www.ifrc.org Saving lives, changing minds.

Emergency Plan of Action (EPoA)

Gambia: Ebola Virus Disease Preparedness



International Federation of Red Cross and Red Crescent Societies

DREF operation Operation n° MDRGM009						
Date of Issue: 4 May,2015Glide number: EP-2014-000039-GMB						
Operation start date: 15 September, 2014 Operation end date: 30 January, 2015						
Host National Society: Gambia Red Cross Society	Operation budget: CHF 46,856					
Number of people affected: 1,000,000 in 7 regions an Upper River, West Coast, Banjul Municipality and Kanif						
Number of people assisted: 361,690						
National Societies involved in the operation: Gambia and Spanish Red Cross Societies.						

Other partner organizations involved in the operation: Gambia Ministry of Health, National Disaster Management Agency, WHO, UNICEF, USAID, CDC

A. Situation analysis

Description of the disaster

In February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea, which has spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone causing untold hardship and hundreds of deaths in these countries. As of 6 March 2015, a total of 24,282 cases, and 9,976 deaths, which were attributed to the EVD, had been recorded across the most affected countries of Guinea, Liberia and Sierra Leone. In the Democratic Republic of Congo (DRC), an outbreak of the EVD was also reported, but is considered of a different origin than that which has affected West Africa.

On 29 August 2014, following the confirmation of the EVD in neighbouring Senegal, the Gambia, which shares a border with this country, triggered the Gambia Red Cross Society (GRCS) to initiate measures to prevent and prepare for an occurrence of the virus, which included:



Gambia Red Cross volunteers sensitizing community members. Photo/GRCS/IFRC

- Awareness raising, information sharing and communication linked to community social mobilization activities.
- Strengthening of epidemiological surveillance in collaboration with the health structure of the areas concerned.
- Coordination and integration of activities with the Ministry of Health (MoH).
- Participation in the National Task Force.

This DREF has been partially replenished by the Canadian Red Cross/Government. Major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors.

The IFRC, on behalf of the GRCS would like to extend many thanks to all partners for their generous contributions.

<click here for the final financial report and here for the contact details >

Summary of response

Overview of Host National Society

Since the confirmation of the EVD in Guinea, the International Federation of Red Cross and Red Crescent Societies (IFRC) with the National Societies have developed response strategies, which include supporting the National Societies of the affected countries, countries with a physical border to the affected countries and those who are at risk. On 15

September 2014, the IFRC released CHF 46,856 from the Disaster Relief Emergency Fund (DREF) to support the GRCS with EVD preparedness activities for a period of three months, specifically in the seven regions of Banjul Municipality, Central River, Kanifing Municipality, Lower River, North Bank, Upper River and West Coast.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provided support through its' Sahel regional representation in Dakar, Senegal, as well as through its Zone office in Nairobi, Kenya. A Memorandum of Understanding (MoU) was signed by the IFRC and GRCS, which outlined the parties responsibilities to implement the activities planned within the DREF operation. The ICRC expressed an interest in providing support to the GRCS (in



Training of GRCS volunteers. Photo:GRCS/IFRC

coordination with the IFRC), in case of an outbreak of the EVD. The Spanish Red Cross is also present in country.

Overview of non-RCRC actors in country

Through the DREF operation, the GRCS has contributed to the MoHs country plan to prevent the EVD; and has worked in collaboration with the Epidemiology and disease control unit and regional health structures to implement the planned activities. The GRCS has been a member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Please note that all EVD preparedness and response activities have been coordinated by the National Task Force, and the DREF operation was presented for approval prior to implementation. Please note that the response of other partner organizations was limited.

Needs analysis and scenario planning

In the Gambia, since the EVD had not been experienced before, its population and the health authorities had limited understanding of the virus, its mode of transmission and the appropriate behaviour to avoid the risk of contamination. As of 29 August 2014, a case of EVD was reported in Senegal, and the Gambia due its proximity; as well as the mobility of populations between the countries, was identified as being especially at risk of an outbreak of the virus.

High risk identified areas in the seven regions of Banjul Municipality, Central River, Kanifing Municipality, Lower River, North Bank, Upper River and West Coast.

B. Operational strategy and plan

Overall Objective

The overall objective is to prepare Gambia Red Cross Society through staff and volunteers training and awareness raising, distribution of information, education and communication for a possible outbreak and also to undertake targeted social mobilization in order to reduce risk and improve preparedness and prevention activities alongside the Ministry of Health.

Proposed strategy

The proposed strategy was in accordance with the IFRCs response and preparedness strategy for countries in the region, and specifically those that bordered those countries where cases had been reported. The activities focused on:

- Preparedness for response through volunteer training in communication around epidemics and behavioral change;
- Supporting Ministries of Health (and other actors) in prevention activities and social mobilization;
- Pre-positioning personal protective equipment and related training;
- Adaption and dissemination of information, education and communication material linked with community social mobilization activities.

Operational support services

Human resources (HR)

Through this DREF operation, 150 volunteers were mobilized from the seven target regions, in collaboration with members of staff carried out the activities planned. The Volunteer Management Coordinator supported the Branch Officers in the selection of volunteers by verifying in the data base the list of volunteers submitted to the Head Office. The Health and Disaster Coordinators led the implementation at the coordination level. The Dissemination Coordinator took care of all the communication bit of the implementation. He also coordinated all radio programs. The staff and volunteers involved in the DREF operation were briefed not to engage in any treatment or handling suspected cases or deaths at community level without proper training and support services in order to ensure their safety. Please note that an IFRC Regional Disaster Response Team (RDRT) was requested, however was not deployed.

Logistics and supply chain

Low personal protective equipment (PPE) kits were pre-positioned in country by the World Health Organization (WHO). All other necessary items were procured locally in accordance with the agreed IFRC logistics standards.

Communications

Communication and visibility of the activities planned within the DREF operation was ensured through local media broadcasting, and the distribution of visibility materials. Regular updates were shared with the IFRC Sahel regional representation during the implementation of the DREF operation.

Security

Security risks were monitored and responded to ensure that volunteers and staff working on the operation were safe. As noted, all staff and volunteers involved in the DREF operation were briefed prior to implementation of the activities planned to ensure their safety.

Planning, monitoring, evaluation and reporting (PMER)

The GRCS, in close cooperation with the IFRC Sahel regional representation monitored the progress of the DREF operation and provided necessary technical expertise. The IFRC Sahel regional representation carried out a mission to the Gambia to support the GRCS with the completion of some remaining activities, and to monitor the level of implementation as per the agreed EPoA.

C. DETAILED OPERATIONAL PLAN

Early warning & emergency response preparedness

Early Warning & emergency response preparedness

Outcome 1 : The immediate risks to the health of population in the targeted areas is reduced

Output 1.1: The capacity of the Gambia Red Cross Society to prepare for potential Ebola response is strengthened.

Activities planned

1.1.1 Train 150 volunteers and supervisors in epidemic control for volunteers

1.1.2 Monitor and report on activities carried out

Achievements

1.1.1 In total, 150 volunteers received training on the Epidemic Control for Volunteers (ECV) manual, which equates to 100 per cent of the intended target. The 150 volunteers were attached to 679 communities across the seven target regions to carry out awareness raising / sensitization and surveillance activities.

Table 1:Detailed breakdown by the target regions

No	Branch	No Volunteers
1	Banjul	5
2	Kanifing Municipality	20
3	West Coast Region	30
4	Low River Region	20
5	Central River Region	20
6	North Bank Region	35
7	Upper River Region	20
	Total	150

1.1.2 Five monitoring trips were made to the seven target regions to monitor the activities carried out by the volunteers. The MoH also carried out constant monitoring visits to the field and reported to the National Task Force. As noted, the IFRC Sahel regional representation also carried out a monitoring mission to all seven target regions.

Challenges

None reported.

- Lessons Learned
- None reported.

Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)

Activities planned

- 1.2.1 Distribution of information, education and communication materials in at-risk communities
- 1.2.2 Identification of community leaders and conduct targeted sensitization activities
- 1.2.3 Organize community discussions
- 1.2.4 Radio broadcasting

1.2.5 Social mobilization with dissemination of key messages on Ebola virus disease prevention

Achievements

- 1.2.1 In total, 2,000 information, education and communication (IEC) materials (1,000 posters and 1,000 flyers) were printed and distributed in all the target communities. The IECs contained specific messages on the EVD, its symptoms, mode of contamination and prevention methods. During the monitoring visit, posters were found hanging in most of the communities, and also in people's homes.
- 1.2.2 In total, 20 community leaders were trained on proper hand washing, signs and symptoms of Ebola how to use the 1025 free toll to call if there are any questions or suspects. These community leaders were used to support the volunteers in sensitizing the community members; including those in satellite communities.
- 1.2.3 Community discussions were organized at border areas, crossing points, health centers, Loomo (weekly markets), markets and schools to sensitize people on EVD.
- 1.2.4 More than 20 radio broadcasts were made through four national radio stations, which covered the whole country. Community radio stations also supported, broadcasting live coverage of EVD awareness raising / sensitization activities being carried out.
- 1.2.5 Following the ECV training, the 150 volunteers supported by 20 community leaders carried out EVD awareness raising / sensitization activities. In total, 361,690 people have been sensitized on hygiene promotion, the mode of transmission of the EVD, its symptoms and methods of prevention in the seven target regions. Please note that this equates to more than 300 per cent of the intended target.

Challenges • Radio broadcasting was slowed by the lack of an available Regional Disaster Response Team member (RDRT); and as such an Operations Update requesting an extension of 45 days was issued. Lessons Learned • None reported. Output 1.3: Community epidemiological surveillance is set-up/enhanced Activities planned 1.3.1 Participate in information and coordination meeting with authorities 1.3.2 Set up/enhance community monitoring committees for disease surveillance Achievements 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MOH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees have been regularly monitored and supervised by the MoH community level surveillance commuties have been regularly monitored and supervised by the MoH Community surveillance commutites have been regularly monitored and supervised by the MoH Community surveillance commuties have been regularly monitored and supervised by the MoH Community surveillance commuties have been regularly monitored and supervised by the MoH Community surveillance commuties have been regularly monitored and supervised by the MoH Community surveillance commutitees have been regularly monitored and supervised by the MoH Community surveillance commuties and theel, comprising of community members, administrative a	
 as such an Operations Update requesting an extension of 45 days was issued. Lessons Learned None reported. Output 13: Community epidemiological surveillance is set-up/enhanced Activities planned 1.3.1 Participate in information and coordination meeting with authorities 1.3.2 Set up/enhance community monitoring committees for disease surveillance Achievements 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees have been regularly monitored and supervised by the MoH community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up	Challenges
 Lessons Learned None reported. Output 1.3: Community epidemiological surveillance is set-up/enhanced Activities planned 1.3.1 Participate in information and coordination meeting with authorities 1.3.2 Set up/enhance community monitoring committees for disease surveillance 1.3.3 Epidemiological control and monitoring through community disease surveillance Achievements 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but	
 None reported. Output 1.3: Community epidemiological surveillance is set-up/enhanced Activities planned 1.3.1 Participate in information and coordination meeting with authorities 1.3.2 Set up/enhance community monitoring committees for disease surveillance 1.3.3 Epidemiological control and monitoring through community disease surveillance Achievements 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance committees nave been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	as such an Operations Update requesting an extension of 45 days was issued.
Output 1.3: Community epidemiological surveillance is set-up/enhanced Activities planned 1.3.1 Participate in information and coordination meeting with authorities 1.3.2 1.3.2 Set up/enhance community monitoring committees for disease surveillance Achievements 1.3.1 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and community level surveillance the as also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units a	Lessons Learned
 Activities planned Participate in information and coordination meeting with authorities Set up/enhance community monitoring committees for disease surveillance 1.3.2 Set up/enhance community monitoring committees for disease surveillance 1.3.3 Epidemiological control and monitoring through community disease surveillance Achievements As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees that been regularly monitored and supervised by the MoH leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	
 1.3.1 Participate in information and coordination meeting with authorities 1.3.2 Set up/enhance community monitoring committees for disease surveillance 1.3.3 Epidemiological control and monitoring through community disease surveillance Achievements 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees have been regularly monitored and supervised by the MoH community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	
 1.3.2 Set up/enhance community monitoring committees for disease surveillance 1.3.3 Epidemiological control and monitoring through community disease surveillance Achievements 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	
 1.3.3 Epidemiological control and monitoring through community disease surveillance Achievements 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	
 Achievements As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	
 1.3.1 As noted, the GRCS has been an active member of the National Task Force, which was established by the MoH for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	1.3.3 Epidemiological control and monitoring through community disease surveillance
 for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues. 1.3.3 All the GRCS branches in the seven target regions were supplied with sanitizers, soaps and detergents to help them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	Achievements
 them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and detergents. Challenges Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	 for EVD preparedness and response; and also the Logistics, Clinical response and Communication Task Forces. Moreover, regular meetings were held with MoH structures at national and local levels. 1.3.2 As an active member of the National Task Forces, the GRCS has supported the set-up of 150 community surveillance committees at branch level, comprising of community members, administrative authorities and leaders. The community surveillance committees have been regularly monitored and supervised by the MoH Community level surveillance has also been carried out through the 150 volunteers in their communities and communities surrounding them. All the community members were told to call "1025 free toll number on all the GSMs in the country" for support should they need to ask any question on EVD or have a doubt or want to clarify issues.
 Inadequate number of volunteers for the exercise. Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	them in the epidemiological control of the disease. Hand washing units were placed in all the branches and at the national headquarters of the GRCS. Moreover, border posts were supplied with hand washing units and
 Lessons Learned Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up 	Challenges
• Volunteers can do more if well motivated and encouraged. Volunteers were given incentives for 20 days but end up	Inadequate number of volunteers for the exercise.
	Lessons Learned

D. THE BUDGET

There was an overall underspend of CHF 7,144 against the approved budget of CHF 46,856. This balance will now be reimbursed to the DREF.

Contact information

For further information specifically related to this operation please contact:

- In the Gambia Red Cross Society:, Fatou Gaye Secretary General (a.i); phone: +220.393.68.13; email: fbgaye@hotmail.com
- IFRC Regional Representation: Momodou Lamin Fye, Regional Representative for Sahel; Dakar; phone: +221 33 869 36 41; email: momodoulamin.fye@ifrc.org
- IFRC Africa Zone: Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: <u>daniel.bolanos@ifrc.org</u>
- IFRC Geneva: Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: <u>christine.south@ifrc.org</u>

IFRC Zone Logistics Unit (ZLU): Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

• In IFRC Zone: Penny Elghady, Resource Mobilization Coordinator; Addis Ababa; phone: + 254 721 486 953; email: penny.elghady@ifrc.org

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

 In IFRC Zone: Robert Ondrusek, PMER Coordinator, Africa phone: +254 731 067 277; email: robert.ondrusek@ifrc.org

How we work

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

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDRGM009 - Gambia - Ebola Virus Disease Preparedness

Timeframe: 15 Sep 14 to 30 Jan 15 Appeal Launch Date: 15 Sep 14 Annual Report

	Selected Parameters									
Reporting Time	eframe	2014/9-2015/3	Programme	MDRGM009						
Budget Timefra	ame	2014/9-2015/1	Budget	BUDGET9						
Split by funding	g source	e Y	Project	*						
Subsector:		*								
		All figures ar	e in Swiss	s Francs (CHF)						

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		46,856	i			46,856	
B. Opening Balance							
ncome							
Other Income							
DREF Allocations		46,856	5			46,856	
C4. Other Income		46,856	ĵ			46,856	
C. Total Income = SUM(C1C4)		46,856	i			46,856	
D. Total Funding = B +C		46,856	; ;			46,856	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		46,856	6			46,856	
E. Expenditure		-39,712	2			-39,712	
F. Closing Balance = (B + C + E)		7,144	ł			7,144	

Disaster Response Financial Report

MDRGM009 - Gambia - Ebola Virus Disease Preparedness

Timeframe: 15 Sep 14 to 30 Jan 15 Appeal Launch Date: 15 Sep 14 Annual Report

Selected Parameters									
Reporting Timeframe	2014/9-2015/3	Programme	MDRGM009						
Budget Timeframe	2014/9-2015/1	Budget	BUDGET9						
Split by funding source	Y	Project	*						
Subsector:	*								
	All figures are	e in Swiss	s Francs (CHF)						

III. Expenditure

				Exper	nditure			
Account Groups	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	Variance
	Α						В	A - B
BUDGET (C)			46,856				46,856	
Relief items, Construction, Supplies								
Clothing & Textiles	1,424		1,207				1,207	217
Water, Sanitation & Hygiene	3,916		3,541				3,541	374
Teaching Materials	1,732		1,567				1,567	165
Total Relief items, Construction, Sup	7,072		6,316				6,316	756
Logistics, Transport & Storage								
Transport & Vehicles Costs			254				254	-254
Total Logistics, Transport & Storage			254				254	-254
Personnel								
International Staff	6,000							6,000
National Society Staff	7,523		6,179				6,179	1,344
Volunteers	14,351		13,661				13,661	690
Total Personnel	27,873		19,840				19,840	8,033
Workshops & Training								
Workshops & Training	1,780		1,592				1,592	187
Total Workshops & Training	1,780		1,592				1,592	187
General Expenditure								
Travel	1,500		1,829				1,829	-329
Information & Public Relations	2,254		1,973				1,973	281
Office Costs	712		530				530	182
Communications	1,331		789				789	541
Financial Charges	1,475		4,165				4,165	-2,691
Other General Expenses			0				0	0
Total General Expenditure	7,271		9,287				9,287	-2,015
Indirect Costs								
Programme & Services Support Recove	2,860		2,424				2,424	436
Total Indirect Costs	2,860		2,424				2,424	436
TOTAL EXPENDITURE (D)	46,856		39,712				39,712	7,143
VARIANCE (C - D)			7,143				7,143	

Disaster Response Financial Report

MDRGM009 - Gambia - Ebola Virus Disease Preparedness

Timeframe: 15 Sep 14 to 30 Jan 15 Appeal Launch Date: 15 Sep 14

Annual Report

IV. Breakdown by subsector

Reporting Timeframe	2014/9-2015/3	Programme	MDRGM009
Budget Timeframe	2014/9-2015/1	Budget	BUDGET9
Split by funding source	Y	Project	*
Subsector:	*		

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	46,856		46,856	46,856	39,712	7,144	
Subtotal BL2	46,856		46,856	46,856	39,712	7,144	
GRAND TOTAL	46,856		46,856	46,856	39,712	7,144	