated across other operational interventions.</li> <li>• Co-design an appropriate feedback mechanism system together with community stakeholders.</li> <li>• Ensure integration of CEA in all staff job descriptions and programmes.</li> <li>• Conduct regular research to understand community needs, capacities, and context.</li> <li>• Conduct strategic partnerships with community groups and stakeholders to ensure a participatory approach across the cycle of interventions.</li> </ul>
 <p><b>National Society Development</b></p>	<p>For National Society development, the priorities are to:</p> <ul style="list-style-type: none"> <li>• Train its national and local leaders in governance and leadership (Movement Induction Course (MIC)).</li> <li>• Conduct an HR assessment and plan.</li> <li>• Train national and local leaders and volunteers in knowledge of the movement.</li> <li>• Have a long-term NSD development plan.</li> <li>• Have a volunteer management policy.</li> <li>• Have a risk management framework, disseminate it, and train managers, staff, and volunteers in its use.</li> <li>• Revision of NS job descriptions clarifying the roles and responsibilities of each staff member or volunteer.</li> <li>• A manual of administrative, financial, and logistical procedures.</li> <li>• Procure computer equipment (desktop, laptop, printer, scanner, etc.)</li> <li>• Carry out computer usage training for NS staff.</li> <li>• Draft a simplified fleet management manual, with users trained in its use.</li> </ul>

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|  | <ul style="list-style-type: none"> <li>• Carry out OCAC and BOCA assessments, which would enable it to plan the development of the branches and the NS in general more effectively.</li> </ul> |
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## OPERATIONAL CONSTRAINTS

The EGRCS will ensure the engagement of local staff and volunteers to continue to monitor and respond to any epidemiological outbreak based on their acceptance by communities, which will in turn, encourage the successful implementation of the proposed activities. The following operational risks will be managed by EGRCS with the support of IFRC:

### 1- Community understanding, acceptance, and engagement in prevention measures

- Positive public and community perception towards Red Cross staff and volunteers is essential in outbreak operations. This influences acceptance and access to affected areas and at-risk communities. Community acceptance and understanding of the role of the Red Cross will be emphasized through continuous community engagement activities and adequate feedback mechanisms already put in place during the outbreak.
- Communities are the key to ending any outbreaks. Only with their engagement and active participation in all response pillars, outbreaks can be dealt with. Fear, resistance and even denial are normal in the face of an epidemic; but this can be overcome by building on community norms, values, and social capital, accelerating open and honest communication, and ensuring the participation of key trusted community stakeholders.

### 2- Getting ready (preparedness)

Clarity on an NS's "core" (minimum structure and cost to carry out its mandate), enables the NS to quickly define a strategy for scaling up or adapting to the emergency context, without harming the NS's existing structure. However, the RCEG may not be sufficiently prepared for such an emergency. In such cases, it is advised to:

- a) Determine ways to communicate with all key stakeholders quickly and efficiently.
- b) Identify a short list of things/activities RCEG and its branches must keep doing.
- c) If this core capacity of being sufficiently prepared for an emergency does not exist, it is important to make use of the operation to build capacity/resources, alternatively, contract resources so these can be discontinued after the operation for sustainability reasons.
- d) If deemed necessary, identify the services, programs, and activities that RCEG will temporarily discontinue, delay, scale back or change for the immediate future.

### 3- Protection of RCEG/IFRC staff and volunteers

- Systematize updated guidance through memos from the NS President's office to all staff and volunteers.
- SDB kits and SDB preparedness training for community burial teams.
- Provision of PSS support to EGRCS employees and volunteers.
- Volunteer insurance under the IFRC global insurance scheme.

### 4- Branch preparedness

- Mitigation by training staff and volunteers in other areas and branches on epidemic prevention and control.

### 5- Logistics

- Establish a mini-storage facility in the Bata district as the central warehousing site.
- Rehabilitate storage facility in Malabo.

# OPERATIONAL STRATEGY

## Vision

This revised Operational Strategy will transition into the Equatorial Guinea Unified Plan 2024. Activities that will be carried out in 2024 reflect the lessons learnt throughout the response to the outbreak and are sought to strengthen the capacities generated and ensure retention of knowledge. This includes investing in the National Society Epidemic Preparedness, through Infection Epidemic Prevention and Control (EpiC) approach and trainings, Risk Communication and Community Engagement (RCCE) activities, MHPSS, trainings on safe and dignified burials (SDB), Protection, Gender and Inclusion and Community Engagement and Accountability (CEA). National Society capacity-building activities including strengthening the NS organizational structure, HR management and volunteer management will also be provided.

## Targeting

### 1. People to be assisted

Equatorial Guinea, with a total population of 1,225,000 million, has two regions (the island region and the mainland region). Marburg cases were confirmed in all four provinces of the mainland region: Kié-Ntem (183,664 people), Wele-Nzas (192,017 people), Littoral (367,348 people), and Centro Sur (141,986 people),<sup>5</sup> with a total population of approximately 885,000.

Since the end of the outbreak on 8 June, the EGRCS and the IFRC have reassessed the vision and priorities to move forward with this operation. The National Society will focus on strengthening its volunteers from 4 provinces in the mainland region and Bioko Island with preparedness trainings. The communities in these provinces will be reached with hygiene promotion activities, and dissemination of information regarding epidemic preparedness and disaster preparedness. The following activities will be carried out through the Equatorial Guinea Unified Plan 2024:

1. Training of volunteers on Epidemic Preparedness and Response in Communities (EPIC) including preparedness training on safe and dignified burials (SDBs) and procurement of PSS and PSEA materials.
2. Carry out MHPSS training for volunteers and develop an NS psychosocial plan.
3. Dissemination of information on the risks of MVD and other diseases with epidemic potential and the means to prevent it.
4. Train NS staff and volunteers on Community Engagement and Accountability (CEA), including Riks Communications,
5. Systematically listen to communities to inform their response through community feedback mechanisms, radio shows, community talks and focus group discussions. Support locally led social mobilization activities and address misinformation on social media,
6. Start the Preparedness and Readiness (PER) process and strengthen volunteer knowledge on disaster preparedness and response to carry out community activities in Bata city, the towns of Ebebiyin (Kié-Ntem Province) and Mongomo (Wele-Nzas Province), and the rural villages of Nsok-Nsomo (Kié-Ntem Province) and Evinayong (Centro Sur).
7. A major part of the operation includes National Society Capacity building to strengthen the RCEG's overall capacity, especially in readiness to respond, localization, volunteer mobilization and branches' operational capabilities.

### 2. Considerations for protection, gender and inclusion and community engagement and accountability

The EGRCS will ensure that people are not only informed but involved through the preparedness and response,

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<sup>5</sup> Population number refers to 2015 census


by actively collecting, analyzing, responding, and acting on feedback to guide any response.

Additionally, for Protection, Gender, and Inclusion (PGI), an Organizational Assessment and a Child protection risk analysis will be completed. Then the leadership, staff and volunteers in the field will be identified to train them on PGI, Prevention and Response to Sexual Exploitation and Abuse (PSEA) and Safeguarding. The aim is for them to practically understand what the PGI approach is and how to apply the minimum standards in this operation.

## PLANNED OPERATIONS

### HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT / COMMUNITY HEALTH)

 <p><b>Health &amp; Care</b> <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i></p>			<b>1,500,000 CHF</b>
<p><b>Objective:</b></p>	<p>The National Society is strengthened to respond to future MVD and other outbreaks through Epidemic and pandemic preparedness. To cope with the stress and challenges that people face in the aftermath of a crisis psychosocial support will be provided.</p>		
<p><b>Priority Actions:</b></p>	<p>During the response to the outbreak, the IFRC supported the National Society in scaling up its capacity to respond to epidemics. The following are achievements:</p> <ul style="list-style-type: none"> <li>• 124 volunteers trained in Risk Communication and Community engagement for epidemic response and deployed to the field for a period of 3 months;</li> <li>• Visibility materials for volunteers as well as mass awareness equipment (brochures, megaphones, etc.)</li> <li>• Alongside the RCCE activities, volunteers would also undertake active case finding with the communities.</li> <li>• 20 volunteers trained in IPC and Safe and Dignified Burials alongside UNICEF and WHO SDB teams, including Infection Prevention and Control.</li> <li>• Procurement of SDB and IPC kits were carried out through the IFRC and are prepositioned for future epidemics.</li> <li>• SDB protocol was designed and translated to Spanish and formalized with the government.</li> </ul> <p>A total of 226 households were visited, reaching 578 people, including 314 men and 264 women; 228 information sessions organised, reaching 307 people, including 117 men and 190 women; 510 men and 527 women, for a total of 1,037 people,</p>		

were reached by awareness campaigns. Indirectly, it is estimated that the mass awareness campaigns have reached over 200,000 people through the different channels.

During the response phase, the National Society was approached by UNICEF to (lead of the MHPSS working-group) to support the roll-out of the MHPSS strategy for the response. Twenty (20) volunteers and CHWs were briefed on MHPSS activities with the intention of supporting relatives of those that have been detected MVD positive or have perished.

### **New Activities**

#### **Community Health**

- Draft an NS Epidemic Preparedness Plan.
- Community health and hygiene promotion activities and trainings.
- Strengthen NS capacities by conducting EPIC trainings including ECV, CBHFA, CEA, and PFA for trainers.
- Assure a comprehensive approach with CEA and WASH/hygiene components.
- Conduct a KAP survey on epidemic diseases and risk hotspots.
- Deliver health promotion and disease prevention activities with a special focus on MVD (symptoms, transmission, preventive measures).
- Disseminate key health promotion messages to prevent disease spread.
- Produce and deliver IEC materials.
- Engage and empower communities by providing trainings to community leaders and authorities to build trust and strengthen knowledge on prevention measures.

#### **Safe and Dignified Burials**

- Strengthen NS capacities by organizing training for volunteers on how to conduct safe and dignified burials.



#### **Mental Health and psychosocial support**

- Assess Mental Health and Psychosocial needs of the targeted provinces.
- Strengthen NS capacities in MHPSS by conducting training in key topics such as PFA and MHPSS Community-based interventions.
- Define and implement an MHPSS cross-cutting - strategy focused on MVD.
- Establish a well-being and care system for volunteers and staff.

## **PROTECTION AND PREVENTION**


**(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND**

**ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)**


 <p><b>Protection, Gender and Inclusion</b></p>	<p style="text-align: right;"><b>141,000CHF</b></p> <p><b>Target number of volunteers trained on PGI approach: 300</b></p> <p><b>Target number of volunteers that sign the Code of Conduct: 300</b></p>
<p><b>Objective:</b></p>	<p>Building institutional capacity, composition, and commitment to address violence, discrimination, and exclusion.</p>
<p><b>Priority Actions:</b></p>	<p><b>New Activities</b></p> <ul style="list-style-type: none"> <li>• PGI organizational assessment</li> <li>• Child Protection risk analysis</li> <li>• 4 PGI/PSEA training of staff and volunteers (Malabo and provinces).</li> <li>• # of volunteers and staff trained in PGI to understand their role, and responsibility in identifying and responding to PGI risks in the communities.</li> <li>• Volunteers and staff read and sign the code of conduct.</li> </ul>
 <p><b>Community Engagement and Accountability</b></p>	<p style="text-align: right;"><b>267,000 CHF</b></p>
	<p style="text-align: right;"><b>Target number of volunteers trained in CEA:</b></p>
<p><b>Objective:</b></p>	<p>CEA will ensure the preparedness and response has a community-centred approach with a thorough understanding of community needs, priorities, and context. As well as meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback throughout the response.</p>
<p><b>Priority Actions:</b></p>	<p>The community outreach of the National Society has proven one of the most significant resources to support the fight against epidemics. The 124 volunteers that have worked have reached all affected and at-risk locations in 03 districts (Ebebiyin, Mongomo and Nsok-Nsomo), and the city of Bata, for 03 months the epidemic was active. This outreach also served to collect community feedback which was then used to adapt the RCCE strategy in the response.</p> <p><b>New Activities</b></p> <ul style="list-style-type: none"> <li>• Identify a CEA focal point at the NS management level and at the branch level.</li> <li>• Carry out a CEA assessment</li> <li>• Develop an NS CEA strategy.</li> </ul>

	<ul style="list-style-type: none"> <li>• RCCE: Social mobilization and risk communication activities and trainings are conducted to prepare volunteers for future outbreaks.</li> <li>• Integrate CEA in all activities so staff and volunteers have the knowledge to engage communities effectively.</li> <li>• Establish a feedback mechanism based on community preferences and through the existing volunteer network.</li> <li>• Ensure communities have access to accurate timely and trusted information.</li> <li>• Document and share good practices through case studies and peer learning sessions such as the CEA Community of Practice (CoP).</li> </ul>
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## Enabling approaches

	<b>National Society Strengthening</b>	<b>344,000CHF</b>
		<b>Total target: 1 National Society</b>
<b>Objective:</b>	<p>The National Society is prepared to effectively respond to epidemics/emerging crises and strengthens its organizational capacity and auxiliary role.</p>	
<b>Priority Actions:</b>	<p>As explained in the above sections, EGRCS current capacity necessitates substantial investment to effectively implement the planned activities and support addressing the country's humanitarian needs.</p> <p>Activities under the Unified Plan will focus on having a comprehensive NS capacity building program focused on areas like human resources, volunteer management, disaster and epidemic preparedness, resource mobilization, financial management and program implementation.</p> <p>The NS has been awarded funding from the Capacity Building Fund (CBF), and the following actions are aligned with the activities of the CBF.</p> <p><b>New Activities</b></p> <ul style="list-style-type: none"> <li>• The National Society has not conducted an institutional capacity assessment for several years. To support good governance and internal structuring of the National Society, a Branch Organizational Capacity Assessment (BOCA) and an Organizational Capacity Assessment Certification (OCAC) are planned.</li> <li>• Conduct a Preparedness for Effective Response (PER) orientation.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Establish a volunteer management database. The identification and set up of focal points for voluntary actions will be trained in the creation and management of volunteer databases.</li> <li>• Support the NS in drafting a human resources plan to start the organizational restructure and develop financial and logistics procedures guidelines.</li> <li>• A comprehensive National Society Development plan (NSD) will be developed with short and medium-term priorities of the NS.</li> <li>• Strengthen all NS technical support functions by providing trainings in the areas of human resources, finance, and administration, PMER, logistics management, supply chain and resource development.</li> <li>• Support the recruitment of new staff.</li> <li>• Strengthen the governance structures of the NS for greater accountability.</li> <li>• The RCEG staff and volunteers receive well-being support.</li> </ul>
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 <p><b>Coordination and Partnerships</b></p>	<p><b>330,000 CHF</b></p>
<p><b>Objective:</b></p>	<p>Technical and operational complementarity among the IFRC membership is enhanced through cooperation with external partners.</p>
<p><b>Priority Actions:</b></p>	<p>EGRCS is well-recognized as a humanitarian actor by the government, which is reflected in its by-laws and regulations, as well as the tax exemption and annual contributions it benefits. The government has also called upon EGRCS capacity and volunteers as a primary partner for epidemic response.</p> <p>The government also recognizes the IFRC Secretariat International Organization status and is facilitating the registration in country. Nevertheless, given the tight control by government officials political situation, the processes can be lengthy and cumbersome.</p> <p><b>New activities</b></p> <p><b>Coordination and partnerships</b></p> <ul style="list-style-type: none"> <li>• The IFRC will support the NS in developing its capacity for humanitarian diplomacy, including by providing training, resources, and mentorship.</li> <li>• The IFRC will raise awareness of the importance of humanitarian diplomacy and its role in alleviating suffering, this will be done through communications and media engagement with the NS.</li> <li>• Support will be provided to the NS ensuring its auxiliary role and effective coordination and alignment at the national and district levels with all relevant government and UN agencies.</li> </ul>

	<ul style="list-style-type: none"> <li>• The IFRC and the NS will strengthen relationships with the government, international organizations, civil society, and the private sector to promote humanitarian principles and influence policies.</li> <li>• The IFRC will emphasize a holistic approach to programming, monitoring, and reporting, risk management, information management, external communications, resource mobilization, and peer-to-peer exchange between National Societies.</li> <li>• Organize coordination meetings and peer support with neighbouring countries' NSS (Equatorial Guinea, Cameroon, and Gabon).</li> </ul>
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 <p><b>IFRC Secretariat Services</b></p>	<p><b>345,000 CHF</b></p>
<p><b>Objective:</b></p>	<p>The Secretariat provides strategic orientation, facilitation, and coordination considering long-term positioning and further capacity development of the National Society.</p>
<p><b>Priority Actions:</b></p>	<p>The IFRC is re-opening an office in Equatorial Guinea to ensure sustained and continued support to EGRCS. Presently, there is a Program and Operations Manager in the country, alongside an NSD consultant. Additional support to the NS will continue to be provided through the Yaoundé Delegation. All reporting of this strategy will be done through the regular reporting of the Unified Plan (mid and end year), and monthly progress reports will be done as part of internal reporting process.</p> <p><b>New Activities</b></p> <p><b>IFRC Operational services</b></p> <ul style="list-style-type: none"> <li>• IFRC has set up a presence in the country with a Programme and Operations Manager and Legal Status Agreement has been requested.</li> <li>• IFRC through its Yaoundé cluster delegation, Africa Regional Office and Geneva HQ office has provided key staff to support the operation on logistics, procurement, finance, PMER, operations, CEA, communications, and health.</li> <li>• The IFRC will facilitate knowledge and expertise in managing public health epidemics through the deployment of critical functions as agreed with the National Society.</li> </ul> <p><b>Risk Management</b></p> <ul style="list-style-type: none"> <li>• The NS needs to report and complete its annual reports and audited financial statements for the years 2019, 2020, and 2021. Therefore, an external financial audit will be</li> </ul>

conducted to provide an independent and objective assessment of the NS's financial statements and internal controls. The audit will be conducted in accordance with International Standards on Auditing (ISAs).

- The IFRC and National Society will update the risk management framework for the operation, to reflect internal and external risks, touching upon different areas: staff and volunteer health and well-being, operational capacities, coordination, financial management, logistics, volunteer management, NS governance, and Human Resources.
- The risk framework will be operationalized by dedicated risk owners, supported by the IFRC Programme and Operations Manager and the Head of Cluster Delegation.
- The IFRC will provide risk management advice to help the National Society establish the necessary processes and controls.
- Communication activities will be conducted to draw attention to and highlight the work of the Red Cross through the development of key messages, press releases, high-quality and compelling photos, and video materials, and social media activities that can be used by the media and Federation/Movement partners.

#### **Monitoring and evaluation**

- Develop and launch the Planning, Monitoring and Reporting framework of the operation.
- Conduct regular monitoring with support from the IFRC and conduct a Mid-Term Evaluation to assess the progress made towards the operational and strategic goals of the IFRC, and to formulate recommendations to inform future programming responses. A final evaluation will also be conducted at the end of the operation.
- Develop a follow-up mechanism to implement the recommendations from the reviews and evaluation.

#### **Security**

- Active risk mitigation measures must be adopted to reduce the risk of personnel falling victim to crime, violence, health, and road hazards. This includes monitoring the situation and implementing minimum security standards.
- Develop the National Society's security framework for the operation to protect personnel and volunteers. IFRC personnel actively involved in the operation must successfully complete the respective IFRC security e-learning courses.
- Area-specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented.
- The IFRC Regional Security Unit will provide support by conducting overall security analyses if needed.

## Risk management

Risk	Likelihood	Impact	Mitigating actions
National Society institutional fragilities	high	high	<ul style="list-style-type: none"> <li>• An adequate risk assessment was conducted analyzing different areas and processes. This needs to be updated.</li> <li>• An NSDiE plan was developed considering the key areas of improvement for the National Society. This plan is currently being updated.</li> <li>• All layers within the IFRC system are engaged to ensure the NS and the IFRC teams in the country have appropriate support.</li> </ul>
A highly politicized environment can lead to misinterpretation of humanitarian action and damage to reputation.	high	medium	<ul style="list-style-type: none"> <li>• HD and communication efforts to highlight and explain our principled humanitarian work at the National Society and IFRC level.</li> <li>• Monitoring and responding to rumours or miscommunications, including on social media.</li> <li>• Coordinated National Society efforts at national and local levels to ensure proactive community engagement and acceptance.</li> </ul>
Supply chain disruptions, procurement delays and compliance issues.	medium	high	<ul style="list-style-type: none"> <li>• Timely initiation of procurement.</li> <li>• Use of the international supply chain to ensure IFRC minimum quality standard and avoid delays in procurement for eligible items.</li> <li>• Strengthen the National Society logistics capacity.</li> <li>• Promote compliance with strict IFRC financial management and procurement rules.</li> <li>• Tenders and contracts with suppliers are monitored by IFRC supply chain management.</li> </ul>
Late reporting and late reconciliation of cash advances, subsequent cash flow delays.	high	high	<ul style="list-style-type: none"> <li>• A Programme and Operations Manager is in the country to support the NS.</li> <li>• identified means of communication at operational and strategic levels allowing regular monitoring and follow-up.</li> </ul>
Fraud and corruption/misuse of aid	high	high	<ul style="list-style-type: none"> <li>• The IFRC has strict financial procedures and an accountability framework in place.</li> </ul>

			<ul style="list-style-type: none"> <li>• The RCEG will have an external audit.</li> <li>• The NS will have financial procedures and guidelines drawn up.</li> <li>• The IFRC's Office of Internal Audit and Investigations monitors the effectiveness of the organization's risk management and internal control systems.</li> <li>• In addition, the IFRC undergoes regular external reviews.</li> <li>• Any suspicion of fraud and corruption can be reported through the integrity line.</li> <li>• IFRC staff are required to follow the relevant online training.</li> </ul>
Sexual exploitation and abuse by RRC staff or volunteers.	medium	high	<ul style="list-style-type: none"> <li>• Internal protection mechanisms ensure that IFRC and National Society staff and volunteers have been briefed on sexual abuse prevention and child protection, sign the Movement's Code of Conduct (COC), and are required to report suspicions of SEA or other violations of the COC through various systems, such as the Integrity Line.</li> </ul>

## Quality and accountability

Working alongside National Societies, the IFRC will conduct continuous monitoring at the country level, including a regular update on the operational risk register, ensuring timely adaptation of the operation and regular reporting on progress in the implementation of the activities. A final evaluation will be conducted at the end of the appeal operation.

Outcomes / Outputs	Indicators
<p><b>Health Outcome 1:</b> Epidemic preparedness is strengthened through volunteer and community trainings to raise awareness and prevent future outbreaks.</p>	
<p>Health Output 1.1: The government is assisted by volunteers from the RCEG at the community level.</p>	<p>One Epidemic Preparedness Plan (Target: 1).            KAP survey (Target: 1).            # of target community members, supervisors and volunteers reached with epidemic control (EPIC) training. (Target: 200).            # volunteers and supervisors deployed for EPIC community activities (Target: 200).            # of volunteers trained on SDB (Target: 60).            # of SDB starter, replenishment and training kits prepositioned.</p>

	<p># of operational SDB teams (Target: 5)</p> <p># of volunteers trained in community health and hygiene promotion activities.</p> <p>#People reached with health promotion and prevention messages (Target: 305,000)</p> <p>#People participated in the community health/hygiene promotion and prevention activities (Target: 2,500).</p>
<p><b>Health Outcome 2:</b> The volunteer and communities' mental health and psychosocial support (MHPSS) knowledge is strengthened through trainings and a defined cross-cutting strategy.</p>	
<p><b>Health Output 2.2:</b> The PSS needs of the volunteers and staff involved in the response are addressed</p>	<p># of staff and volunteers trained in quality, targeted MHPSS skills and interventions (1 training including ToT) (Target: 20)</p> <p># of communities reached with information on MHPSS.</p>
<p><b>Health Outcome 3:</b> Social mobilization, risk communication, community engagement activities and trainings are conducted to prepare volunteers for future outbreaks.</p>	<p>% of target community members reached by health messages (Target: 100%)</p>
<p><b>Health Output 3.1:</b> Preparatory work is carried out to sensitize about 30% of the population of the affected areas to the social mobilization campaign of the RCEG and the EVD operation.</p>	<p>% of operation complaints and feedback received and responded to by the National Society (Target: 80%)</p> <p># of volunteers trained on community feedback (Target: 50)</p> <p># of radio broadcasts (Target: 24)</p> <p># of social mobilization sessions organized (Target: as necessary) mobilization</p>
<p><b>Outcome 1:</b> Building institutional capacity, composition, and commitment to address violence, discrimination, and exclusion.</p>	
<p><b>Output 1.2:</b> Emergency response operations prevent and respond to sexual and gender-based violence and all forms of violence against children.</p>	<p># of volunteers and staff trained in PGI to understand their role, and responsibility in identifying and responding to PGI risks in the communities.</p> <p>1 PGI assessment.</p> <p># of volunteers and staff that read and sign the code of conduct (Target: 300).</p>

## FUNDING REQUIREMENT

### Federation-wide funding requirement\*

IFRC Secretaria Funding Requirement  
in support of the Operation

## Breakdown of the IFRC secretariat funding requirement

### FUNDING REQUIREMENTS

<b>Planned Operations</b>	<b>1,981,000</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	1,500,000
Water, Sanitation & Hygiene	0
Protection, Gender, and Inclusion	141,000
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	73,000
Community Engagement and Accountability	267,000
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>1,019,000</b>
Coordination and Partnerships	330,000
Secretariat Services	345,000
National Society Strengthening	344,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>3,000,000</b>

*all amounts in Swiss Francs (CHF)*

## Contact information

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### For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:**

### Reference documents



Click here for:

- [Emergency Appeal \(EA\)](#)